| Image# 201805189112115127  |  | PAGE 1 / 186  |
|--|--|---|
|  | EPORT OF RECEIPTS<br>ND DISBURSEMENTS<br>Other Than An Authorized Committee  | Office Use Only   |
| 1. NAME OF TYP<br>COMMITTEE (in full)  | <b>E OR PRINT</b> ▼ Example: If typing, type over the lines.   | 12FE4M5   |
| New York Life Insurance  | Company Political Action Committee   |   |
|  |  |   |
| ADDRESS (number and street)  | 1 Madison Avenue   |   |
| Check if different   | Room 1109<br>  | NY 10010 -  |
| 2. FEC IDENTIFICATION NUMB   | ER V CITY  | STATE  ZIP CODE   |
| C C00158881  | 3. IS THIS<br>REPORT X (N) OR  | AMENDED<br>(A)  |
| <ul> <li>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15<br/>Quarterly Report (Q1)</li> <li>July 15<br/>Quarterly Report (Q2)</li> <li>October 15<br/>Quarterly Report (Q3)</li> <li>January 31<br/>Year-End Report (YE)</li> <li>July 31 Mid-Year</li> </ul> | (b) Monthly<br>Report<br>Due On:       Feb 20 (M2)       X       May 20 (M3)         Mar 20 (M3)       Jun 20 (M6)         Apr 20 (M4)       Jul 20 (M7)         (c) 12-Day<br>PRE-Election<br>Report for the:       Primary (12P)         PRE-Election<br>Report for the:       Convention (12C)         Election on       M         (d) 30-Day | (Non-Election<br>Year Only)<br>Sep 20 (M9)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| Report (Non-election<br>Year Only) (MY)<br>Termination Report<br>(TER)   | POST-Election General (30G)<br>Report for the:   | Runoff (30R) Special (30S)  |
| 5. Covering Period   | eport and to the best of my knowledge and belief it is   | 302018  |
|  | Stagias, Helen, , ,  | Date 05 18 2018   |
| NOTE: Submission of false erroneous  | , or incomplete information may subject the person signing   | this Report to the penalties of 52 U.S.C. & 30109   |
| Office<br>Use<br>Only  |  | FEC FORM 3X<br>Rev. 05/2016   |

05/18/2018 16 : 59

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

#### New York Life Insurance Company Political Action Committee

| R   | Report Covering the Period: From:  | 04 / 01 / YEYEY<br>2018 To | b: 04 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|-----|--|----------------------------|---|
|     |  | COLUMN A<br>This Period    | COLUMN B<br>Calendar Year-to-Date         |
| 6.  | (a) Cash on Hand<br>January 1, 2018  |                            | 586785.54                                 |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 406799.37                  |   |
|     | (c) Total Receipts (from Line 19)  | 115259.09                  | 479572.92                                 |
|     | <ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul> | 522058.46                  | 1066358.46                                |
| 7.  | Total Disbursements (from Line 31)   | 79000.00                   | 623300.00                                 |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 443058.46                  | 443058.46                                 |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                     | 0.00                       |   |
| 10. | . Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                   | 0.00                       |   |

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### New York Life Insurance Company Political Action Committee

| Report Covering the Period: From:            | 01 / 2018 To:                 | 04 / D D / Y Y Y<br>2018          |
|--|-------------------------------|-----------------------------------|
| I. Receipts                                  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| . Contributions (other than loans) From:     |                               |                                   |
| (a) Individuals/Persons Other                |                               |                                   |
| Than Political Committees                    | 70404.00                      |                                   |
| (i) Itemized (use Schedule A)                | 70121.32                      | 233765.56                         |
|  | 42637.77                      | 238307.36                         |
| (ii) Unitemized                              | 42037.77                      | 230307.30                         |
| (iii) TOTAL (add                             | 112759.09                     | 472072.92                         |
| Lines 11(a)(i) and (ii)                      | 11270300                      |                                   |
| (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)                   | 112759.09                     | 472072.92                         |
| . Transfers From Affiliated/Other            |                               |                                   |
| Party Committees                             | 0.00                          | 0.00                              |
|  |                               |                                   |
| . All Loans Received                         | 0.00                          | 0.00                              |
|  |                               |                                   |
| . Loan Repayments Received                   | 0.00                          | 0.00                              |
| Offsets To Operating Expenditures            |                               |                                   |
| (Refunds, Rebates, etc.)                     |                               |                                   |
| (Carry Totals to Line 37, page 5)            | 0.00                          | 0.00                              |
| . Refunds of Contributions Made              |                               |                                   |
| to Federal Candidates and Other              |                               |                                   |
| Political Committees                         | 2500.00                       | 7500.00                           |
| Other Federal Receipts                       |                               | 0.00                              |
| (Dividends, Interest, etc.)                  | 0.00                          | 0.00                              |
| . Transfers from Non-Federal and Levin Funds |                               |                                   |
| (a) Non-Federal Account                      | 0.00                          | 0.00                              |
| (from Schedule H3)                           | 0.00                          | 0.00                              |
|  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5)           | 0.00                          | 0.00                              |
| (a) Tatal Transfers (add 19(a) and 19(b))    | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))    | 0.00                          | 0.00                              |
|  |                               |                                   |
| . Total Receipts (add Lines 11(d),           |                               |                                   |
| 12, 13, 14, 15, 16, 17, and 18(c))▶          | 115259.09                     | 479572.92                         |
|  |                               |                                   |
| . Total Federal Receipts                     |                               |                                   |
| (subtract Line 18(c) from Line 19)►          | 115259.09                     | 479572.92                         |

Page 3

479572.92

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures ..... (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 623300.00 and Other Political Committees... 79000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated 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 Total Federal Election Activity (add (C) 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)).. 79000.00 623300.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 79000.00 623300.00

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

| FEC  | Form | 3X  | (Rev.  | 05/2016) | ) |
|------|------|-----|--------|----------|---|
| 1 20 |      | 0/1 | (1101. | 00/2010  | , |

#### III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
|     | (from Line 11(d), page 3)              |
| 34. | Total Contribution Refunds             |
|     | (from Line 28(d))                      |
| 35. | Net Contributions (other than loans)   |
|     | (subtract Line 34 from Line 33)        |
| 36. | Total Federal Operating Expenditures   |
|     | (add Line 21(a)(i) and Line 21(b))     |
| 37. | Offsets to Operating Expenditures      |
|     | (from Line 15, page 3)                 |
| 38. | Net Operating Expenditures             |

(subtract Line 37 from Line 36) .....

|   |   |     |   |   |     | 112759.09 |
|---|---|-----|---|---|-----|-----------|
|   |   | 7   |   |   | -7  |           |
|   |   |     |   |   |     | 0.00      |
|   | 4 | -   | 1 | 1 | -7  | 0.00      |
|   |   |     |   |   |     | 112759.09 |
|   |   | -   | 1 |   | 7   | 112739.09 |
|   | 1 |     | 1 |   |     | 0.00      |
| a second s | 1 | -7  | 1 | 1 | -7  |           |
|   |   |     |   |   |     | 0.00      |
|   | 1 | -7  |   | 1 | -7- | 0.00      |
|   |   |     |   |   |     | 0.00      |
|   |   | -7- |   | - | -7- |           |

472072.92 0.00 472072.92 0.00 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date



## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | $\mathbf{X}$ 11a         11b         11c         12           13         14         15         16         17   |
|---|---|--|
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam   |   | son for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Company  | Political Action Committee  |  |
| Douglaston     I       FEC ID number of contributing federal political committee.     I       Name of Employer (for Individual)     I       New York Life Insurance Company     I       Receipt For:     Ag       Primary     General | State Zip Code<br>NY 11362-1642<br>Cocupation (for Individual)<br>Vice President<br>gregate Year-to-Date ▼                | Date of Receipt<br>04 30 2018<br>Transaction ID : PR10009518897<br>Amount of Each Receipt this Period<br>76.94<br>Memo Item<br>P/R Deduction (\$38.47 Bi-Weekly)   |
| Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) c         B. Phillips, Sid, , Mr.,  | or Full Organization Name   | Date of Receipt  |
| 5   | State Zip Code<br>VA 23453-8534<br>Occupation (for Individual)<br>Agent   | M       M       /       J       J       2018         Transaction ID : PR10020818897       Amount of Each Receipt this Period         Amount of Each Receipt this Period         100.00         Memo Item |
| Receipt For:       Ag         Primary       General         Other (specify) ▼   | gregate Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)   |
| C. Full Name of Individual (Last, First, Middle Initial) c<br>Pope, Rudy, , Mr.,<br>Mailing Address 28 Eagle Ridge Drive  | or Full Organization Name   | Date of Receipt  |
| Savannah<br>FEC ID number of contributing<br>federal political committee.  Name of Employer (for Individual)<br>New York Life Insurance Company   | State<br>GA Zip Code<br>31406-8420<br>Occupation (for Individual)<br>Managing Partner<br>gregate Year-to-Date ▼<br>346.23 | 04       30       2018         Transaction ID : PR10037118897         Amount of Each Receipt this Period         76.94         Memo Item         P/R Deduction (\$38.47 Bi-Weekly)                       |
| SUBTOTAL of Receipts This Page (optional)   |   | 253.88   |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

| IT       | EMIZED RECEIPTS   |                         | for each category of the<br>Detailed Summary Page                     | Image: Concert only one)       Image: The second secon |  |  |  |
|----------|---|-------------------------|---|---|--|--|--|
| Ar<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politi               | cal Action Committee  |   |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initia Quaccia, Lucas, , Mr.,                        | l) or Full O            | rganization Name  | Date of Receipt   |  |  |  |
|          | Mailing Address 10728 Satin Nickel Drive  | 1                       |   | 04 30 / Y Y Y Y<br>2018   |  |  |  |
|          | City  | State                   | Zip Code  | Transaction ID : PR10053518897  |  |  |  |
|          | Fresno  | CA                      | 93730-3591  | Amount of Each Receipt this Period  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                       |   | 230.78  |  |  |  |
|          | Name of Employer (for Individual)   | Оссі                    | upation (for Individual)  | Memo Item   |  |  |  |
|          | New York Life Insurance Company   | Man                     | aging Partner   |   |  |  |  |
|          | Receipt For:  |                         | Year-to-Date ▼  |   |  |  |  |
|          | Primary General<br>Other (specify) ▼  |                         | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |
| в.       | Full Name of Individual (Last, First, Middle Initia<br>Quinn, Michael, , Mr.,                     | l) or Full O            | rganization Name  | Date of Receipt   |  |  |  |
|          | Mailing Address 66 Mayall Road  | 04 30 2018              |   |   |  |  |  |
|          | City  | State                   | Zip Code  | Transaction ID : PR10056318897  |  |  |  |
|          | Waltham   | MA                      | 02453-8267  | Amount of Each Receipt this Period  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                       |   | 58.00   |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occi<br>Age             | upation (for Individual)<br>nt  | Memo Item   |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate               | Year-to-Date ▼<br>232,00  | P/R Deduction (\$58.00 Monthly)   |  |  |  |
| с.       | Full Name of Individual (Last, First, Middle Initia<br>Rioux, Daniel, , Mr.,                      | l) or Full O            | rganization Name  | Date of Receipt   |  |  |  |
|          | Mailing Address 7 Sunview Road  |                         |   | 04 / Y Y Y Y<br>04 30 2018  |  |  |  |
|          | City  | State                   | Zip Code  | Transaction ID : PR10092418897  |  |  |  |
|          | The Hills   | ТХ                      | 78738-1528  | Amount of Each Receipt this Period  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                       |   | 76.92   |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                              |                         | upation (for Individual)<br>or Partner                                | Memo Item   |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate               | Year-to-Date ▼<br>346.14  | P/R Deduction (\$38.46 Bi-Weekly)   |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                         | •••••   | 365.70  |  |  |  |
| т        | OTAL This Period (last page this line number on   | ly)                     |   |   |  |  |  |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE

8 OF

|  |   |   | Use separate schedule(s)                          |           |  | (check only one) |           |                       |             |      |    |  |
|--|---|---|---|-----------|--|------------------|-----------|-----------------------|-------------|------|----|--|
| 116  | EMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page | X         | 11a<br>13                                |                  | 11b<br>14 | 11c                   | 12          |      | 17 |  |
|  | v information copied from such Reports and Stat                                 |   |   |           | for the                                  |                  | oose of   | soliciting            | contrib     |      |    |  |
|  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                   | ny Politic  | al Action Committee                               |           |  |                  |           |                       |             |      |    |  |
|  | Full Name of Individual (Last, First, Middle Initial Robinson, Darin J., , Mr., | l) or Full Or   | ganization Name                                   |           | Date of                                  | f Re             | ceipt     |                       |             |      |    |  |
| l  | Mailing Address 15 Portland Place   |   |   |           | 04                                       | /                | 30        | ) / Y                 | ү ү<br>2018 | Y    |    |  |
| -  | City<br>Saint Louis   | State<br>MO   | Zip Code<br>63108-1203                            | _         |  |                  |           | PR10100<br>Receipt th |             |      |    |  |
|  | FEC ID number of contributing<br>rederal political committee.                   | С   |   |           |  |                  |           | 1 1                   | 208         | 3.34 |    |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company            | Occu<br>Ager  | pation (for Individual)<br>It                     |           | M  | emc              | tem       |                       |             |      |    |  |
| Ī  | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate `   | Year-to-Date ▼<br>833.36                          | ]         | P/R Ded                                  | uctio            | on (\$208 | 8.34 Mon              | thly)       |      |    |  |
|  | Full Name of Individual (Last, First, Middle Initial Rogers, Walton W., , Mr.,  | l) or Full Or   | ganization Name                                   |           | Date of                                  | f Re             | ceipt     |                       |             |      |    |  |
|  | Mailing Address 504 Pinefield Drive   |   |   | м м<br>04 | 1  | 30               | / Y       | үүү<br>2018           | Y           |      |    |  |
|  | City<br>Severna Park  | State<br>MD   | Zip Code<br>21146-2320                            |           |  |                  |           | PR10110               |             |      |    |  |
| -  | FEC ID number of contributing ederal political committee.                       | C   |   |           | Amount of Each Receipt this Period 83.34 |                  |           |                       |             |      |    |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company            | Occu<br>Ager  | pation (for Individual)<br>nt                     |           | M  | emc              | Item      |                       |             |      |    |  |
| Ī  | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate   | Year-to-Date ▼<br>333.36                          | ] F       | /R Ded                                   | uctio            | on (\$83. | 34 Month              | ıly)        |      |    |  |
|  | Full Name of Individual (Last, First, Middle Initial Roig, Antonia A., , Ms.,   | l) or Full Or   | ganization Name                                   |           | Date of                                  | f Re             | ceipt     |                       |             |      |    |  |
| -  | Mailing Address 61 5th Street   | State   | Zin Oode  |           | 04                                       | 1                | 30        |                       | 2018        |      |    |  |
|  | City<br>Wood-Ridge  | NJ  | Zip Code<br>07075-2109                            |           |  |                  |           | PR1011                |             |      |    |  |
|  | FEC ID number of contributing<br>rederal political committee.                   | С   |   |           |  |                  | , ,       |                       | 76          | 6.94 |    |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |   | Occupation (for Individual)<br>Corporate Vice President |   |           | M  | emo              | tem       |                       |             |      |    |  |
| I  | Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate   | Year-to-Date ▼<br>346.23                          | ]         | P/R Ded                                  | lucti            | on (\$38  | .47 Bi-We             | eekly)      |      |    |  |
| รเ   | JBTOTAL of Receipts This Page (optional)  |   | •••••   | ► _       |  |                  | , .       | . ,                   | 368         | 3.62 |    |  |
| тс   | TAL This Period (last page this line number on                                  | ly)   |   | •         |  |                  | _         |                       |             |      |    |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

| ITEMIZED RECEIPTS   | -                                      | Use separate schedule(s)   | (check only one)   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| II EIVIIZED KEGEIF 13   |  | for each category of the<br>Detailed Summary Page                | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 11  |  |  |  |  |  |  |
| Any information copied from such Reports ar<br>or for commercial purposes, other than using | d Statements ma<br>the name and a      | A not be sold or used by any<br>ddress of any political committe | 13     14     15     16     1       berson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                                  | npany Politi                           | cal Action Committee   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Rosales, Ricardo, , Mr.,                    | e Initial) or Full C                   | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 7023 Northwest 113th Pla  | се                                     |  | 04 30 2018   |  |  |  |  |  |  |
| City<br>Doral   | State<br>FL                            | Zip Code<br>33178-4543   | Transaction ID : PR10115918897 Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                                      |  | 100.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age                             | upation (for Individual)<br>nt                                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                              | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Rupp, David P., , Mr.,                   | Initial) or Full C                     | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address PO Box 671878   |  |  | 04 30 2018   |  |  |  |  |  |  |
| City<br>Chugiak   | State<br>AK                            | Zip Code<br>99567-1878   | Transaction ID : PR10132318897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                                      |  | 150.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age                             | upation (for Individual)<br>ent                                  | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                              | Year-to-Date ▼<br>300.00   | P/R Deduction (\$150.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Russo, Scott M., , Mr.,                  | Initial) or Full C                     | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 5846 Greenshire Avenue  | Mailing Address 5846 Greenshire Avenue |  |  |  |  |  |  |  |  |
| City<br>Baton Rouge   | State<br>LA                            | Zip Code<br>70817-1423   | Transaction ID : PR10135018897           Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                                      |  | 60.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age                             | upation (for Individual)<br>nt                                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                              | Year-to-Date ▼<br>240.00   | P/R Deduction (\$60.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                                      |  | 310.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line num  | per only)                              |  |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |   | Use separate schedule(s) | FOR LINE NUMBER: PAGE 10 OF 186<br>(check only one) |   |  |  |  |
|--|---|--------------------------|---|---|--|--|--|
|  |   |                          | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |
|  | y information copied from such Reports and Staten<br>for commercial purposes, other than using the narr |                          |   |   |  |  |  |
|  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Company  |                          |   |   |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initial) of Sandifer, Gary W., , Mr.,                      | or Full Oi               | rganization Name                                    | Date of Receipt   |  |  |  |
|  | Mailing Address 47106 Hidden Lane   | State                    | Zip Code  |   |  |  |  |
|  | -   | LA                       | 70401-4859  | Transaction ID : PR10150118897           Amount of Each Receipt this Period                               |  |  |  |
|  | FEC ID number of contributing federal political committee.  | C                        |   | 83.00   |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Occu<br>Agei             | ipation (for Individual)<br>nt                      | Memo Item   |  |  |  |
|  | Peopint For:  |                          | Year-to-Date ▼<br>332.00                            | P/R Deduction (\$83.00 Monthly)   |  |  |  |
| в.   | Full Name of Individual (Last, First, Middle Initial) of Sause, Brett M., , Mr.,                        | or Full Oi               | rganization Name                                    | Date of Receipt   |  |  |  |
|  | Mailing Address 13474 Rustling Oaks Drive   | 04 30 2018               |   |   |  |  |  |
|  | 5   | State<br>MD              | Zip Code<br>21679-2029                              | Transaction ID : PR10157718897<br>Amount of Each Receipt this Period                                      |  |  |  |
|  | FEC ID number of contributing   | C                        |   | 250.00  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Occu<br>Age              | upation (for Individual)<br>nt                      | Memo Item   |  |  |  |
|  | Receipt For:     Ag       Primary     General       Other (specify) ▼                                   | ggregate                 | Year-to-Date ▼<br>, 1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |
| с.   | Full Name of Individual (Last, First, Middle Initial) of Schaefer, Marc L., , Mr.,                      | or Full O                | rganization Name                                    | Date of Receipt   |  |  |  |
|  | Mailing Address 10912 Lamplighter Lane  | Stata                    | Zin Codo  | 04 / D D / Y Y Y Y<br>30 2018   |  |  |  |
|  | ,   | State<br>MD              | Zip Code<br>20854-2783                              | Transaction ID : PR10161118897         Amount of Each Receipt this Period                                 |  |  |  |
|  | FEC ID number of contributing federal political committee.  |                          |   | 150.00  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Occu<br>Ager             | upation (for Individual)<br>ht                      | Memo Item   |  |  |  |
|  | Receipt For:     Ag       Primary     General       Other (specify)                                     | ggregate                 | Year-to-Date ▼<br>600.00                            | P/R Deduction (\$150.00 Monthly)  |  |  |  |
|  | UBTOTAL of Receipts This Page (optional)  |                          |   | 483.00  |  |  |  |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

|   |                                  | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|---|----------------------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                                  | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |
|   |                                  |   | 13     14     15     16     17       berson for the purpose of soliciting contributions     e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Fu  |                                  |   |   |  |  |  |  |  |  |
| New York Life Insura  |                                  | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, F<br>A. Scrivner, Charles E., , Mr., | First, Middle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 11925 Souther                                       | ast 231st Place                  |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Kent  | State<br>WA                      | Zip Code<br>98031-3688                            | Transaction ID : PR10180418897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                                |   | 60.00   |  |  |  |  |  |  |
| Name of Employer (for Individu<br>New York Life Insurance Compa     | ,                                | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼                 |                                  | Year-to-Date ▼<br>240.00                          | P/R Deduction (\$60.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, F<br>B. Seligstein, Sidney L., , N   |                                  | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1568 Massey I                                       |                                  |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City  | State                            | Zip Code  | Transaction ID : PR10184318897  |  |  |  |  |  |  |
| Memphis   |                                  | 38120-1317  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                                |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individu<br>New York Life Insurance Compa     |                                  | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:  |                                  | Year-to-Date ▼                                    | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |                                  | 400.00  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, F<br>C. Smiley, John, , Mr.,         |                                  | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1 Glengary Pla                                      |                                  |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Kennebunk   | State<br>ME                      | Zip Code<br>04043-6718                            | Transaction ID : PR10229318897           Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                                |   | 75.00   |  |  |  |  |  |  |
| Name of Employer (for Individu<br>New York Life Insurance Compa     |                                  | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify)                   |                                  | Year-to-Date ▼<br>285.00                          | P/R Deduction (\$75.00 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Pag                                       | ge (optional)                    |   | 235.00  |  |  |  |  |  |  |
| TOTAL This Period (last page th                                     | is line number only)             |   |   |  |  |  |  |  |  |

## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

| IT        | EMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page                    | (check only one)       Image: Mark 11 a mark 11 b mark 11 c mark 12 mark 13 mark 12 mark 15 mark 16 mark 17 mark 13 mark 12 mar |
|-----------|---|------------------------|--|---|
| Ar<br>or  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                      | ements ma<br>ame and a | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions   |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar   | ny Politio             | cal Action Committee   |   |
| Α.        | Full Name of Individual (Last, First, Middle Initial<br>Tinovsky, Serge, , Mr.,<br>Mailing Address 284 Garretson Avenue | ) or Full O            | rganization Name   | Date of Receipt   |
|           |   |                        |  | 04 30 2018  |
|           | City<br>Staten Island   | State<br>NY            | Zip Code<br>10305-1236   | Transaction ID : PR10327518897  |
|           | FEC ID number of contributing federal political committee.  | С                      |  | Amount of Each Receipt this Period 83.34  |
|           | Name of Employer (for Individual)   | Occu                   | pation (for Individual)  | Memo Item   |
|           | New York Life Insurance Company   | Agei                   | nt   | _   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>333.36   | P/R Deduction (\$83.34 Monthly)   |
| D         | Full Name of Individual (Last, First, Middle Initial Watson, Billy J., , Mr.,   | ) or Full O            | rganization Name   | Date of Receipt   |
| D.        | Mailing Address 3435 Indian Lake Trail  |                        |  | 04 30 2018  |
|           | City  | State Zip Code         |  | Transaction ID : PR103718897  |
|           | Pelham  | AL                     | 35124-2718   | Amount of Each Receipt this Period  |
|           | FEC ID number of contributing federal political committee.  | С                      |  | 91.34   |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occı<br>Age            | upation (for Individual)<br>nt                                       | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>, 365,36   | P/R Deduction (\$91.34 Monthly)   |
| C.        | Full Name of Individual (Last, First, Middle Initial Wilson, David R., , Mr.,   | ) or Full Oi           | rganization Name   | Date of Receipt   |
|           | Mailing Address 7257 2nd Avenue W   | 1 -                    |  | 04 / D D / Y Y Y Y<br>2018  |
|           | City<br>Oneonta   | State<br>AL            | Zip Code<br>35121-1667   | Transaction ID : PR10442618897  |
|           | FEC ID number of contributing federal political committee.  | С                      |  | Amount of Each Receipt this Period 83.34  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Ager           | ipation (for Individual)<br>It                                       | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>333.36   | P/R Deduction (\$83.34 Monthly)   |
| s         | UBTOTAL of Receipts This Page (optional)  |                        | •  | 258.02  |
| т         | OTAL This Period (last page this line number on   | ly)                    | ••••••   |   |

## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

| ITEMIZED RECEIPTS |  |                         | for each category of the<br>Detailed Summary Page                     | Image: Concern only one)       Image: The second one of the second one second one of the second one of the second one of the second one |
|-------------------|--|-------------------------|---|---|
| Ar<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                        | tements ma<br>ame and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions   |
|                   | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politi               | cal Action Committee  |   |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Spivey, Jerry L., , Mr.,<br>Mailing Address 5 North Thomas Street | rganization Name        | Date of Receipt   |   |
|                   | PO Box 6493  | . <u></u>               |   | 04 30 2018  |
|                   | City   | State<br>GA             | Zip Code  | Transaction ID : PR104818897  |
|                   | Elberton   | GA                      | 30635-2467  | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.   | С                       |   | 85.00   |
|                   | Name of Employer (for Individual)  | Occ                     | upation (for Individual)  | Memo Item   |
|                   | New York Life Insurance Company  | Age                     | nt  |   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>340.00  | P/R Deduction (\$85.00 Monthly)   |
| B                 | Full Name of Individual (Last, First, Middle Initia<br>Herwig, Julie E., , Ms.,  | l) or Full C            | rganization Name  | Date of Receipt   |
| Ы.                | Mailing Address 6520 78th Street   | 04 30 2018              |   |   |
|                   | City   | State                   | Zip Code  | Transaction ID : PR10501218897  |
|                   | Cabin John   | MD                      | 20818-1309  | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.   | С                       |   | 320.00  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company   |                         | upation (for Individual)<br>nior Vice President                       | Memo Item   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1430.00   | P/R Deduction (\$160.00 Bi-Weekly)  |
| с.                | Full Name of Individual (Last, First, Middle Initia<br>Budd Jr., Warren C., , Mr.,                                       | l) or Full C            | rganization Name  | Date of Receipt   |
|                   | Mailing Address 128 Woodbine Circle  | 1                       |   | 04 / D D / Y Y Y Y<br>2018  |
|                   | City<br>Newnan   | State<br>GA             | Zip Code<br>30263-2618  | Transaction ID : PR105018897           Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | С                       |   | 91.33   |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age              | upation (for Individual)<br>nt  | Memo Item   |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               | Year-to-Date ▼<br>365.32  | P/R Deduction (\$91.33 Monthly)   |
| s                 | UBTOTAL of Receipts This Page (optional)   |                         |   | 496.33  |
| Т                 | OTAL This Period (last page this line number on  | ly)                     |   |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

| ITEMIZED RECEIPTS  |  | Use separate schedule(s)  | (check only one)  |  |  |  |  |
|--|--|---|---|--|--|--|--|
| ILEIVILED KEGEIPIS   |  | for each category of the<br>Detailed Summary Page                   | X         11a         11b         11c         12           13         14         15         16         11 |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than usi | and Statements ma<br>ng the name and a | ay not be sold or used by any p<br>ddress of any political committe | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |  |   |   |  |  |  |  |
| New York Life Insurance Co   | ompany Politi                          | cal Action Committee  |   |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br><b>A.</b> Friedman, Samuel Y., , Mr.,    | dle Initial) or Full O                 | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 6 Whisper Lane   | 04 30 Y Y Y Y Y<br>04 30 2018          |   |   |  |  |  |  |
| City   | State                                  | Zip Code  | Transaction ID : PR10605018897  |  |  |  |  |
| Suffern  | NY                                     | 10901-4023  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                                      |   | 83.34   |  |  |  |  |
| Name of Employer (for Individual)  | Occi                                   | upation (for Individual)  | Memo Item   |  |  |  |  |
| New York Life Insurance Company  | Age                                    | nt  | -   |  |  |  |  |
| Receipt For:   | Aggregate                              | Year-to-Date ▼  |   |  |  |  |  |
| Primary General  |  | 202.20  | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |
| Other (specify) <b>v</b>   |  | 333.36  |   |  |  |  |  |
| Full Name of Individual (Last, First, Mide   | dla Initial) or Full O                 | ragnization Namo  |   |  |  |  |  |
| B. Vandre, James R., , Mr.,  | ule Initial) of Full O                 | Iganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 17335 Robinson Road  |  |   |   |  |  |  |  |
|  | 04 30 2018                             |   |   |  |  |  |  |
| City   | State                                  | Zip Code  | Transaction ID : PR10616718897  |  |  |  |  |
| Marysville   | OH                                     | 43040-9029  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                                      |   | 100.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                   | Occ                                    | upation (for Individual)<br>nt                                      | Memo Item   |  |  |  |  |
| Receipt For:   |  | Year-to-Date ▼  |   |  |  |  |  |
| Primary General  | , iggi oguto                           |   | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |
| Other (specify) V  |  | 400.00  |   |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Harrison, Wayne W., , Mr.,            | dle Initial) or Full O                 | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 14527 Locust Street  |  |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |
| City   | State                                  | Zip Code  | Transaction ID : PR10630218897  |  |  |  |  |
| Omaha  | NE                                     | 68116-8179  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                                      |   | 76.94   |  |  |  |  |
| Name of Employer (for Individual)  | Occi                                   | upation (for Individual)  | Memo Item   |  |  |  |  |
| New York Life Insurance Company  |  | aging Partner   |   |  |  |  |  |
| Receipt For:   | Aggregate                              | Year-to-Date V  |   |  |  |  |  |
| Primary General  |  |   | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |
| Other (specify)  |  | 346.23  |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
| SUBTOTAL of Receipts This Page (option   | nal)                                   |   | 260.28  |  |  |  |  |
| TOTAL This Period (last page this line nu  | mber only)                             |   |   |  |  |  |  |

FOR LINE NUMBER:

PAGE 15 OF

| ITEMIZED RECEIPTS                          |   | -                                 | Use separate schedule(s)  |                  | (check only one)   |              |            |                                       |           |            |    |
|--|---|-----------------------------------|---|------------------|--------------------|--------------|------------|---------------------------------------|-----------|------------|----|
|  |   |                                   | for each category of the<br>Detailed Summary Page                   |                  | <b>′</b> 11a<br>13 |              | 11b<br>14  | 11c                                   | 12        | Г          | 17 |
| Any information<br>or for commercia        | copied from such Reports an al purposes, other than using | d Statements ma<br>the name and a | y not be sold or used by any p<br>ddress of any political committee | erson<br>e to so | for the            | pur<br>ntrib | pose of    | soliciting                            | g contrib | oution     | าร |
|  | OMMITTEE (In Full)  |                                   |   |                  |                    |              |            |                                       |           |            |    |
| > New Yor                                  | k Life Insurance Con                                      | npany Politio                     | cal Action Committee  |                  |                    |              |            |                                       |           |            |    |
|  | Individual (Last, First, Middle<br>an, Tigran, , Mr.,     | Initial) or Full O                | rganization Name  |                  | Date of            | f Re         | eceipt     |                                       |           |            |    |
|  | ess 1026 Bramford Drive                                   |                                   |   |                  | <sup>M</sup> 04    | 1            | 30         | ) / Y                                 | 2018      | Y          | ]  |
| City<br>Glendale                           |   | State<br>CA                       | Zip Code<br>91207-1102  |                  |                    |              |            | PR1063<br>Receipt th                  |           |            |    |
| FEC ID numb<br>federal politic             | per of contributing<br>al committee.                      | C                                 |   |                  |                    |              |            |                                       | 23        | 0.76       |    |
| New York Life                              | ployer (for Individual)<br>e Insurance Company            |                                   | upation (for Individual)<br>aging Partner                           |                  | M                  | emc          | tem        |                                       |           |            |    |
| Receipt For:<br>Primary<br>Other (         | v General<br>specify) ▼                                   | Aggregate                         | Year-to-Date ▼<br>1038.42   | ] F              | P/R Ded            | uctio        | on (\$11   | 5.38 Bi-V                             | Veekly)   |            |    |
|  | Individual (Last, First, Middle<br>, Kermit, , Mr.,       | Initial) or Full O                | rganization Name  |                  | Date of            | f Re         | eceipt     |                                       |           |            |    |
| Mailing Address 305 Crestfield Drive       |   |                                   |   |                  | 04                 | 1            | 30         |                                       | 2018      | Y          | ]  |
| City                                       |   | State<br>GA                       | Zip Code  |                  |                    |              | -          | PR1068                                |           |            |    |
| Columbus<br>FEC ID numb<br>federal politic | per of contributing<br>al committee.                      | С                                 | 31904-2325  |                  | Amoun              | t of         | Each F     | Receipt th                            |           | oa<br>0.00 |    |
|  | ployer (for Individual)<br>Insurance Company              | Occu                              | upation (for Individual)<br>nt                                      |                  | M                  | emc          | tem        |                                       |           |            |    |
| Receipt For:<br>Primary<br>Other (         | y General<br>specify) ▼                                   |                                   | Year-to-Date ▼<br>240.00  | ] P              | P/R Ded            | uctio        | on (\$60.  | .00 Montł                             | ıly)      |            |    |
|  | Individual (Last, First, Middle<br>John A., , Mr.,        | Initial) or Full O                | rganization Name  |                  | Date of            | f Re         | eceipt     |                                       |           |            |    |
|  | ess 401 Prince Road                                       |                                   |   |                  | <sup>M</sup> 04    | L.           | 30         |                                       | 2018      | Y          | ]  |
| City<br>Saint August                       | ine   | State<br>FL                       | Zip Code<br>32086-4906  |                  |                    |              |            | PR1082<br>Receipt th                  |           | bd         |    |
| FEC ID numb<br>federal politic             | per of contributing<br>al committee.                      | C                                 |   |                  | <u> </u>           |              | , .        |                                       | 8         | 3.34       |    |
| New York Life                              | New York Life Insurance Company Ag                        |                                   | upation (for Individual)<br>nt                                      |                  | Memo Item          |              |            |                                       |           |            |    |
| Receipt For:<br>Primary<br>Other (         | / General<br>specify)                                     | Aggregate                         | Year-to-Date ▼<br>333.36  | ]   F            | P/R Ded            | lucti        | on (\$83   | .34 Mont                              | hly)      |            |    |
|  | Receipts This Page (optional                              |                                   |   | ▶<br>_<br>▶      |                    |              | , .<br>, . | , , , , , , , , , , , , , , , , , , , | 374       | 4.10       |    |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

| IT       | EMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page                    | (cneck only one)       X     11a       11b     11c       12       13     14       15     16       17 |
|----------|--|--------------------------|--|--|
| An<br>or | y information copied from such Reports and State<br>for commercial purposes, other than using the na | ements mag<br>ame and ac | y not be sold or used by any pe<br>Idress of any political committee | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.   |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politic                | al Action Committee  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initial)<br>Baumgarten, Gary T., , Mr.,                 | ) or Full Or             | ganization Name  | Date of Receipt  |
|          | Mailing Address 230 W Reading Way  |                          |  | 04 30 2018   |
|          | City   | State                    | Zip Code   | Transaction ID : PR108418897   |
|          | Winter Park  | FL                       | 32789-6052   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | С                        |  | 175.00   |
|          | Name of Employer (for Individual)  | Occu                     | pation (for Individual)  | Memo Item  |
|          | New York Life Insurance Company  | Ager                     | ıt   |  |
|          | Receipt For:   | Aggregate `              | Year-to-Date ▼   |  |
|          | Primary General<br>Other (specify) ▼   |                          | 700.00   | P/R Deduction (\$175.00 Monthly)   |
| в.       | Full Name of Individual (Last, First, Middle Initial Sedita, Reginald S., , Mr.,                     | ) or Full Or             | ganization Name  | Date of Receipt  |
|          | Mailing Address 10908 Whitecap Drive   |                          | 04 30 2018   |  |
|          | City   | State                    | Zip Code   | Transaction ID : PR108618897   |
|          | Riverview  | FL                       | 33579-7157   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | С                        |  | 100.00   |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                                 | Occu<br>Ager             | pation (for Individual)<br>nt  | Memo Item  |
|          |  | Aggregate `              | Year-to-Date ▼   |  |
|          | Primary General<br>Other (specify) ▼   |                          | 400.00   | P/R Deduction (\$100.00 Monthly)   |
| C.       | Full Name of Individual (Last, First, Middle Initial Dolph III, Frank B., , Mr.,                     | ) or Full Or             | ganization Name  | Date of Receipt  |
|          | Mailing Address 631 Intracoastal Drive   |                          |  | 04 / D D / Y Y Y Y<br>04 30 2018   |
|          | City   | State                    | Zip Code   | Transaction ID : PR109818897   |
|          | Fort Lauderdale  | FL                       | 33304-3618   | Amount of Each Receipt this Period   |
|          | FEC ID number of contributing federal political committee.   | С                        |  | 250.00   |
|          | Name of Employer (for Individual)  | Occu                     | pation (for Individual)  | Memo Item  |
|          | New York Life Insurance Company  | Agen                     | t  |  |
|          | Receipt For:   | Aggregate `              | Year-to-Date ▼   |  |
|          | Other (specify)  |                          | 1000.00  | P/R Deduction (\$250.00 Monthly)   |
| s        | UBTOTAL of Receipts This Page (optional)   |                          |  | 525.00   |
| т        | OTAL This Period (last page this line number onl   | y)                       | ·····  |  |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

|                              |   |                                    | Use separate schedule(s)                          |                                  | (check only one) |             |                                     |             |         |
|------------------------------|---|------------------------------------|---|----------------------------------|------------------|-------------|-------------------------------------|-------------|---------|
|                              |   |                                    | for each category of the<br>Detailed Summary Page | <b>X</b> 1                       | - F              | 11b<br>14   | 11c                                 | 12          | 17      |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                                    |   | erson for                        | the p            |             | f soliciting                        | g contrib   | outions |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politio                         | cal Action Committee                              |                                  |                  |             |                                     |             |         |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Eskew Jr., Curtis L., , Mr.,               | l) or Full Or                      | rganization Name                                  | Dat                              | te of I          | Receipt     |                                     |             |         |
|                              | Mailing Address 1680 Keely Lane   |                                    |   |                                  | 04               | / D 30      |                                     | 2018        | Y       |
|                              | City<br>Sarasota  | State<br>FL                        | Zip Code<br>34232-3061                            |                                  |                  |             | <b>: PR1101</b><br>Receipt th       |             | od      |
|                              | FEC ID number of contributing federal political committee.  | С                                  |   |                                  |                  |             | -                                   | 174         | 4.67    |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occu<br>Ager                       | ipation (for Individual)<br>nt                    |                                  | Mer              | no Item     |                                     |             |         |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Year-to-Date ▼<br>698.68                          | P/R Deduction (\$174.67 Monthly) |                  |             |                                     |             |         |
| в.                           | Full Name of Individual (Last, First, Middle Initia Bailey, Mark F., , Mr.,                       | l) or Full Or                      | rganization Name                                  | Dat                              | te of I          | Receipt     |                                     |             |         |
|                              | Mailing Address 1200 Plantation Island Dr.<br>South, Ste. 2                                       | Plantation Island Dr.<br>h, Ste. 2 |   |                                  |                  | / D 30      |                                     | ү ү<br>2018 | Y       |
|                              | City<br>Saint Augustine   | State<br>FL                        | Zip Code<br>32080-3113                            |                                  |                  |             | : PR1106 <sup>,</sup><br>Receipt th |             | hd      |
|                              | FEC ID number of contributing federal political committee.  | С                                  |   |                                  |                  |             |                                     |             | 0.00    |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occu<br>Age                        | upation (for Individual)<br>nt                    | Memo Item                        |                  |             |                                     |             |         |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Year-to-Date ▼<br>1000.00                         | P/R                              | Deduc            | tion (\$25  | 50.00 Mon                           | thly)       |         |
| С.                           | Full Name of Individual (Last, First, Middle Initia<br>Krach, Thomas G., , Mr.,                   | l) or Full Or                      | rganization Name                                  | Dat                              | te of I          | Receipt     |                                     |             |         |
|                              | Mailing Address 3580 Southwest 146 Terrace  | State                              | Zip Code  | - L                              | 04 <sup>M</sup>  | / D 30      | )                                   | 2018        | Y       |
|                              | City<br>Miramar   | FL                                 | 33027-3741  |                                  |                  |             | : PR1111<br>Receipt th              |             | od      |
|                              | FEC ID number of contributing federal political committee.  | С                                  |   |                                  | _                | y           | . ,                                 | 10          | 0.00    |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                              |                                    | ipation (for Individual)<br>or Partner            | Memo Item                        |                  |             |                                     |             |         |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>350.00 |   |                                  | Dedu             | ction (\$50 | 0.00 Bi-W                           | ekly)       |         |
| s                            | UBTOTAL of Receipts This Page (optional)  |                                    |   |                                  |                  | 9           | . ,                                 | 524         | 4.67    |
| т                            | OTAL This Period (last page this line number or   | ıly)                               |   |                                  |                  | -7          |                                     |             | -       |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

| IT       | EMIZED RECEIPTS   |                          | for each category of the<br>Detailed Summary Page                     | Image: Concert only one)       Image: The second secon |  |
|----------|---|--------------------------|---|---|--|
| An<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a  | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politi                | cal Action Committee  |   |  |
| A.       | Full Name of Individual (Last, First, Middle Initia<br>Lyon, William, , Mr.,                      | l) or Full O             | rganization Name  | Date of Receipt   |  |
|          | Mailing Address 3084 Crooked Stick Court  | 04 30 / Y Y Y Y<br>04 30 |   |   |  |
|          | City  | State                    | Zip Code  | Transaction ID : PR111418897  |  |
|          | Cincinnati  | ОН                       | 45244-2586  | Amount of Each Receipt this Period  |  |
|          | FEC ID number of contributing federal political committee.  | С                        |   | 250.00  |  |
|          | Name of Employer (for Individual)   | Occi                     | upation (for Individual)  | Memo Item   |  |
|          | New York Life Insurance Company   | Age                      | ent   |   |  |
|          | Receipt For:  | Aggregate                | Year-to-Date V  |   |  |
|          | Primary General<br>Other (specify) ▼  |                          | 1000.00   | P/R Deduction (\$250.00 Monthly)  |  |
| в.       | Full Name of Individual (Last, First, Middle Initia<br>Burton, Mark I., , Mr.,                    | l) or Full O             | rganization Name  | Date of Receipt   |  |
|          | Mailing Address 22781 Foxridge  | 04 30 2018               |   |   |  |
|          | City  | State Zip Code           |   | Transaction ID : PR111718897  |  |
|          | Mission Viejo   | CA                       | 92692-4703  | Amount of Each Receipt this Period  |  |
|          | FEC ID number of contributing federal political committee.  | С                        |   | 250.00  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                              |                          |   |   |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |  |
| с.       | Full Name of Individual (Last, First, Middle Initia<br>Bork, James K., , Mr.,                     | l) or Full O             | rganization Name  | Date of Receipt   |  |
|          | Mailing Address 7370 Manatee Court  |                          |   | 04 / Y Y Y Y<br>04 30 2018  |  |
|          | City  | State                    | Zip Code  | Transaction ID : PR112218897  |  |
|          | Maumee  | OH                       | 43537-8684  | Amount of Each Receipt this Period  |  |
|          | FEC ID number of contributing federal political committee.  | С                        |   | 75.00   |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occı<br>Ager             | upation (for Individual)<br>nt  | Memo Item   |  |
|          | Respiret For:   |                          | Year-to-Date ▼<br>300.00  | P/R Deduction (\$75.00 Monthly)   |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                          | •   | 575.00  |  |
| т        | OTAL This Period (last page this line number or   | lly)                     |   |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

|   | -                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |
|---|------------------------|---|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |  |  |  |  |
|   |                        |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       be to solicit contributions from such committee. |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                        |   |  |  |  |  |  |
| New York Life Insurance Co  | mpany Politi           | cal Action Committee                              |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. King, Kim D., , Ms.,       | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |
| Mailing Address 8037 Lea Court  |                        |   | 04 30 2018   |  |  |  |  |
| City<br>Holland   | State<br>OH            | Zip Code<br>43528-8042                            | Transaction ID : PR112818897<br>Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C                      |   | 58.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age             | upation (for Individual)<br>Int                   | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate              | Year-to-Date ▼<br>232.00                          | P/R Deduction (\$58.00 Monthly)  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Beebe, Larry E., , Mr.,    | lle Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |
| Mailing Address 3209 Stone Wall Road  |                        |   | 04 30 2018   |  |  |  |  |
| City  | State<br>OH            | Zip Code  | Transaction ID : PR113418897   |  |  |  |  |
| Maumee  |                        | 43537-9593  | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C                      |   | 200.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age             | upation (for Individual)<br>ent                   | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General   | Aggregate              | Year-to-Date ▼                                    |  |  |  |  |  |
| Other (specify) ▼   |                        | 800.00  | P/R Deduction (\$200.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Hensel, Willard L., , Mr., | ,                      | rganization Name                                  | Date of Receipt  |  |  |  |  |
| Mailing Address 1103 Sequoia Drive Nor                                      |                        | Zin Oada  | 04 / D D / Y Y Y Y<br>30 2018  |  |  |  |  |
| City<br>Strasburg   | State<br>OH            | Zip Code<br>44680-9519                            | Transaction ID : PR113918897 Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                      |   | 91.33  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occi<br>Age            | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate              | Year-to-Date ▼<br>365.32                          | P/R Deduction (\$91.33 Monthly)  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                      | al)                    |   | 349.33   |  |  |  |  |
| TOTAL This Period (last page this line nu                                   | mber only)             |   |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

|  |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|----------------------|---|---|--|--|--|--|--|
| I LIVIIZED REGEIFIS  |                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 1 <sup>1</sup>   |  |  |  |  |  |
|  |                      |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                     | npany Politi         | cal Action Committee                              |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. King, Jeffery D., , Mr.,    | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 8037 Lea Court   |                      |   | 04 30 2018  |  |  |  |  |  |
| City<br>Holland  | State<br>OH          | Zip Code<br>43528-8042                            | Transaction ID : PR114318897<br>Amount of Each Receipt this Period                                  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | С                    |   | 58.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company           | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate            | Year-to-Date ▼<br>232.00                          | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Bieber, Roderick J., , Mr., | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 485 Winthrop Lane  |                      |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |
| City<br>Saginaw  | State<br>MI          | Zip Code<br>48638-6260                            | Transaction ID : PR114818897<br>Amount of Each Receipt this Period                                  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | С                    |   | 65.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company           | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate            | Year-to-Date ▼<br>260.00                          | P/R Deduction (\$65.00 Monthly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>CQuilter, Michael C., , Mr.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 1053 Edinburgh Cove<br><u>PO Box 443</u><br>City               | State                | Zip Code  | 04 0 2018<br>Transaction ID : PR115518897   |  |  |  |  |  |
| London   | OH                   | 43140-2167  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                     | С                    |   | 75.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company           | Occu<br>Ager         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                             | Aggregate            | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$75.00 Monthly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                       | )                    |   | 198.00  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                     | ber only)            |   |   |  |  |  |  |  |

### Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 21 OF

| ITEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |  |  |  |
|---|-------------------|---|--|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |                   |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                      | pany Polit        | ical Action Committee                             |  |  |  |  |
| Full Name of Individual (Last, First, Middle In Halus, Thomas M., , Mr.,                        | nitial) or Full ( | Drganization Name                                 | Date of Receipt                                      |  |  |  |
| Mailing Address 4405 Turnberry Crescent   |                   |   | 04 / D D / Y Y Y Y Y<br>04 30 2018                   |  |  |  |
| City  | State<br>CO       | Zip Code  | Transaction ID : PR116418897                         |  |  |  |
| Pueblo  |                   | 81001-1162  | Amount of Each Receipt this Period                   |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 68.00  |  |  |  |
| Name of Employer (for Individual)   | Occ               | cupation (for Individual)                         | Memo Item  |  |  |  |
| New York Life Insurance Company   | Age               | ent   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>272.00                          | P/R Deduction (\$68.00 Monthly)                      |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>B. Staebler, Thomas H., , Mr.,               | nitial) or Full ( | Drganization Name                                 | Date of Receipt                                      |  |  |  |
| Mailing Address 7303 Red Bank Road  |                   |   | 04 / D D / Y Y Y Y<br>04 30 2018                     |  |  |  |
| City  | State             | Zip Code  | Transaction ID : PR116518897                         |  |  |  |
| Westerville   | OH                | 43082-8241  | Amount of Each Receipt this Period                   |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 70.00  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                            |                   | cupation (for Individual)<br>ent                  | Memo Item  |  |  |  |
| Receipt For:<br>Primary General   | Aggregate         | Year-to-Date <b>V</b>                             | P/R Deduction (\$70.00 Monthly)                      |  |  |  |
| Other (specify) ▼   | L                 | 280.00  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>C. Moyer, Paul E., , Mr.,                    | nitial) or Full ( | Drganization Name                                 | Date of Receipt                                      |  |  |  |
| Mailing Address 8281 Shawnee Forest Drive   |                   |   | 04 / D D / Y Y Y Y<br>04 30 2018                     |  |  |  |
| City  | State             | Zip Code  | Transaction ID : PR117018897                         |  |  |  |
| Findlay   | OH                | 45840-8695  | Amount of Each Receipt this Period                   |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   | 250.00   |  |  |  |
| Name of Employer (for Individual)   | Occ               | cupation (for Individual)                         | Memo Item  |  |  |  |
| New York Life Insurance Company   | Age               | ent   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)                     |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | <u> </u>          | <b>b</b>  | 388.00   |  |  |  |
| TOTAL This Period (last page this line numbe  |                   |   |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22 OF

|   |                                    | Use separate schedule(s)  | (check only one)  |  |  |  |  |
|---|------------------------------------|---|---|--|--|--|--|
| ITEMIZED RECEIPTS   |                                    | for each category of the<br>Detailed Summary Page                   | <b>X</b> 11a 11b 11c 12   |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than usin | and Statements mang the name and a | Ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                               | ompany Politi                      | cal Action Committee  |   |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Feldman, Wendy, , Ms.,                    | dle Initial) or Full O             | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 20202 E Superstition Dr   | ive                                |   | M M / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |
| City<br>Queen Creek   | State<br>AZ                        | Zip Code<br>85142-9760  | Transaction ID : PR117218897<br>Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С                                  |   | 100.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                    | Occi<br>Age                        | upation (for Individual)<br>nt                                      | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate                          | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Meier, Steven D., , Mr.,               | dle Initial) or Full O             | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 4575 Lanercost Way  | 01-1-                              | 7. 0.4  | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |
| City<br>Columbus  | State<br>OH                        | Zip Code<br>43220-2916  | Transaction ID : PR118018897<br>Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С                                  |   | 125.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                    | Occ<br>Age                         | upation (for Individual)<br>ent                                     | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                    | Aggregate                          | Year-to-Date ▼<br>500.00  | P/R Deduction (\$125.00 Monthly)  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Vahala, Mark, , Mr.,                   | dle Initial) or Full O             | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address 500 Cedar Elm Court   |                                    |   | 04 / 04 / 2018 / 2018   |  |  |  |  |
| City<br>Irving  | State<br>TX                        | Zip Code<br>75063-8467  | Transaction ID : PR120618897           Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | C                                  |   | 250.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                    | Occi<br>Age                        | upation (for Individual)<br>nt                                      | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                      | Aggregate                          | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)                                |   | 475.00  |  |  |  |  |
| TOTAL This Period (last page this line nu   | mber only)                         |   |   |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 23 OF

| ITI | EMIZED RECEIPTS  |                                   | for each category of the<br>Detailed Summary Page | Image: Check only one)       Image: The image: The image is a straight one image is a s |
|-----|--|-----------------------------------|---|---|
|     | y information copied from such Reports and State<br>for commercial purposes, other than using the na                       |                                   |   |   |
|     | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ny Politic                        | cal Action Committee                              |   |
| Α.  | Full Name of Individual (Last, First, Middle Initial)<br>Perry, Steven C., , Mr.,<br>Mailing Address 6402 County Road 1480 | ganization Name                   | Date of Receipt                                   |   |
|     | City   | State                             | Zip Code  | 04 30 2018<br>Transaction ID : PR12071818897  |
|     | Lubbock  | ТХ                                | 79407-1129  | Amount of Each Receipt this Period  |
|     | FEC ID number of contributing federal political committee.   | С                                 |   | 230.76  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company   |                                   | pation (for Individual)<br>aging Partner          | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate `                       | Year-to-Date ▼<br>1038.42                         | P/R Deduction (\$115.38 Bi-Weekly)  |
| в.  | Full Name of Individual (Last, First, Middle Initial)<br>Sethna, Zarir, , Mr.,   | ) or Full Or                      | ganization Name                                   | Date of Receipt   |
|     | Mailing Address 2211 Crescent Palm Lane  | M M / D D / Y Y Y Y<br>04 30 2018 |   |   |
|     | City<br>Houston  | State<br>TX                       | Zip Code<br>77077-2133                            | Transaction ID : PR121218897  |
|     | FEC ID number of contributing federal political committee.   | C                                 |   | Amount of Each Receipt this Period 83.33  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager                      | pation (for Individual)<br>ht                     | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate `                       | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)   |
| с.  | Full Name of Individual (Last, First, Middle Initial)<br>Levee, David E., , Mr.,   | ) or Full Or                      | ganization Name                                   | Date of Receipt   |
|     | Mailing Address 4509 White Cedar Lane  |                                   |   | 04 / Y Y Y Y<br>04 30 2018  |
|     | City<br>Delray Beach   | State<br>FL                       | Zip Code<br>33445-7036                            | Transaction ID : PR122918897  |
|     | FEC ID number of contributing federal political committee.   | С                                 |   | Amount of Each Receipt this Period  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Agen                      | pation (for Individual)<br>t                      | Memo Item   |
|     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate `                       | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |
| s   | UBTOTAL of Receipts This Page (optional)   |                                   |   | 414.09  |
|     | OTAL This Period (last page this line number onl   |                                   |   |   |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

| IT                    | EMIZED RECEIPTS   |                       | for each category of the<br>Detailed Summary Page                     | Image: Coneck only one)     Image: Coneck only one)       Image: Coneck only one)     Image: Coneck only one) |  |  |  |  |
|-----------------------|---|-----------------------|---|---|--|--|--|--|
| Ar<br>or              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | itements maname and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.  |  |  |  |  |
| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa                                      | ny Politi             | cal Action Committee  |   |  |  |  |  |
| A.                    | Full Name of Individual (Last, First, Middle Initia<br>Schultz, Curtis T., , Mr.,                 | al) or Full O         | rganization Name  | Date of Receipt   |  |  |  |  |
|                       | Mailing Address 2204 Cherokee Circle  |                       |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |
|                       | City  | State                 | Zip Code  | Transaction ID : PR125218897  |  |  |  |  |
|                       | Valparaiso  | IN                    | 46383-2284  | Amount of Each Receipt this Period  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С                     |   | 416.66  |  |  |  |  |
|                       | Name of Employer (for Individual)   | Осси                  | upation (for Individual)  | Memo Item   |  |  |  |  |
|                       | New York Life Insurance Company   | Age                   | nt  |   |  |  |  |  |
|                       | Receipt For:  | Aggregate             | Year-to-Date V  | —   |  |  |  |  |
|                       | Primary General<br>Other (specify) ▼  |                       | 1666.64   | P/R Deduction (\$416.66 Monthly)  |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Initia<br>Lee Sr., Joseph H., , Mr.,                 | al) or Full O         | rganization Name  | Date of Receipt   |  |  |  |  |
|                       | Mailing Address 15921 Fairway Lake  |                       |   | 04 30 2018  |  |  |  |  |
|                       | City  | State                 | Zip Code  | Transaction ID : PR125418897  |  |  |  |  |
|                       | Chesterfield  | MO                    | 63017-7381  | Amount of Each Receipt this Period  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С                     |   | 83.34   |  |  |  |  |
|                       | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occ<br>Age            | upation (for Individual)<br>ent                                       | Memo Item   |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |
| C.                    | Full Name of Individual (Last, First, Middle Initia<br>Massey, Larry D., , Mr.,                   | al) or Full O         | rganization Name  | Date of Receipt   |  |  |  |  |
|                       | Mailing Address 3761 Mountain Way Cove  |                       |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |
|                       | City  | State                 | Zip Code  | Transaction ID : PR126618897  |  |  |  |  |
|                       | Snellville  | GA                    | 30039-8413  | Amount of Each Receipt this Period  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С                     |   | 83.34   |  |  |  |  |
|                       | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occi<br>Agei          | upation (for Individual)<br>nt  | Memo Item   |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  |                       | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                       |   | 583.34  |  |  |  |  |
| т                     | OTAL This Period (last page this line number or   | nly)                  | ••••••  |   |  |  |  |  |

FOR LINE NUMBER:

PAGE 25 OF

| ı <del>ب</del> |   |                           | Use separate schedule(s)  | (check d                         | only c  | one)                  |            |          |          |    |  |  |
|----------------|---|---------------------------|---|----------------------------------|---|-----------------------|------------|----------|----------|----|--|--|
| 11             | EMIZED RECEIPTS   |                           | for each category of the<br>Detailed Summary Page                     | <b>X</b> 11a                     | a 🗌   | 11b<br>14             | 11c        |          | Г        | 17 |  |  |
| Ar<br>or       | y information copied from such Reports and St for commercial purposes, other than using the | atements ma<br>name and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for th                     | ne pu<br>contri   | rpose of              | soliciting | contr    | ibutio   | ns |  |  |
|                | NAME OF COMMITTEE (In Full)   |                           |   |                                  |   |                       |            |          |          |    |  |  |
|                | New York Life Insurance Compa   | any Politio               | cal Action Committee  |                                  |   |                       |            |          |          |    |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Init<br>Gavin, Thomas N., , Mr.,               | ial) or Full O            | rganization Name  | Date of Receipt                  |   |                       |            |          |          |    |  |  |
|                | Mailing Address 449 Vista Court   |                           |   | 0                                |   | / D D<br>30           | / Y        | y<br>201 | ү ү<br>8 |    |  |  |
|                | City<br>Benicia   | State<br>CA               | Zip Code<br>94510-2715  |                                  | Transaction ID : PR126818897 Amount of Each Receipt this Period |                       |            |          |          |    |  |  |
|                | FEC ID number of contributing federal political committee.                                  | С                         |   |                                  |   |                       |            | 1        | 00.00    |    |  |  |
|                | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age               | upation (for Individual)<br>nt  |                                  | Mem   | io Item               |            |          |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>400.00  | P/R D                            | educ  | tion (\$100           | 0.00 Mon   | thly)    |          |    |  |  |
| в.             | Full Name of Individual (Last, First, Middle Initi<br>Mittal, Amrit L., , Mr.,              | ial) or Full O            | rganization Name  | Date                             | of R  | eceipt                |            |          |          |    |  |  |
|                | Mailing Address 215 Rugeley Road  |                           |   | M<br>04                          | М   | ,<br>30               | / Y        | 2018     | ү ү<br>} |    |  |  |
|                | City  | State                     | Zip Code  |                                  |   | tion ID :             |            |          |          |    |  |  |
|                | Western Springs   | IL                        | 60558-1954  | Amo                              | unt o   | f Each R              | eceipt th  | is Per   | iod      |    |  |  |
|                | FEC ID number of contributing federal political committee.                                  | С                         |   |                                  |   |                       | 2          | 50.00    |          |    |  |  |
|                | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age               | upation (for Individual)<br>ent                                       |                                  | Mem   | o Item                |            |          |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly) |   |                       |            |          |          |    |  |  |
| С.             | Full Name of Individual (Last, First, Middle Initi<br>Heussner, Steven J., , Mr.,           | ial) or Full O            | rganization Name  | Date                             | of R  | eceipt                |            |          |          |    |  |  |
|                | Mailing Address 1105 Pecan Hollow Trail   |                           |   | M<br>0                           | 4   | / D D D 30            |            | 2018     |          |    |  |  |
|                | City<br>McKinney  | State<br>TX               | Zip Code<br>75070-9060  |                                  |   | tion ID :<br>f Each R |            |          | iod      |    |  |  |
|                | FEC ID number of contributing federal political committee.                                  | С                         |   |                                  |   | , .                   | , ,        | 2        | 50.00    |    |  |  |
|                | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Ager              | upation (for Individual)<br>nt  |                                  | Merr  | io Item               |            |          |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼<br>950.00  | P/R Deduction (\$250.00 Monthly) |   |                       |            |          |          |    |  |  |
|                | UBTOTAL of Receipts This Page (optional)  |                           |   |                                  | -   | , ,                   | · · ·      | 6        | 00.00    |    |  |  |

#### ta schadula(s) 1.1.0.0

FOR LINE NUMBER:

PAGE 26 OF

| ITE      | MIZED RECEIPTS  |              | f                                    | or each category of the Detailed Summary Page | ì ì                                | eck on<br>11a<br>13          |        | ə)<br>11b<br>14 | 11c       | 12        |          |  |  |  |
|----------|---|--------------|--------------------------------------|---|------------------------------------|------------------------------|--------|-----------------|-----------|-----------|----------|--|--|--|
|          | information copied from such Reports and Stain<br>r commercial purposes, other than using the n |              |                                      |   |                                    |                              |        |                 |           |           |          |  |  |  |
| \        | AME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                    | ny Politi    | ical                                 | Action Committee                              |                                    |                              |        |                 |           |           |          |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Duchene, David J., , Mr.,                 | l) or Full O | Orgai                                | nization Name                                 | Date of Receipt                    |                              |        |                 |           |           |          |  |  |  |
| _        | lailing Address 25 Kingsview Lane N   |              |                                      |   |                                    | 04                           | 1      | D D D 30        | / Y       | ۲<br>2018 | Y Y<br>B |  |  |  |
|          | ity   | State        |                                      | Zip Code                                      |                                    | Transaction ID : PR131518897 |        |                 |           |           |          |  |  |  |
| -        | Plymouth  | MN           |                                      | 55447-4319                                    | _                                  | Amoun                        | t of E | Each R          | eceipt th | nis Peri  | iod      |  |  |  |
|          | EC ID number of contributing deral political committee.   | С            |                                      |   |                                    | <u> </u>                     |        | ,               |           | 9         | 95.00    |  |  |  |
| N        | ame of Employer (for Individual)  | Occ          | cupat                                | ion (for Individual)                          | 1                                  | M                            | lemo   | Item            |           |           |          |  |  |  |
| N        | ew York Life Insurance Company  | Age          | ent                                  |   |                                    |                              |        |                 |           |           |          |  |  |  |
| R        | eceipt For:   | Aggregate    | e Yea                                | r-to-Date ▼                                   |                                    |                              |        |                 |           |           |          |  |  |  |
|          | Primary General<br>Other (specify) ▼  |              | -                                    | 380.00  | F                                  | P/R Dec                      | luctio | n (\$95.        | 00 Mont   | hly)      |          |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Pasman, Jr., G. Joseph, , Mr.,            | l) or Full O | Orgai                                | nization Name                                 | Date of Receipt                    |                              |        |                 |           |           |          |  |  |  |
| N        | ailing Address 7397 Heather Ridge Court South   | neast        |                                      |   | 04 / D D / Y Y Y Y Y<br>2018       |                              |        |                 |           |           |          |  |  |  |
| C        | ity   | State        |                                      | Zip Code                                      |                                    | Trans                        | actio  | on ID :         | PR1330    | 18897     |          |  |  |  |
| <u>_</u> | Caledonia   | MI           |                                      | 49316-9010                                    |                                    | Amoun                        | t of E | Each R          | eceipt th | nis Peri  | iod      |  |  |  |
|          | EC ID number of contributing<br>deral political committee.                                      | С            |                                      |   |                                    |                              |        | ,               | -         | 17        | 74.67    |  |  |  |
|          | ame of Employer (for Individual)<br>ew York Life Insurance Company                              |              | Occupation (for Individual)<br>Agent |   |                                    |                              |        | Memo Item       |           |           |          |  |  |  |
| R        | eceipt For:   | Aaareaate    | Yea                                  | r-to-Date ▼                                   |                                    | 1                            |        |                 |           |           |          |  |  |  |
|          | Primary General<br>Other (specify) V  |              | ,                                    | 698.68  | P/R Deduction (\$174.67 Monthly)   |                              |        |                 |           |           |          |  |  |  |
|          | ull Name of Individual (Last, First, Middle Initia<br>Nowak, Brian T., , Mr.,                   | l) or Full O | Orgai                                | nization Name                                 |                                    | Date o                       | f Rec  | eipt            |           |           |          |  |  |  |
| _        | lailing Address 140 Eagle Point Drive   | -            |                                      |   |                                    | 04                           | 1      | <sup>D</sup> 30 | / Y       | 2018      |          |  |  |  |
|          | ity   | State        |                                      | Zip Code                                      |                                    | Trans                        | sactio | on ID :         | PR1334    | 18897     |          |  |  |  |
|          | yndhurst  | OH           |                                      | 44124-3794                                    | _                                  | Amoun                        | t of E | Each R          | eceipt th | nis Peri  | iod      |  |  |  |
|          | EC ID number of contributing<br>deral political committee.                                      | С            |                                      |   |                                    | <u> </u>                     |        | 1               | 5         | 23        | 30.78    |  |  |  |
| N        | ame of Employer (for Individual)  | Occi         | cupat                                | ion (for Individual)                          |                                    | N                            | lemo   | Item            |           |           |          |  |  |  |
| Ν        | lew York Life Insurance Company   | Man          | nagir                                | ng Partner                                    |                                    |                              |        |                 |           |           |          |  |  |  |
| R        | eceipt For:<br>Primary General<br>Other (specify)   | Aggregate    | e Yea                                | r-to-Date ▼<br>1038.51                        | P/R Deduction (\$115.39 Bi-Weekly) |                              |        |                 |           |           |          |  |  |  |
| SU       | BTOTAL of Receipts This Page (optional)   |              |                                      | ••••••  |                                    |                              |        | 7               |           | 50        | 00.45    |  |  |  |
| то       | TAL This Period (last page this line number on  | ly)          |                                      | ····· •                                       |                                    |                              |        | ,-              |           |           |          |  |  |  |

## ta schadula(s)

FOR LINE NUMBER:

PAGE 27 OF

| ITI       | EMIZED RECEIPTS  |              | for each category<br>Detailed Summar | of the  | (check only one)   |  |  |  |  |  |  |
|-----------|--|--------------|--------------------------------------|---------|--|--|--|--|--|--|--|
|           | y information copied from such Reports and State<br>for commercial purposes, other than using the na                   |              |                                      |         | son for the purpose of soliciting contributions                    |  |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politi     | cal Action Con                       | nmittee |  |  |  |  |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial<br>Fink, Varda N., , Ms.,<br>Mailing Address 13325 Old Forge Road | ) or Full O  | Prganization Name                    |         | Date of Receipt  |  |  |  |  |  |  |
|           |  |              |                                      |         | 04 30 2018   |  |  |  |  |  |  |
|           | City<br>Silver Spring  | State<br>MD  | Zip Code<br>20904-6328               |         | Transaction ID : PR133518897                                       |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | C            | 20004 0020                           |         | Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Age  | upation (for Individua<br>ent        | ll)     | Memo Item  |  |  |  |  |  |  |
|           | Dessint Fari   | 0            | Year-to-Date ▼                       | 400.00  | P/R Deduction (\$100.00 Monthly)                                   |  |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initial Heiting, William D., , Mr.,                                       | ) or Full O  | organization Name                    |         | Date of Receipt  |  |  |  |  |  |  |
|           | Mailing Address 1612 Luther Court  |              |                                      |         | 04 30 2018   |  |  |  |  |  |  |
|           | City<br>Marshfield   | State<br>WI  | Zip Code<br>54449-6014               |         | Transaction ID : PR133918897<br>Amount of Each Receipt this Period |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С            |                                      |         | 83.34  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occi<br>Age  | upation (for Individua               | al)     | Memo Item  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼                       | 333.36  | P/R Deduction (\$83.34 Monthly)                                    |  |  |  |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initial<br>Jungen, Michael J., , Mr.,                                     | ) or Full O  | organization Name                    |         | Date of Receipt  |  |  |  |  |  |  |
|           | Mailing Address N81W23285 Five Iron Way  |              |                                      |         | 04 / D D / Y Y Y Y<br>04 30 2018                                   |  |  |  |  |  |  |
|           | City<br>Sussex   | State<br>WI  | Zip Code<br>53089-1558               |         | Transaction ID : PR134618897                                       |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | C            | 33069-1336                           |         | Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager | upation (for Individua<br>nt         | ll)     | Memo Item  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼                       | 432.00  | P/R Deduction (\$108.00 Monthly)                                   |  |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |              |                                      | •••••   | 291.34   |  |  |  |  |  |  |
| т         | OTAL This Period (last page this line number onl   | y)           |                                      | •••••   |  |  |  |  |  |  |  |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

| IT       | EMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page                    | Image: Coneck only one)       Image: X 11a       11b       11c       12       13       14       15       16       17 |  |  |  |  |  |
|----------|--|-------------------------|--|--|--|--|--|--|--|
| An<br>or | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                   | ements ma<br>ame and ad | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.                   |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politio              | cal Action Committee   |  |  |  |  |  |  |
| A.       | Full Name of Individual (Last, First, Middle Initial<br>Scheer, Scott, , Mr.,<br>Mailing Address 101 E Wayfarer Lane | ) or Full Or            | rganization Name   | Date of Receipt  |  |  |  |  |  |
|          |  |                         |  | 04 30 2018   |  |  |  |  |  |
|          | City   | State                   | Zip Code   | Transaction ID : PR135018897   |  |  |  |  |  |
|          | Appleton   | WI                      | 54913-6353   | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |  | 100.00   |  |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                    | pation (for Individual)  | Memo Item  |  |  |  |  |  |
|          | New York Life Insurance Company  | Ager                    | nt   |  |  |  |  |  |  |
|          |  | Aggregate               | Year-to-Date ▼   |  |  |  |  |  |  |
|          | Other (specify) ▼  |                         | 400.00   | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |
| в.       | Full Name of Individual (Last, First, Middle Initial Ridings, George N., , Mr.,                                      | ) or Full Or            | rganization Name   | Date of Receipt  |  |  |  |  |  |
|          | Mailing Address 887 West Main Street<br>PO Box 1750  |                         |  | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
|          | City   | State<br>KY             | Zip Code   | Transaction ID : PR136218897   |  |  |  |  |  |
|          | Richmond   |                         | 40475-1169   | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |  | 250.00   |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Age             | upation (for Individual)<br>nt                                       | Memo Item  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |
| —<br>C.  | Full Name of Individual (Last, First, Middle Initial Nichols, III, George, , Mr.,                                    | ) or Full Or            | rganization Name   | Date of Receipt  |  |  |  |  |  |
|          | Mailing Address 10010 Gary Road  |                         |  | 04 30 / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
|          | City   | State                   | Zip Code   | Transaction ID : PR137218897   |  |  |  |  |  |
|          | Potomac  | MD                      | 20854-4149   | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |  | 76.94  |  |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                    | pation (for Individual)  | Memo Item  |  |  |  |  |  |
|          | New York Life Insurance Company  | Evp i                   | in Charge of the Off of Gov Affair                                   |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               | Year-to-Date ▼<br>346.23   | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                         | ••••••   | 426.94   |  |  |  |  |  |
| т        | OTAL This Period (last page this line number on  | ly)                     | ·····  |  |  |  |  |  |  |

## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

| IT                           | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page                      | X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |  |  |  |  |
|------------------------------|---|---------------|--|---|--|--|--|--|--|--|--|
| Ar<br>or                     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements m    | ay not be sold or used by any pe<br>address of any political committee | rson for the purpose of soliciting contributions  |  |  |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa                                    | ny Politi     | ical Action Committee  |   |  |  |  |  |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Naive, James F., , Mr.,                  | al) or Full C | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |
|                              | Mailing Address 6256 Bell Road Court  | -             |  | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |  |
|                              | City  | State         | Zip Code   | Transaction ID : PR139018897  |  |  |  |  |  |  |  |
|                              | Montgomery  | AL            | 36117-4357   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С             |  | 58.00   |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)   | Occ           | supation (for Individual)  | Memo Item   |  |  |  |  |  |  |  |
|                              | New York Life Insurance Company   | Age           | ent  |   |  |  |  |  |  |  |  |
|                              | Receipt For:  | Aggregate     | Year-to-Date V   |   |  |  |  |  |  |  |  |
|                              | Primary General<br>Other (specify) ▼  |               | 232.00   | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initia<br>Wilson Sr., Lloyd R., , Mr.,             | al) or Full C | Drganization Name  | Date of Receipt   |  |  |  |  |  |  |  |
|                              | Mailing Address 3148 Pine Ridge Road  |               |  | 04 30 2018  |  |  |  |  |  |  |  |
|                              | City  | State         | Zip Code   | Transaction ID : PR141618897  |  |  |  |  |  |  |  |
|                              | Mountain Brk  | AL            | 35213-3906   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С             |  | 250.00  |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occ<br>Age    | cupation (for Individual)<br>ent                                       | Memo Item   |  |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>, 1000.00  | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |  |
| С.                           | Full Name of Individual (Last, First, Middle Initia<br>Debuys, John F., , Mr.,                  | al) or Full C | Drganization Name  | Date of Receipt   |  |  |  |  |  |  |  |
|                              | Mailing Address 2501 Country Club Circle  |               |  | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
|                              | City  | State         | Zip Code   | Transaction ID : PR142418897  |  |  |  |  |  |  |  |
|                              | Mountain Brk  | AL            | 35223-1119   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.                                      | С             |  | 58.00   |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)   | Occ           | upation (for Individual)   | Memo Item   |  |  |  |  |  |  |  |
|                              | New York Life Insurance Company   | Age           | ent  |   |  |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>232.00   | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |               |  | 366.00  |  |  |  |  |  |  |  |
|                              | <b>OTAL</b> This Period (last page this line number o   |               | <b>r</b>   |   |  |  |  |  |  |  |  |

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

| ITEMIZED RECEIP   |  | Use separate schedule(s)   | (check only one)  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|
|   | 10   | for each category of the<br>Detailed Summary Page                          | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
| Any information copied from or for commercial purposes, | such Reports and Statements m<br>other than using the name and a | I<br>ay not be sold or used by any p<br>address of any political committee | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (<br>New York Life Ins                | In Full)<br>urance Company Polit                                 | ical Action Committee  |   |  |  |  |  |  |  |  |
| Full Name of Individual (L<br>A. Ellen, Timothy M., , M | ast, First, Middle Initial) or Full C<br>r.,                     | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 113 High                                | land Pointe Drive  |  | 04 30 2018  |  |  |  |  |  |  |  |
| City<br>Lagrange  | State<br>GA  | Zip Code<br>30240-3791   | Transaction ID : PR142818897           Amount of Each Receipt this Period                                 |  |  |  |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | ŝ.   |  | 100.00  |  |  |  |  |  |  |  |
| Name of Employer (for In<br>New York Life Insurance C   | ,  | upation (for Individual)<br>ent  | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary Go<br>Other (specify) ▼         | eneral Aggregate   | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (L<br>B. Donaldson, Joseph      | ast, First, Middle Initial) or Full C<br>W., , Mr.,              | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 711 Fore                                | stdale Drive   |  | 04 30 / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City<br>Montgomery                                      | State<br>AL  | Zip Code<br>36109-4403   | Transaction ID : PR143718897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | ŝ.   |  | 150.00  |  |  |  |  |  |  |  |
| Name of Employer (for In<br>New York Life Insurance C   |  | cupation (for Individual)<br>ent   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary G<br>Other (specify) ▼          | eneral Aggregate   | Year-to-Date ▼<br>600.00   | P/R Deduction (\$150.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (L<br>c. Coats, Jerry D., , N   | ast, First, Middle Initial) or Full C                            | Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 165 Peb                                 |  |  | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |  |
| City<br>Little Rock                                     | State<br>AR  | Zip Code<br>72212-2645   | Transaction ID : PR145618897           Amount of Each Receipt this Period                                 |  |  |  |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | e e e e e e e e e e e e e e e e e e e                            |  | 250.00  |  |  |  |  |  |  |  |
| Name of Employer (for In<br>New York Life Insurance C   | ,  | upation (for Individual)<br>ent  | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary G<br>Other (specify)            | eneral Aggregate   | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts Thi                                | s Page (optional)  |  | 500.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last pa                              | ge this line number only)  | ••••••   |   |  |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 31 OF 186

|           | EMIZED RECEIPTS   |             | Use separate<br>for each cate<br>Detailed Sur |                                  | `                                  | k only<br>11a<br>13   |          | e)<br>11b<br>14 | 11c<br>15  | 12    | _     | 17 |  |  |
|-----------|---|-------------|---|----------------------------------|------------------------------------|---|----------|-----------------|------------|-------|-------|----|--|--|
|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |   |                                  |                                    |   |          |                 |            |       |       |    |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ıy Politi   | cal Action                                    | Committee                        |                                    |   |          |                 |            |       |       |    |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial Welch-Blair, Sharon, , Ms.,                    | ) or Full C | organization Nan                              | D                                | Date of Receipt                    |   |          |                 |            |       |       |    |  |  |
|           | Mailing Address 2120 Louisiana Street   | 1           |   |                                  |                                    | 04 30 2018  |          |                 |            |       |       |    |  |  |
|           | City<br>Little Rock   | State<br>AR | Zip Code<br>72206-15                          | 22                               |                                    | Transaction ID : PR146618897 Amount of Each Receipt this Period |          |                 |            |       |       |    |  |  |
|           | FEC ID number of contributing federal political committee.  | С           |   |                                  | Amount of Each Receipt this Period |   |          |                 |            |       |       |    |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | upation (for Indi<br>ent                      | vidual)                          |                                    | M   | emo      | ltem            |            |       |       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼                                | 365.36                           | P/f                                | R Ded   | uctio    | n (\$91.:       | 34 Montl   | nly)  |       |    |  |  |
| B         | Full Name of Individual (Last, First, Middle Initial McConathy, Thomas L., , Mr.,                   | ) or Full C | organization Nan                              | ne                               |                                    | Date of Receipt   |          |                 |            |       |       |    |  |  |
| υ.        | Mailing Address 9908 Highway 965  |             |   | _                                | 04 ate of                          | /   | D D D 30 | / Y             | 2018       |       |       |    |  |  |
|           | City<br>St. Francisville  | State<br>LA | Zip Code<br>70775-41                          | 16                               |                                    |   |          |                 | PR14691    |       | iad   |    |  |  |
|           | FEC ID number of contributing federal political committee.  | C           |   |                                  | mourn                              |   |          | eceipt th       |            | 76.94 |       |    |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | upation (for Indi<br>naging Partner           | Memo Item                        |                                    |   |          |                 |            |       |       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼                                | 653.91                           | P/R Deduction (\$38.47 Bi-Weekly)  |   |          |                 |            |       |       |    |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initial Davenport, Kathleen, , Ms.,                    | ) or Full C | organization Nan                              | ne                               | D                                  | ate of  | f Rec    | eipt            |            |       |       |    |  |  |
|           | Mailing Address 1337 Huron Avenue   | 1           |   |                                  | 4 6                                | 04 <sup>M</sup>   |          | D D D 30        | L          | 2018  |       |    |  |  |
|           | City<br>Metairie  | State<br>LA | Zip Code<br>70005-123                         | 33                               |                                    |   |          | -               | PR1476     |       | iod   |    |  |  |
|           | FEC ID number of contributing federal political committee.  | С           |   |                                  |                                    |   |          |                 |            |       | 08.00 |    |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | upation (for Indi<br>nt                       | vidual)                          |                                    | M   | emo      | ltem            |            |       |       |    |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date V                                | P/R Deduction (\$108.00 Monthly) |                                    |   |          |                 |            |       |       |    |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |             |   | •••••                            | [                                  |   |          |                 | ,          | 27    | 76.28 |    |  |  |
| т         | OTAL This Period (last page this line number on   | y)          |   | ····· ►                          |                                    |   |          |                 | . <b>.</b> |       | -     |    |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 32 OF

| ITEMIZE                     | ED RECEIPTS   |                           | for each category of the<br>Detailed Summary Page                    | (cneck only one)<br>11a 11b 13 14                            | 11c 12<br>15 16 17                          |  |  |  |  |  |
|-----------------------------|---|---------------------------|--|--|---|--|--|--|--|--|
| Any information or for comm | ation copied from such Reports and Stat<br>nercial purposes, other than using the n | tements may<br>ame and ac | y not be sold or used by any pe<br>Idress of any political committee | erson for the purpose of so<br>to solicit contributions fror | liciting contributions<br>n such committee. |  |  |  |  |  |
| \<br>\                      | OF COMMITTEE (In Full)<br>York Life Insurance Compar                                | ny Politic                | al Action Committee  |  |   |  |  |  |  |  |
|                             | ne of Individual (Last, First, Middle Initia<br>rald, Tim C., , Mr.,                | l) or Full Or             | ganization Name  | Date of Receipt  |   |  |  |  |  |  |
| Mailing                     | Address 12086 Ellerbe Road  |                           |  | 04 30 2018   |   |  |  |  |  |  |
| City                        |   | State                     | Zip Code   | Transaction ID : PR  | 149418897                                   |  |  |  |  |  |
| Shrevep                     | port  | LA                        | 71115-9568   | Amount of Each Rec   | eipt this Period                            |  |  |  |  |  |
|                             | number of contributing political committee.   | С                         |  |  | 416.66                                      |  |  |  |  |  |
| Name o                      | f Employer (for Individual)   | Occu                      | pation (for Individual)  | Memo Item  |   |  |  |  |  |  |
| New Yor                     | rk Life Insurance Company   | Agen                      |  |  |   |  |  |  |  |  |
| Receipt                     | For:  | Aggregate \               | /ear-to-Date ▼   |  |   |  |  |  |  |  |
|                             | imary General<br>her (specify) ▼  |                           | 1666.64  | P/R Deduction (\$416.6                                       | 6 Monthly)                                  |  |  |  |  |  |
|                             | ne of Individual (Last, First, Middle Initia  | l) or Full Or             | ganization Name  |  |   |  |  |  |  |  |
|                             | ry Mayes, Tina, , Ms.,  |                           |  | Date of Receipt  |   |  |  |  |  |  |
|                             | Address 2604 Oak Forest Boulevard   |                           |  | 04 / D D<br>30   | 2018  |  |  |  |  |  |
| City                        |   | State                     | Zip Code   | Transaction ID : PR  |   |  |  |  |  |  |
| Marrero                     |   | LA                        | 70072-6642   | Amount of Each Rec   | eipt this Period                            |  |  |  |  |  |
|                             | number of contributing political committee.   | С                         |  |  | 83.34                                       |  |  |  |  |  |
|                             | f Employer (for Individual)<br>k Life Insurance Company                             | Occu<br>Ager              | pation (for Individual)<br>ht  | Memo Item  |   |  |  |  |  |  |
| Receipt                     |   | Aggregate \               | /ear-to-Date ▼   |  |   |  |  |  |  |  |
|                             | imary General<br>her (specify) ▼  |                           | 333.36   | P/R Deduction (\$83.34 Monthly)                              |   |  |  |  |  |  |
| c. Stage                    | ne of Individual (Last, First, Middle Initia<br>g, John B., , Mr.,                  | l) or Full Or             | ganization Name  | Date of Receipt  |   |  |  |  |  |  |
| Mailing /                   | Address 5409 East 80th Place  |                           |  | 04 / D D 04  | / Y Y Y Y<br>2018                           |  |  |  |  |  |
| City                        |   | State                     | Zip Code   | Transaction ID : PF  | R150718897                                  |  |  |  |  |  |
| Tulsa                       |   | OK                        | 74136-8443   | Amount of Each Rec   | eipt this Period                            |  |  |  |  |  |
|                             | number of contributing political committee.   | С                         |  |  | 230.76                                      |  |  |  |  |  |
| Name o                      | f Employer (for Individual)   | Occu                      | pation (for Individual)  | Memo Item  |   |  |  |  |  |  |
| New Yo                      | rk Life Insurance Company   | Mana                      | iging Partner  |  |   |  |  |  |  |  |
| Receipt                     | For:  | Aggregate                 | lear-to-Date ▼   |  |   |  |  |  |  |  |
|                             | imary General<br>her (specify)  |                           | 1038.42  | P/R Deduction (\$115.38 Bi-Weekly)                           |   |  |  |  |  |  |
| SUBTOTA                     | L of Receipts This Page (optional)  |                           |  |  | 730.76                                      |  |  |  |  |  |
| TOTAL Th                    | nis Period (last page this line number on   | ly)                       | ·····  |  |   |  |  |  |  |  |

L

# SCHEDULE A (FEC Form 3X)

#### Γ., hodulo(e)

FOR LINE NUMBER:

PAGE 33 OF

| IT        | EMIZED RECEIPTS  |             | for each category of the<br>Detailed Summary Page | (check only one)                                 |  |  |  |  |  |
|-----------|--|-------------|---|--|--|--|--|--|--|
|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |             |   | rson for the purpose of soliciting contributions |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi   | cal Action Committee                              |  |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Initia<br>Norris, Bryan S., , Mr.,                    | ) or Full O | rganization Name                                  | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address 639 Loyola Avenue Suite 1900   |             |   | 04 30 Y Y Y Y Y<br>2018                          |  |  |  |  |  |
|           | City   | State<br>LA | Zip Code  | Transaction ID : PR151018897                     |  |  |  |  |  |
|           | New Orleans  |             | 70113-3188  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.                                      | С           |   | 230.78   |  |  |  |  |  |
|           | Name of Employer (for Individual)  | Occi        | upation (for Individual)                          | Memo Item  |  |  |  |  |  |
|           | New York Life Insurance Company  | Mar         | aging Partner                                     |  |  |  |  |  |  |
|           |  | Aggregate   | Year-to-Date ▼                                    |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |             | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)               |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initia<br>Smith, Lionel A., , Mr.,                    | ) or Full O | rganization Name                                  | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address 3922 Patterson Drive   |             |   | 04 30 2018                                       |  |  |  |  |  |
|           | City   | State       | Zip Code  | Transaction ID : PR151518897                     |  |  |  |  |  |
|           | New Orleans  | LA          | 70114-1809  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.                                      | С           |   | 125.00   |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occ<br>Age  | upation (for Individual)<br>ent                   | Memo Item  |  |  |  |  |  |
|           | Receipt For:   | Aggregate   | Year-to-Date ▼                                    |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |             | 500.00  | P/R Deduction (\$125.00 Monthly)                 |  |  |  |  |  |
| C.        | Full Name of Individual (Last, First, Middle Initia<br>Triche, Sidney A., , Mr.,                   | ) or Full O | rganization Name                                  | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address PO Box 159   |             |   | 04 / D D / Y Y Y Y<br>04 30 2018                 |  |  |  |  |  |
|           | City   | State       | Zip Code  | Transaction ID : PR151618897                     |  |  |  |  |  |
|           | Larose   | LA          | 70373-0159  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.                                      | С           |   | 91.33  |  |  |  |  |  |
|           | Name of Employer (for Individual)  | Осси        | upation (for Individual)                          | Memo Item  |  |  |  |  |  |
|           | New York Life Insurance Company  | Age         | nt  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>365.32                          | P/R Deduction (\$91.33 Monthly)                  |  |  |  |  |  |
|           | UBTOTAL of Receipts This Page (optional)   |             | F   | 447.11   |  |  |  |  |  |

#### Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

| IT       | EMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page                   | (cneck only one)       X       11a       11b       11c       12       13       14       15       16       17 |  |  |  |  |  |  |
|----------|--|-------------------------|---|--|--|--|--|--|--|--|
| Ar<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                      | tements ma<br>ame and a | y not be sold or used by any p<br>ddress of any political committee | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.         |  |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politio              | cal Action Committee  |  |  |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initia<br>Ellis, Daryl R., , Mr.,<br>Mailing Address 7918 Settlers Circle | l) or Full Oi           | rganization Name  | Date of Receipt  |  |  |  |  |  |  |
|          | City   | State                   | Zip Code  | Transaction ID : PR152818897   |  |  |  |  |  |  |
|          | Baton Rouge  | LA                      | 70810-2096  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |   | 250.00   |  |  |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                    | pation (for Individual)   | Memo Item  |  |  |  |  |  |  |
|          | New York Life Insurance Company  | Agei                    | nt  |  |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |  |
| в.       | Full Name of Individual (Last, First, Middle Initia<br>Prudhomme, Christopher J., , Mr.,                               | l) or Full Oi           | rganization Name  | Date of Receipt  |  |  |  |  |  |  |
|          | Mailing Address 9 Huntington Court   |                         |   | 04 30 2018   |  |  |  |  |  |  |
|          | City   | State                   | Zip Code  | Transaction ID : PR153818897   |  |  |  |  |  |  |
|          | Newport Beach  | CA                      | 92660-4217  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |   | 230.76   |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company   |                         | upation (for Individual)<br>aging Partner                           | Memo Item  |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)   |  |  |  |  |  |  |
| C.       | Full Name of Individual (Last, First, Middle Initia<br>Hebert, Samuel L., , Mr.,                                       | l) or Full Oi           | rganization Name  | Date of Receipt  |  |  |  |  |  |  |
|          | Mailing Address 3307 Henderson Bayou Road  | 1                       |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |
|          | City<br>Lake Charles   | State<br>LA             | Zip Code  | Transaction ID : PR154018897   |  |  |  |  |  |  |
|          |  |                         | 70605-2248  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                       |   | 125.00   |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager            | ipation (for Individual)<br>it                                      | Memo Item  |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               | Year-to-Date ▼<br>500.00  | P/R Deduction (\$125.00 Monthly)   |  |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                         | •••••   | 605.76   |  |  |  |  |  |  |
| т        | OTAL This Period (last page this line number on  | ly)                     |   |  |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 35 OF

| ITF |   |                                | Use separate schedule(s)                          | (ch                              | eck onl  | y or  | ne)                              |                      |        | -        |     |  |
|-----|---|--------------------------------|---|----------------------------------|--|-------|----------------------------------|----------------------|--------|----------|-----|--|
|     | INITED RECEILIS   |                                | for each category of the<br>Detailed Summary Page |                                  | 11a 13   |       | 11b<br>14                        | 11c                  |        | 12<br>16 | 17  |  |
|     | / information copied from such Reports and Stat                                   |                                |   |                                  | for the  |       | pose of                          | soliciting           | g cont | tributi  | ons |  |
| \   | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                     | ny Politio                     | cal Action Committee                              |                                  |  |       |                                  |                      |        |          |     |  |
|     | Full Name of Individual (Last, First, Middle Initial Ellis Jr., Gordon D., , Mr., | ) or Full Or                   | rganization Name                                  |                                  | Date of  | f Re  | eceipt                           |                      |        |          |     |  |
|     | Mailing Address 11410 Sugar Lane  |                                |   |                                  | 04 J D D / Y Y Y Y<br>04 30 2018                                   |       |                                  |                      |        |          |     |  |
|     | City<br>Baton Rouge   | State<br>LA                    | Zip Code<br>70810-2059                            |                                  | Transaction ID : PR154618897<br>Amount of Each Receipt this Period |       |                                  |                      |        |          |     |  |
|     | FEC ID number of contributing federal political committee.                        | С                              |   |                                  |  |       |                                  |                      |        | 250.0    | 0   |  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company              | Occu<br>Ager                   | upation (for Individual)<br>nt                    |                                  | M  | emc   | tem                              |                      |        |          |     |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate                      | Year-to-Date ▼<br>1000.00                         | ]                                | P/R Ded  | uctio | on (\$250                        | 0.00 Mor             | nthly) |          |     |  |
|     | Full Name of Individual (Last, First, Middle Initial Delahaye, Michael T., , Mr., | ) or Full Or                   | rganization Name                                  |                                  | Date of  | f Re  | eceipt                           |                      |        |          |     |  |
|     | Mailing Address 7515 Jefferson Highway # 175                                      |                                |   | 04                               | 1  | 30    | / Y                              | y<br>201             | ү<br>8 | Y        |     |  |
|     | City<br>Baton Rouge   | State<br>LA                    | Zip Code<br>70806-8308                            |                                  |  |       |                                  | PR1547               |        |          |     |  |
| -   | FEC ID number of contributing<br>federal political committee.                     | C                              |   |                                  |  |       |                                  |                      |        | 250.0    | 0   |  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company              | upation (for Individual)<br>nt |   | M                                | emc  | tem   |                                  |                      |        |          |     |  |
| i   | Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate                      | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly) |  |       |                                  |                      |        |          |     |  |
|     | Full Name of Individual (Last, First, Middle Initial Noland, Michael R., , Mr.,   | ) or Full Or                   | rganization Name                                  |                                  | Date of  | f Re  | eceipt                           |                      |        |          |     |  |
|     | Mailing Address 5933 S Knoxville Avenue   | 1                              |   |                                  | 04   |       | 30                               |                      | 201    |          | Y   |  |
| -   | City<br>Tulsa   | State<br>OK                    | Zip Code<br>74135-7806                            |                                  |  |       |                                  | PR1569<br>leceipt th |        |          |     |  |
|     | FEC ID number of contributing<br>federal political committee.                     | С                              |   |                                  | <u> </u>   |       | , .                              | . ,                  |        | 250.0    | 0   |  |
|     | Name of Employer (for Individual)<br>New York Life Insurance Company              | Occu<br>Ager                   | upation (for Individual)<br>nt                    |                                  | М  | emo   | o Item                           |                      |        |          |     |  |
|     | Receipt For:<br>Primary General<br>Other (specify)                                | Aggregate                      | regate Year-to-Date ▼<br>1000.00                  |                                  |  |       | P/R Deduction (\$250.00 Monthly) |                      |        |          |     |  |
| รเ  | JBTOTAL of Receipts This Page (optional)  |                                |   | •                                |  |       | ,                                | . ,                  |        | 750.00   | 0   |  |
| тс  | TAL This Period (last page this line number on                                    | ly)                            |   | •                                |  |       | -                                | - 40-                |        |          |     |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 36 OF

| ITEMIZED RECEIPTS   |                                    | Use separate schedule(s)   | (check only one)   |
|---|------------------------------------|--|--|
|   |                                    | for each category of the<br>Detailed Summary Page                      | <b>X</b> 11a 11b 11c 12  |
| Any information copied from such Reports a<br>or for commercial purposes, other than usin   | nd Statements mag the name and a   | l<br>ay not be sold or used by any<br>ddress of any political committe | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co   | mpany Politi                       | cal Action Committee   |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Bangasser, Fred D., , Mr.,<br>Mailing Address 7400 Crestway Road Apt. 1220 |                                    |  | Date of Receipt  |
|   |                                    |  | 04 30 2018   |
| City<br>San Antonio   | State<br>TX                        | Zip Code<br>78239-3097   | Transaction ID : PR157918897<br>Amount of Each Receipt this Period                                     |
| FEC ID number of contributing federal political committee.  | C                                  |  | 416.66   |
| Name of Employer (for Individual)<br>New York Life Insurance Company  |                                    |  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Year-to-Date ▼<br>1666.64  | P/R Deduction (\$416.66 Monthly)   |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>B. Bernard, Lawrence J., , Mr.,  |                                    |  | Date of Receipt  |
| Mailing Address 5100 San Felipe Street Unit 181E  |                                    |  | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City<br>Houston   | State<br>TX                        | Zip Code<br>77056-3687   | Transaction ID : PR158018897<br>Amount of Each Receipt this Period                                     |
| FEC ID number of contributing federal political committee.  | С                                  |  | 83.34  |
| Name of Employer (for Individual)Occupation (for Individual)New York Life Insurance CompanyAgent  |                                    |  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>333.36 |  | P/R Deduction (\$83.34 Monthly)  |
| Full Name of Individual (Last, First, Midd<br>C. Vitek Jr., Raymond, , Mr.,   | le Initial) or Full C              | rganization Name   | Date of Receipt  |
| Mailing Address 818 San Marino Street   |                                    |  | 04 / D D / Y Y Y Y Y<br>2018   |
| City<br>Sugar Land  | State<br>TX                        | Zip Code<br>77478-3328   | Transaction ID : PR158218897           Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | С                                  |  | 83.33  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occ<br>Age                         | upation (for Individual)<br>nt   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                          | Year-to-Date ▼<br>333.32   | P/R Deduction (\$83.33 Monthly)  |
| SUBTOTAL of Receipts This Page (optiona   | al)                                |  | 583.33   |
| TOTAL This Period (last page this line nun  | nber only)                         |  |  |
FOR LINE NUMBER:

PAGE 37 OF

|  |   |              | Use separate schedule(s)                          |                                  |                 | (check only one) |          |                               |                   |           |         |  |  |  |
|--|---|--------------|---|----------------------------------|-----------------|------------------|----------|-------------------------------|-------------------|-----------|---------|--|--|--|
| 11   | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | ×                                | 11a             |                  | 11b      | 11c                           | 12                |           |         |  |  |  |
|  | y information copied from such Reports and Stat                                 |              |   |                                  |                 |                  |          |                               |                   |           | 17<br>s |  |  |  |
| or   | for commercial purposes, other than using the n                                 | ame and a    | address of any political committee                | to so                            | licit con       | trib             | utions   | from suc                      | h commi           | ittee.    |         |  |  |  |
| $\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                   | ny Politio   | cal Action Committee                              |                                  |                 |                  |          |                               |                   |           |         |  |  |  |
| A.   | Full Name of Individual (Last, First, Middle Initial Morgan, Michael G., , Mr., | ) or Full Oi | Organization Name                                 |                                  | Date of         | Re               | ceipt    |                               |                   |           |         |  |  |  |
| Mailing Address 2791 Nightwind Court                                 |   |              |   | 04 / D D / Y Y Y Y<br>04 30 2018 |                 |                  |          |                               |                   |           |         |  |  |  |
|  | City<br>Frisco  | State<br>TX  | Zip Code<br>75034-4669                            |                                  |                 |                  |          | <b>: PR1597</b><br>Receipt tl |                   | d         |         |  |  |  |
|  | FEC ID number of contributing federal political committee.                      | С            |   |                                  |                 |                  | ,        |                               | 54                | 4.16      |         |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company            |              | upation (for Individual)<br>porate Vice President |                                  | Me              | mo               | Item     |                               |                   |           |         |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate    | Year-to-Date ▼<br>243.72                          | P                                | /R Dedu         | uctio            | on (\$27 | 7.08 Bi-W                     | eekly)            |           |         |  |  |  |
| B.   | Full Name of Individual (Last, First, Middle Initial Surles, Gib, , Mr.,        | ) or Full O  | Organization Name                                 |                                  | Date of         | Re               | ceipt    |                               |                   |           |         |  |  |  |
|  | Mailing Address 434 Westminster Drive   | 1            |   |                                  | <sup>M</sup> M  | /                | 30       |                               | 2018              | Y         |         |  |  |  |
|  | City<br>Houston   | State<br>TX  | Zip Code<br>77024-5609                            | -                                |                 |                  | -        | PR1601                        |                   | al .      |         |  |  |  |
|  | FEC ID number of contributing   | C            | 17024-3009  |                                  | Amount          | of               | Each F   | Receipt t                     |                   | a<br>).00 | -       |  |  |  |
|  | federal political committee.  |              | Memo Item   |                                  |                 |                  |          |                               |                   |           |         |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company            | Occu<br>Age  |   | Me                               | emo             | Item             |          |                               |                   |           |         |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate    | Year-to-Date ▼<br>, 1000.00                       | P                                | /R Dedu         | ictic            | on (\$25 | 0.00 Mor                      | nthly)            |           |         |  |  |  |
| С.   | Full Name of Individual (Last, First, Middle Initial<br>Ball, Thomas H., , Mr., | ) or Full Oi | Organization Name                                 |                                  | Date of         | Re               | ceipt    |                               |                   |           |         |  |  |  |
|  | Mailing Address 2200 Westlake Drive   |              |   |                                  | <sup>M</sup> 04 | /                | 30       |                               | 2018 <sup>°</sup> | Y         |         |  |  |  |
|  | City<br>Austin  | State<br>TX  | Zip Code<br>78746-2933                            |                                  |                 |                  |          | : PR1608<br>Receipt t         |                   | d         |         |  |  |  |
|  | FEC ID number of contributing federal political committee.                      | С            |   |                                  |                 |                  | y .      |                               | 250               | 0.00      |         |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |   |              | upation (for Individual)<br>nt                    |                                  | Me              | emo              | Item     |                               |                   |           |         |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate    | Year-to-Date ▼<br>1000.00                         | F                                | 9/R Dedu        | uctio            | on (\$25 | 50.00 Mo                      | nthly)            |           |         |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |              |   |                                  |                 |                  | ,        |                               | 554               | .16       |         |  |  |  |
| т  | OTAL This Period (last page this line number on                                 | ly)          | •••••••••••••••••••••••••••••••••••••••           |                                  |                 |                  | ,        |                               |                   |           |         |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

| IT  | EMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                    | Image: Check only one)       Image: Mark one) |
|---|--|------------------------|--|---|
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the na                   | ements ma<br>ame and a | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |
|   | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ny Politio             | cal Action Committee   |   |
| Α.  | Full Name of Individual (Last, First, Middle Initial<br>Saenz, Aurora, , Ms.,<br>Mailing Address 2002 S Westgate Drive | ) or Full Oi           | rganization Name   | Date of Receipt   |
|   | City   | State                  | Zip Code   | Transaction ID : PR164018897  |
|   | Weslaco  | ТХ                     | 78596-9310   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | С                      |  | 166.00  |
| Name of Employer (for Individual)OccupationNew York Life Insurance CompanyAgent |  |                        | upation (for Individual)   | Memo Item   |
|   | Poppint For:   |                        | Year-to-Date V   | -   |
|   | Primary General<br>Other (specify) ▼   | , iggi ogale           | 664.00   | P/R Deduction (\$166.00 Monthly)  |
| В.  | Full Name of Individual (Last, First, Middle Initial Lewis, Trenton D., , Mr.,   | ) or Full O            | rganization Name   | Date of Receipt   |
|   | Mailing Address 3717 Eck Lane  | 04 30 2018             |  |   |
|   | City   | State                  | Zip Code   | Transaction ID : PR164218897  |
|   | Austin   | ТХ                     | 78734-1610   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | С                      |  | 230.78  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company   |                        | upation (for Individual)<br>aging Partner                            | Memo Item   |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>1038.51  | P/R Deduction (\$115.39 Bi-Weekly)  |
| С.  | Full Name of Individual (Last, First, Middle Initial Isgur, Stuart J., , Mr.,  | ) or Full Oi           | rganization Name   | Date of Receipt   |
|   | Mailing Address 777 Main Street Suite 3800   |                        |  | 04 / D D / Y Y Y Y<br>04 30 2018  |
|   | City<br>Fort Worth   | State<br>TX            | Zip Code<br>76102-5319   | Transaction ID : PR167818897  |
|   |  |                        | 10102-3318   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | С                      |  | 125.00  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager           | upation (for Individual)<br>nt                                       | Memo Item   |
|   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate              | Year-to-Date ▼<br>500.00   | P/R Deduction (\$125.00 Monthly)  |
| s   | UBTOTAL of Receipts This Page (optional)   |                        |  | 521.78  |
|   | OTAL This Period (last page this line number onl   |                        | · · ·  |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

|   |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|   |                      |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                    | npany Politi         | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Frey, Marcel R., , Mr.,       | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1703 S Medio River Circle                                     | •                    |   | 04 30 2018  |  |  |  |  |  |  |
| City<br>Sugar Land  | State<br>TX          | Zip Code<br>77478-5315                            | Transaction ID : PR168218897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 84.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>336.00                          | P/R Deduction (\$84.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Johnson, Rodger K., , Mr., | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 910 N Houston Street  |                      |   | 04 / D D / Y Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Bullard   | State<br>TX          | Zip Code<br>75757-5128                            | Transaction ID : PR168818897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 250.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ<br>Age           | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Maus, Stephen N., , Mr.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 952 Private Road 5927   | State                | Zip Code  |   |  |  |  |  |  |  |
| City<br>Emory   | TX                   | 75440-0000  | Transaction ID : PR170218897           Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 250.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate            | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                      | )                    |   | 584.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                    | ber only)            |   |   |  |  |  |  |  |  |

#### Les congrate schodule(s)

FOR LINE NUMBER:

PAGE 40 OF

| IT       | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page                    | (check only one)       Image: Mark and Mark a |  |  |  |  |
|----------|---|----------------|--|---|--|--|--|--|
| Ar<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                                   | atements ma    | y not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa  | ny Politio     | cal Action Committee   |   |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initi<br>Pai Panandiker, Mangala K., , Ms.,<br>Mailing Address 19425 Vine Ridge Road | al) or Full Or | rganization Name   | Date of Receipt   |  |  |  |  |
| ,        |   | State          | Zip Code   | 04 30 2018<br>Transaction ID : PR172218897  |  |  |  |  |
|          | Excelsior   | MN             | 55331-9173   | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С              |  | 58.00   |  |  |  |  |
|          | Name of Employer (for Individual)   | Occu           | pation (for Individual)  | Memo Item   |  |  |  |  |
|          | New York Life Insurance Company   | Ager           | nt   |   |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>232.00   | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |
| В.       | Full Name of Individual (Last, First, Middle Initi<br>Johnson, James H., , Mr.,   | al) or Full Or | rganization Name   | Date of Receipt   |  |  |  |  |
|          | Mailing Address 1635 Cliff Avenue   |                |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |
|          | City  | State          | Zip Code   | Transaction ID : PR172618897  |  |  |  |  |
|          | Duluth  | MN             | 55811-2101   | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С              |  | 83.34   |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Age    | upation (for Individual)<br>nt                                       | Memo Item   |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>, 333.36   | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |
| с.       | Full Name of Individual (Last, First, Middle Initi<br>Lewis, Terry K., , Mr.,   | al) or Full Or | rganization Name   | Date of Receipt   |  |  |  |  |
|          | Mailing Address 5612 Dale Avenue  |                |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |
|          | City<br>Edina   | State<br>MN    | Zip Code<br>55436-2469   | Transaction ID : PR173418897  |  |  |  |  |
|          |   |                | 55450-2409   | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С              |  | 250.00  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Ager   | ipation (for Individual)<br>It                                       | Memo Item   |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |
|          | UBTOTAL of Receipts This Page (optional)  |                |  | 391.34  |  |  |  |  |

FOR LINE NUMBER:

PAGE 41 OF

| IT.         |   |                            |  |                 | (check only one) |             |            |           |       |    |  |
|-------------|---|----------------------------|--|-----------------|------------------|-------------|------------|-----------|-------|----|--|
|             | EMIZED RECEIPTS   |                            | for each category of the<br>Detailed Summary Page                    | <b>×</b> 11     | -                | 11b<br>14   | 11c        | 12        | Г     | 17 |  |
| Ar<br>or    | ny information copied from such Reports and Si<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay not be sold or used by any p<br>ddress of any political committee | erson for t     | the p            | urpose of   | soliciting | , contril | butio | ns |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                            |  |                 |                  |             |            |           |       |    |  |
|             | New York Life Insurance Compa   | any Politi                 | cal Action Committee   |                 |                  |             |            |           |       |    |  |
| <u> </u>    | Full Name of Individual (Last, First, Middle Init<br>Roslien, Craig H., , Mr.,                  | ial) or Full O             | rganization Name   | Dat             | e of l           | Beceint     |            |           |       |    |  |
| Α.          | Mailing Address 4210 Queens Way   |                            |  | Date of Receipt |                  |             |            |           |       |    |  |
|             |   |                            |  | (               | )4               | 30          |            | 2018      | 3     |    |  |
|             | City<br>Minnetonka  | State<br>MN                | Zip Code<br>55345-3033   |                 |                  |             | PR1742     |           | l     |    |  |
|             | FEC ID number of contributing   | _                          |  | Amo             | ount d           | of Each F   | Receipt th | lis Perio | oa    | -  |  |
|             | federal political committee.  | C                          |  |                 |                  |             |            | 6         | 5.00  |    |  |
|             | Name of Employer (for Individual)   | Осси                       | upation (for Individual)   |                 | Mer              | no Item     |            |           |       |    |  |
|             | New York Life Insurance Company   | Age                        |  |                 |                  |             |            |           |       |    |  |
|             | Receipt For:<br>Primary General   | Aggregate                  | Year-to-Date ▼   | D/P I           | Jodu             | tion (\$65  | .00 Montl  | alv)      |       |    |  |
|             | Other (specify) ▼   |                            | 260.00   |                 | Jeuu             |             | .00 100110 | пу)       |       |    |  |
|             | Full Name of Individual (Last, First, Middle Init   | ial) or Full O             | rganization Name   |                 |                  |             |            |           |       |    |  |
| В.          | Mc Clain, Marlyn, , Mr.,  |                            | -  | Dat             | e of I           | Receipt     |            |           |       |    |  |
|             | Mailing Address 208 Parkwild Drive  |                            |  |                 | 04               | / D 1       |            | 2018      | Ý     |    |  |
|             | City  | State<br>IA                | Zip Code   |                 |                  |             | PR17541    |           |       |    |  |
|             | Council Blfs  | _                          | 51503-1759   | Amo             | ount o           | of Each F   | Receipt th | iis Perio | od    | _  |  |
|             | FEC ID number of contributing federal political committee.                                      | C                          |  |                 |                  |             |            | 16        | 6.67  | _  |  |
|             | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occi<br>Age                | upation (for Individual)<br>ent                                      |                 | Mer              | no Item     |            |           |       |    |  |
|             | Receipt For:  | Aggregate                  | Year-to-Date ▼   |                 |                  |             |            |           |       |    |  |
|             | Primary     General       Other (specify) ▼   |                            | 666.68   | P/R [           | Deduc            | tion (\$16  | 6.67 Mon   | thly)     |       |    |  |
| <u> </u>    | Full Name of Individual (Last, First, Middle Init<br>Bell, Dennis J., , Mr.,                    | ial) or Full O             | rganization Name   | Date            | e of I           | Receipt     |            |           |       |    |  |
|             | Mailing Address 10576 Sunset Terrace  |                            |  |                 | 04 <sup>™</sup>  | / 30        |            | 2018      |       | 1  |  |
|             | City  | State                      | Zip Code   | Tr              | ansa             | ction ID :  | PR1757     | 18897     |       |    |  |
|             | Clive   | IA                         | 50325-6554   | Amo             | ount o           | of Each F   | Receipt th | is Perio  | od    |    |  |
|             | FEC ID number of contributing federal political committee.                                      | C                          |  |                 |                  | y .         |            | 8         | 85.00 |    |  |
|             | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occi<br>Ager               | upation (for Individual)<br>nt                                       |                 | Mer              | no Item     |            |           |       |    |  |
|             | Receipt For:  |                            | Year-to-Date ▼   |                 |                  |             |            |           |       |    |  |
|             | Primary General<br>Other (specify)  |                            | 340.00   | P/R I           | Dedu             | ction (\$85 | 5.00 Mont  | hly)      |       |    |  |
|             | UBTOTAL of Receipts This Page (optional)  |                            |  |                 |                  | <b>J</b>    | 5          | 31        | 6.67  |    |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 42 OF

|                                 |   |                                      | Use separate schedule(s)                          | (check on                        | (check only one) |                 |            |             |      |  |  |  |  |
|---------------------------------|---|--------------------------------------|---|----------------------------------|------------------|-----------------|------------|-------------|------|--|--|--|--|
|                                 |   |                                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a                     |                  | 11b             | 11c        | 12          | 17   |  |  |  |  |
|                                 | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                                      |   | erson for the                    |                  | oose of a       | soliciting | contribut   | ions |  |  |  |  |
| $\overline{)}$                  | NAME OF COMMITTEE (In Full)   |                                      |   |                                  |                  |                 |            |             |      |  |  |  |  |
|                                 | New York Life Insurance Compar  | ny Politie                           | cal Action Committee                              |                                  |                  |                 |            |             |      |  |  |  |  |
| A.                              | Full Name of Individual (Last, First, Middle Initia McConnell, Michael, , Mr.,                    | l) or Full O                         | rganization Name                                  | Date o                           | of Re            | ceipt           |            |             |      |  |  |  |  |
|                                 | Mailing Address 11818 E 83rd Place N  |                                      |   | 04 30 / Y Y Y Y<br>2018          |                  |                 |            |             |      |  |  |  |  |
|                                 | City<br>Owasso  | State<br>OK                          | Zip Code<br>74055-2170                            |                                  |                  | on ID : F       |            |             |      |  |  |  |  |
|                                 |   |                                      | 74055-2170  | Amoun                            | it of            | Each Re         | eceipt th  | is Period   |      |  |  |  |  |
|                                 | FEC ID number of contributing federal political committee.  | С                                    |   |                                  |                  |                 |            | 75.0        | 00   |  |  |  |  |
|                                 | Name of Employer (for Individual)   | Оссі                                 | upation (for Individual)                          | M                                | lemo             | Item            |            |             |      |  |  |  |  |
|                                 | New York Life Insurance Company   | Age                                  | nt  | _                                |                  |                 |            |             |      |  |  |  |  |
|                                 | Receipt For:  | Aggregate                            | Year-to-Date ▼                                    |                                  |                  |                 |            | - h- A      |      |  |  |  |  |
|                                 | Other (specify) ▼   |                                      | 300.00  | P/R Dec                          | JUCTIC           | on (\$75.0      | ju montr   | ny)         |      |  |  |  |  |
|                                 | Full Name of Individual (Last, First, Middle Initia   | I) or Full O                         | rganization Name                                  |                                  |                  |                 |            |             |      |  |  |  |  |
| Β.                              | Dody, Galen D., , Mr.,  |                                      | -   | Date o                           | of Re            | ceipt           |            |             |      |  |  |  |  |
| Mailing Address 501 David Drive |   |                                      |   | 04                               | 1                | <sup>D</sup> 30 | / Y        | ү ү<br>2018 | Y    |  |  |  |  |
|                                 | City<br>Clinton   | State<br>MO                          | Zip Code<br>64735-1948                            |                                  |                  | on ID : F       |            |             |      |  |  |  |  |
|                                 |   |                                      | 04733-1948  | Amoun                            | it of            | Each Re         | eceipt th  | is Period   | _    |  |  |  |  |
|                                 | FEC ID number of contributing federal political committee.  | С                                    |   | 250.00                           |                  |                 |            |             |      |  |  |  |  |
|                                 | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occupation (for Individual)<br>Agent |   |                                  | lemo             | Item            |            |             |      |  |  |  |  |
|                                 | Receipt For:  | Aggregate                            | Year-to-Date ▼                                    |                                  |                  |                 |            |             |      |  |  |  |  |
|                                 | Primary General<br>Other (specify) ▼  |                                      | , 1000.00   | P/R Deduction (\$250.00 Monthly) |                  |                 |            |             |      |  |  |  |  |
| —<br>С.                         | Full Name of Individual (Last, First, Middle Initia<br>Lyons, David A., , Mr.,                    | l) or Full O                         | rganization Name                                  | Date o                           | of Re            | ceipt           |            |             |      |  |  |  |  |
|                                 | Mailing Address 405 Barrett Road  |                                      |   | M                                | ۲<br>۱           | D D             | / Y        | YYY         | Y    |  |  |  |  |
|                                 | City  | State                                | Zip Code  | 04                               | eacti            | 30<br>on ID : I | DD1804     | 2018        |      |  |  |  |  |
|                                 | Lawrence  | NY                                   | 11559-2702  |                                  |                  |                 |            | is Period   |      |  |  |  |  |
|                                 | FEC ID number of contributing federal political committee.  | С                                    |   |                                  |                  | ,               | ,          | 83.3        | 33   |  |  |  |  |
|                                 | Name of Employer (for Individual)   | Occi                                 | upation (for Individual)                          | - N                              | lemo             | Item            |            |             |      |  |  |  |  |
|                                 | New York Life Insurance Company   | Ager                                 |   |                                  |                  |                 |            |             |      |  |  |  |  |
|                                 |   | Aggregate                            | Year-to-Date ▼                                    |                                  |                  |                 |            |             |      |  |  |  |  |
|                                 | Other (specify)   |                                      | 333.32  | P/R Dec                          | Juctio           | on (\$83.3      | 33 Montl   | nly)        |      |  |  |  |  |
| s                               | UBTOTAL of Receipts This Page (optional)  |                                      | •   |                                  | _                |                 |            | 408.3       | 33   |  |  |  |  |
|                                 | OTAL This Period (last page this line number on   |                                      | •   |                                  |                  | , .             |            |             |      |  |  |  |  |

#### Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 43 OF

| IT        | EMIZED RECEIPTS   |                         | for each category of the<br>Detailed Summary Page                       | (cneck only one)                                 |  |  |  |  |  |
|-----------|---|-------------------------|---|--|--|--|--|--|--|
| Ar<br>or  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a | ay not be sold or used by any per<br>address of any political committee | rson for the purpose of soliciting contributions |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politi               | ical Action Committee   |  |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Initia<br>Blanchard, Joel P., , Mr.,                 | l) or Full O            | Drganization Name   | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address 7424 South Homan Place<br>Unit 13   |                         |   | 04 30 2018                                       |  |  |  |  |  |
|           | City<br>Sioux Falls   | State<br>SD             | Zip Code<br>57108-8490  | Transaction ID : PR182218897                     |  |  |  |  |  |
|           |   | 50                      | 57106-6490  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                       |   | 230.78   |  |  |  |  |  |
|           | Name of Employer (for Individual)   | Occ                     | cupation (for Individual)   | Memo Item  |  |  |  |  |  |
|           | New York Life Insurance Company   | Zon                     | ne Vice President   |  |  |  |  |  |  |
|           | Receipt For:  | Aggregate               | e Year-to-Date ▼  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼  |                         | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)               |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initia Blanchard, Greg, , Mr.,                       | l) or Full O            | Drganization Name   | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address 4720 W 127th Place  |                         |   | 04 30 2018                                       |  |  |  |  |  |
|           | City  | State                   | Zip Code  | Transaction ID : PR182318897                     |  |  |  |  |  |
|           | Broomfield  | CO                      | 80020-5737  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                       |   | 83.34  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occ<br>Age              | cupation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |
|           | Receipt For:  | Aggregate               | Year-to-Date ▼  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼  |                         | , 333.36  | P/R Deduction (\$83.34 Monthly)                  |  |  |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initia Garry, Richard J., , Mr.,                     | l) or Full O            | Drganization Name   | Date of Receipt                                  |  |  |  |  |  |
|           | Mailing Address 5710 S Nature Run Place   |                         |   | 04 / D D / Y Y Y Y<br>04 30 2018                 |  |  |  |  |  |
|           | City  | State                   | Zip Code  | Transaction ID : PR182918897                     |  |  |  |  |  |
|           | Sioux Falls   | SD                      | 57108-5240  | Amount of Each Receipt this Period               |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                       |   | 83.34  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occi<br>Age             | cupation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate               | e Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)                  |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                         |   | 397.46   |  |  |  |  |  |
| т         | OTAL This Period (last page this line number on   | ly)                     | •   |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 44 OF 186

|  | EMIZED RECEIPTS   |             | f            | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | `_ | eck onl<br>11a<br>13 | y on   | e)<br>11b<br>14        |       | 11c<br>15 | 12       |          | 17 |
|--|---|-------------|--------------|--|----|----------------------|--------|------------------------|-------|-----------|----------|----------|----|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |              |  |    |                      |        |                        |       |           |          |          |    |
| $\left\langle \right\rangle$   | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ıy Politi   | ical         | Action Committee   |    |                      |        |                        |       |           |          |          |    |
| Α.   | Full Name of Individual (Last, First, Middle Initial Garry, Steven J., , Mr.,                       | ) or Full C | Organ        | ization Name   |    | Date of              | f Re   | ceipt                  |       |           |          |          |    |
|  | Mailing Address 421 N Phillips Avenue   |             |              |  |    | м м<br>04            | /      | D<br>30                |       | / Y       | y<br>201 | ү ү<br>8 |    |
|  | City<br>Sioux Falls   | State<br>SD |              | Zip Code<br>57104-5988   | -  | Trans<br>Amount      |        | <b>on ID</b><br>Each I |       |           |          | iod      |    |
|  | FEC ID number of contributing federal political committee.  |             |              |  |    |                      |        | 1                      |       | -j        | -        | 50.00    |    |
| Name of Employer (for Individual)OdNew York Life Insurance CompanyA  |   |             |              | ion (for Individual)   |    | М                    | emo    | ltem                   |       |           |          |          |    |
| Dessint Far  |   |             |              | r-to-Date ▼<br>1000.00   | F  | P/R Ded              | uctic  | on (\$25               | 50.00 | ) Mont    | hly)     |          |    |
| R  | Full Name of Individual (Last, First, Middle Initial Quaschnick, Kirk G., , Mr.,                    | ) or Full C | Organ        | ization Name   |    | Date of              | f Re   | ceint                  |       |           |          |          |    |
|  | Mailing Address 2977 Horseshoe Trail  |             |              | 04   |    | 30                   |        | Y                      | 2018  |           |          |          |    |
|  | City<br>Frisco  | State<br>TX |              | Zip Code<br>75033-7391   | -  | Trans<br>Amoun       |        |                        |       |           |          | iod      |    |
|  | FEC ID number of contributing federal political committee.  | С           |              |  |    |                      |        |                        |       | , pr tri  | -        | 50.00    |    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | cupat<br>ent |  | M  | emo                  | Item   |                        |       |           |          |          |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Yea          | r-to-Date ▼<br>1000.00   | F  | P/R Ded              | uctio  | n (\$25                | 50.00 | Mont      | hly)     |          |    |
| с.   | Full Name of Individual (Last, First, Middle Initial Burckhard, Andrea V., , Ms.,                   | ) or Full C | Organ        | ization Name   |    | Date of              | f Re   | ceipt                  |       |           |          |          |    |
|  | Mailing Address 320 E Broad Street Suite 1A   |             |              |  |    | 04                   | /      | D<br>30                |       | / Y       | 2018     |          | 1  |
|  | City<br>Cookeville  | State<br>TN |              | Zip Code<br>38501-3382   |    |                      |        | on ID                  |       |           |          |          |    |
|  | FEC ID number of contributing federal political committee.  | С           |              |  |    | Amoun                |        | , each i               | Rece  | npt trii  |          | 83.34    |    |
| Name of Employer (for Individual)OcNew York Life Insurance CompanyAg |   |             |              | ion (for Individual)   |    | М                    | emo    | Item                   |       |           |          |          |    |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Yea          | r-to-Date ▼<br>333.36  | F  | P/R Ded              | luctio | on (\$83               | 3.34  | Month     | ıly)     |          |    |
| s  | UBTOTAL of Receipts This Page (optional)  |             |              | •  | _  |                      |        | ,                      |       | ,         | 5        | 83.34    |    |
| т  | OTAL This Period (last page this line number on   | y)          |              | ▶  |    |                      |        | ,                      |       | -         |          | -        |    |

FOR LINE NUMBER: PAGE 45 OF 186

| IT                           | EMIZED RECEIPTS   |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |  |  |  |  |  |
|------------------------------|---|-------------|---|--|--|--|--|--|--|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |   |  |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politi   | cal Action Committee  |  |  |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial Kruse, Joseph D., , Mr.,                       | ) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |
|                              | Mailing Address 854 E Pinehurst Trail   | State       | Zin Codo  | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |
|                              | City<br>Dakota Dunes  | State       | Zip Code<br>57049-5479  | Transaction ID : PR184218897 Amount of Each Receipt this Period    |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С           |   | 150.00   |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | upation (for Individual)<br>ent   | Memo Item  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>600.00  | P/R Deduction (\$150.00 Monthly)                                   |  |  |  |  |  |
| B.                           | Full Name of Individual (Last, First, Middle Initial Norman, Michael A., , Mr.,                     | ) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |
|                              | Mailing Address 815 Caughlin Crossing   |             | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |  |  |
|                              | City<br>Reno  | State<br>NV | Zip Code<br>89519-0647  | Transaction ID : PR184618897<br>Amount of Each Receipt this Period |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С           |   | 83.34  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | supation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)                                    |  |  |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial May, Walter C., , Mr.,                         | ) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |
|                              | Mailing Address 2009 Royal Club Court   |             |   | 04 30 / Y Y Y Y Y<br>04 30 2018                                    |  |  |  |  |  |
|                              | City<br>Arlington   | State<br>TX | Zip Code<br>76017-4434  | Transaction ID : PR186218897<br>Amount of Each Receipt this Period |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С           |   | 250.00   |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | upation (for Individual)<br>nt  | Memo Item  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)                                   |  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |             | ····· ►   | 483.34   |  |  |  |  |  |
| т                            | OTAL This Period (last page this line number on   | ly)         | ·····   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 46 OF

|  |   |              | Use separate schedule(s)                          |                               | (check only one) |        |            |                             |                     |       |  |  |  |  |
|--|---|--------------|---|-------------------------------|------------------|--------|------------|-----------------------------|---------------------|-------|--|--|--|--|
|  | <b>NIZED RECEIPTS</b>   |              | for each category of the<br>Detailed Summary Page |                               | ¥ 11a<br>13      |        | 11b<br>14  | 11c                         | 12                  | 17    |  |  |  |  |
|  | nformation copied from such Reports and State<br>commercial purposes, other than using the na |              |   |                               | n for the        |        | oose of    | f soliciting                | g contribu          | tions |  |  |  |  |
| \  | ME OF COMMITTEE (In Full)   |              |   |                               |                  |        |            |                             |                     |       |  |  |  |  |
|  | ew York Life Insurance Compan   | ny Politio   | cal Action Committe                               | ee                            |                  |        |            |                             |                     |       |  |  |  |  |
|  | II Name of Individual (Last, First, Middle Initial<br>leigs, C. L., , Mr.,                    | ) or Full Oi | rganization Name                                  |                               | Date of          | Re     | ceipt      |                             |                     |       |  |  |  |  |
| Ma   | ailing Address 20040 Southeast Grandview Ave  | enue         |   | 04 30 / Y Y Y Y<br>04 30 2018 |                  |        |            |                             |                     |       |  |  |  |  |
| Cit<br>Pr  | ry<br>ratt  | State<br>KS  | Zip Code<br>67124-0000                            | _                             |                  |        | -          | <b>PR1887</b><br>Receipt th | 18897<br>his Period |       |  |  |  |  |
|  | C ID number of contributing<br>deral political committee.                                     | С            |   |                               |                  |        | -          |                             | 91.                 | 34    |  |  |  |  |
| Ne   | ume of Employer (for Individual)<br>ew York Life Insurance Company                            | Occu<br>Agei | upation (for Individual)<br>nt                    |                               | Me               | emo    | Item       |                             |                     |       |  |  |  |  |
| Re   | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>365.36                          |                               | P/R Dedu         | uctic  | on (\$91   | .34 Mont                    | hly)                |       |  |  |  |  |
|  | II Name of Individual (Last, First, Middle Initial<br>Ic Kenna Jr., John, , Mr.,              | ) or Full Oi | rganization Name                                  |                               | Date of          | Re     | ceipt      |                             |                     |       |  |  |  |  |
| Ma   | ailing Address 110 Churn Creek Drive  |              |   |                               | 04               | /      | 30         |                             | y y<br>2018         | Y     |  |  |  |  |
| Cit  |   | State        | Zip Code<br>59715-7872                            |                               | Transa           | acti   | on ID :    | PR1891                      | 18897               |       |  |  |  |  |
| Bo   | ozeman  | MT           |   | Amount                        | of               | Each F | Receipt th | nis Period                  |                     |       |  |  |  |  |
|  | C ID number of contributing deral political committee.  | С            |   | 250.00                        |                  |        |            |                             |                     |       |  |  |  |  |
|  | ame of Employer (for Individual)<br>w York Life Insurance Company                             | Occu<br>Age  |   | Memo Item                     |                  |        |            |                             |                     |       |  |  |  |  |
| Re   | eceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>1000.00                         |                               | P/R Dedu         | uctio  | on (\$25   | 0.00 Mon                    | thly)               |       |  |  |  |  |
|  | ll Name of Individual (Last, First, Middle Initial<br>Bansal, Rakesh R., , Mr.,               | ) or Full Oi | rganization Name                                  |                               | Date of          | Re     | ceipt      |                             |                     |       |  |  |  |  |
|  | ailing Address 1 Horseshoe Court  | 1            |   |                               | 04 M             | /      | D<br>30    |                             | ү ү<br>2018         | Y     |  |  |  |  |
| Cit<br>M   | y<br>onroe  | State<br>NJ  | Zip Code<br>08831-2368                            | -                             |                  |        |            | PR1891                      | 8897<br>nis Period  |       |  |  |  |  |
|  | C ID number of contributing deral political committee.  | С            |   |                               |                  | 0      |            | ieceipi ii                  | 250.                | 00    |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |   |              | upation (for Individual)<br>nt                    |                               | Memo Item        |        |            |                             |                     |       |  |  |  |  |
| Re   | Primary General<br>Other (specify)  | Aggregate    | Year-to-Date ▼<br>1000.00                         |                               | P/R Ded          | uctio  | on (\$25   | 50.00 Mor                   | nthly)              |       |  |  |  |  |
| SUB  | TOTAL of Receipts This Page (optional)  |              |   | ▶                             |                  |        | , .        |                             | 591.:               | 34    |  |  |  |  |
| тот  | AL This Period (last page this line number onl  | ly)          |   | ▶                             |                  |        | ,          |                             |                     |       |  |  |  |  |

#### to schodula(s)

FOR LINE NUMBER:

PAGE 47 OF

| IT                                 | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | (check only one)<br><b>X</b> 11a 11b 11c 12<br>13 14 15 16 17 |  |  |  |  |  |
|------------------------------------|---|--------------|---|---|--|--|--|--|--|
|                                    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |              |   |   |  |  |  |  |  |
| $\left\langle \right\rangle$       | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politi    | ical Action Committee                             |   |  |  |  |  |  |
| A.                                 | Full Name of Individual (Last, First, Middle Initia Sell, David S., , Mr.,                        | l) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |  |
| Mailing Address 75 Sasapequan Road |   |              |   | 04 / D D / Y Y Y Y<br>04 30 2018                              |  |  |  |  |  |
|                                    | City  | State<br>CT  | Zip Code  | Transaction ID : PR189273118897                               |  |  |  |  |  |
|                                    | Fairfield   |              | 06824-7205  | Amount of Each Receipt this Period                            |  |  |  |  |  |
|                                    | FEC ID number of contributing federal political committee.  | С            |   | 100.00  |  |  |  |  |  |
|                                    | Name of Employer (for Individual)   | Occi         | upation (for Individual)                          | Memo Item   |  |  |  |  |  |
|                                    | New York Life Insurance Company   | Mar          | naging Director                                   |   |  |  |  |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-to-Date ▼<br>443.00                          | P/R Deduction (\$50.00 Bi-Weekly)                             |  |  |  |  |  |
| в.                                 | Full Name of Individual (Last, First, Middle Initia Schwan, John P., , Mr.,                       | l) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |  |
|                                    | Mailing Address 112 W Perry Lane  |              |   | 04 30 2018  |  |  |  |  |  |
|                                    | City  | State        | Zip Code  | Transaction ID : PR189718897                                  |  |  |  |  |  |
|                                    | Mina  | SD           | 57451-3014  | Amount of Each Receipt this Period                            |  |  |  |  |  |
|                                    | FEC ID number of contributing<br>federal political committee.                                     | С            |   | 416.66  |  |  |  |  |  |
|                                    | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occ<br>Age   | cupation (for Individual)<br>ent                  | Memo Item   |  |  |  |  |  |
|                                    | Receipt For:  | Aggregate    | Year-to-Date ▼                                    | -   |  |  |  |  |  |
|                                    | Primary General<br>Other (specify) ▼  |              | , 1666.64   | P/R Deduction (\$416.66 Monthly)                              |  |  |  |  |  |
| C.                                 | Full Name of Individual (Last, First, Middle Initia<br>Marsh, Jeffrey S., , Mr.,                  | l) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |  |
|                                    | Mailing Address 1749 W 15th Avenue  | -            |   | 04 / D D / Y Y Y Y<br>04 30 2018                              |  |  |  |  |  |
|                                    | City  | State<br>WY  | Zip Code  | Transaction ID : PR191718897                                  |  |  |  |  |  |
|                                    | Torrington  | VVY          | 82240-3706  | Amount of Each Receipt this Period                            |  |  |  |  |  |
|                                    | FEC ID number of contributing federal political committee.  | С            |   | 83.33   |  |  |  |  |  |
|                                    | Name of Employer (for Individual)   | Осси         | upation (for Individual)                          | Memo Item   |  |  |  |  |  |
|                                    | New York Life Insurance Company   | Age          | ent   |   |  |  |  |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)                               |  |  |  |  |  |
| s                                  | UBTOTAL of Receipts This Page (optional)  |              | <b>&gt;</b>                                       | 599.99  |  |  |  |  |  |
| т                                  | OTAL This Period (last page this line number on   | ly)          | •   |   |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 48 OF

|  |                      | Use separate schedule(s)                          | (check only one)   |
|--|----------------------|---|--|
| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12  |
|  |                      |   | 13     14     15     16     1       person for the purpose of soliciting contributions       e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                       | npany Politi         | cal Action Committee                              |  |
| Full Name of Individual (Last, First, Middle<br>Somerville Jr., David R., , Mr., | e Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 725 Rosarita Drive   |                      |   | M M / D D / Y Y Y Y<br>04 30 2018  |
| City<br>Fullerton  | State<br>CA          | Zip Code<br>92835-1842                            | Transaction ID : PR192618897<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | С                    |   | 83.33  |
| Name of Employer (for Individual)<br>New York Life Insurance Company             | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate            | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)  |
| Full Name of Individual (Last, First, Middle<br>B. Tigert, Joseph L., , Mr.,     | e Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 8620 Brentmoor Street  |                      |   | 04 / D D / Y Y Y Y Y<br>2018   |
| City<br>Wichita  | State<br>KS          | Zip Code<br>67206-2404                            | Transaction ID : PR194318897<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | С                    |   |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company             |                      | upation (for Individual)<br>naging Partner        | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             |                      | Year-to-Date ▼<br>557.76                          | P/R Deduction (\$19.24 Bi-Weekly)  |
| Full Name of Individual (Last, First, Middle<br>C. Enders, Kap S., , Ms.,        | e Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 11569 Discovery View Dr  |                      |   | 04 / D D / Y Y Y Y Y<br>2018   |
| City<br>Anchorage  | State<br>AK          | Zip Code<br>99515-2752                            | Transaction ID : PR195018897           Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | С                    |   | 100.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company             | Occi<br>Agei         | upation (for Individual)<br>nt                    | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate            | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |
| SUBTOTAL of Receipts This Page (optiona  | )                    |   | 221.81   |
| TOTAL This Period (last page this line num                                       | ber only)            |   |  |

| SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 49 OF 186<br>(check only one)   |
|---|--|---|
| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | ✗         11a         11b         11c         12           13         14         15         16         17 |
| or for commercial purposes, other than using t                              | Statements may not be sold or used by any per-<br>he name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                  | pany Political Action Committee  |   |
| Full Name of Individual (Last, First, Middle  <br>Mindak, Steven T., , Mr., | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 8702 E San Martin Drive                                     | State Zip Code   | 04 / 30 / 2018<br>Transaction ID : PR195218897  |
| Scottsdale  | AZ 85258-2606  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 175.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occupation (for Individual)<br>Agent   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>700.00   | P/R Deduction (\$175.00 Monthly)  |
| Full Name of Individual (Last, First, Middle I<br>Hall, Carrie L., , Ms.,   | Date of Receipt  |   |
| Mailing Address 5628 E Monterosa Street                                     |  | 04 30 Y Y Y Y Y   |
| City  | State Zip Code   | Transaction ID : PR195318897  |
| Phoenix   | AZ 85018-4646  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 300.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occupation (for Individual)<br>Agent   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>1200.00  | P/R Deduction (\$300.00 Monthly)  |
| Full Name of Individual (Last, First, Middle I<br>Glass, John, , Mr.,       | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 6174 N Paradise View Drive                                  | e Zip Code   | 04 / 04 / 2018<br>Transaction ID : PR195718897  |
| Paradise Valley   | AZ 85253-3816  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | C  | 150.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occupation (for Individual)<br>Agent   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate Year-to-Date ▼<br>600.00   | P/R Deduction (\$150.00 Monthly)  |
| SUBTOTAL of Receipts This Page (optional)                                   | Þr only)   | 625.00  |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 50 OF

|                              | EMIZED RECEIPTS   |               | for      | each category of the<br>tailed Summary Page | ×    | k only<br>11a<br>13 | one)<br>11b<br>14 | 11c        | 12<br>16   | 17  |
|------------------------------|---|---------------|----------|---|------|---------------------|-------------------|------------|------------|-----|
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |               |          |   |      |                     |                   |            |            |     |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                     | ny Politi     | ical A   | Action Committee                            |      |                     |                   |            |            |     |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Christensen, Jan, , Mr.,                   | ll) or Full C | Organiz  | ation Name                                  | Da   | ate of F            | Receipt           |            |            |     |
|                              | Mailing Address 2356 E Bear Hills Drive   |               |          |   |      | 04                  | / D 30            |            | 2018       | Y   |
|                              | City<br>Draper  | State<br>UT   |          | ip Code<br>84020-9672                       |      |                     |                   | PR1971     |            |     |
|                              |   |               |          | 04020-9072                                  | _ An | nount c             | of Each F         | Receipt th | nis Period | 1   |
|                              | FEC ID number of contributing federal political committee.  | С             |          |   |      |                     |                   |            | 250        | .00 |
|                              | Name of Employer (for Individual)   | Occ           | upatior  | n (for Individual)                          |      | Men                 | no Item           |            |            |     |
|                              | New York Life Insurance Company   | Age           | ent      |   |      |                     |                   |            |            |     |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-t   | o-Date ▼<br>1000.00                         | P/R  | Deduc               | tion (\$25        | 60.00 Mor  | nthly)     |     |
| в.                           | Full Name of Individual (Last, First, Middle Initia Wallace, Michael J., , Mr.,                   | ll) or Full C | Organiz  | ation Name                                  | Da   | ate of F            | Receipt           |            |            |     |
|                              | Mailing Address 1654 Wheatgrass Court   |               |          |   | T    | 04                  | / D 30            |            | 2018       | Y   |
|                              | City  | State         | Z        | ip Code                                     | T    | ransad              | tion ID :         | PR1980     | 18897      |     |
|                              | Reno  | NV            |          | 89509-6912                                  | An   | nount c             | of Each F         | Receipt tl | nis Perioc | I   |
|                              | FEC ID number of contributing federal political committee.  | С             |          |   |      |                     | -                 | -          | 100        | .00 |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occ<br>Age    | •        | n (for Individual)                          | 10   | Men                 | no Item           |            |            |     |
|                              | Receipt For:  | Aggregate     | Year-t   | o-Date 🔻                                    | _    |                     |                   |            |            |     |
|                              | Primary General<br>Other (specify) ▼  |               | <b>,</b> | 400.00                                      | P/R  | Deduc               | tion (\$10        | 0.00 Mor   | nthly)     |     |
| C.                           | Full Name of Individual (Last, First, Middle Initia<br>Hall, Robert D., , Mr.,                    | ll) or Full C | Organiz  | ation Name                                  | Da   | ate of F            | Receipt           |            |            |     |
|                              | Mailing Address 2015 Evergreen Court  | 1             |          |   |      | 04 <sup>M</sup>     | / D 30            |            | 2018       | Ŷ   |
|                              | City  | State         |          | ip Code                                     |      | Transa              | ction ID          | PR1986     | 18897      |     |
|                              | Yakima  | WA            |          | 98902-1200                                  | An   | nount c             | of Each F         | Receipt tl | nis Perioc | 1   |
|                              | FEC ID number of contributing federal political committee.  | С             |          |   |      |                     | 9                 | ,          | 250        | .00 |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occ<br>Age    | •        | n (for Individual)                          | ] L  | Mer                 | no Item           |            |            |     |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-t   | o-Date ▼<br>1000.00                         | P/R  | 2 Deduc             | ction (\$25       | 50.00 Moi  | nthly)     |     |
| s                            | UBTOTAL of Receipts This Page (optional)  |               |          | •••••                                       |      |                     | , ,               |            | 600        | 00  |
| т                            | OTAL This Period (last page this line number or   | וy)           |          | ····· •                                     | Ē    |                     | -<br>-            |            |            |     |

#### ... bodulo(o)

FOR LINE NUMBER:

PAGE 51 OF

| ITEMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page | (check only one)   |
|--|----------------------------------|---|--|
|  |                                  |   | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (IN F<br>New York Life Insura                  |                                  | cal Action Committee                              | 9  |
| Full Name of Individual (Last,<br>Call, Dennis B., , Mr.,        |                                  | rganization Name                                  | Date of Receipt  |
| Mailing Address 2612 Ashwoo                                      |                                  | Zin Codo  |  |
| City<br>Bedford  | State<br>TX                      | Zip Code<br>76021-2622                            | Transaction ID : PR199218897 Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.       | C                                |   | 83.34  |
| Name of Employer (for Individ<br>New York Life Insurance Comp    | ,                                | upation (for Individual)<br>nt                    | Memo Item  |
| Receipt For:<br>Primary Gener.<br>Other (specify) ▼              | Aggregate                        | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)  |
| Full Name of Individual (Last, <b>B.</b> Austin, Rick G., , Mr., | First, Middle Initial) or Full O | rganization Name                                  | Date of Receipt  |
| Mailing Address 6510 Claret                                      | 04 30 2018                       |   |  |
| City<br>Parkville  | State<br>MO                      | Zip Code<br>64152-6086                            | Transaction ID : PR199418897   |
| FEC ID number of contributing federal political committee.       |                                  |   | Amount of Each Receipt this Period   |
| Name of Employer (for Indivic<br>New York Life Insurance Comp    | lual) Occu<br>any Age            | upation (for Individual)                          | Memo Item  |
| Receipt For:<br>Primary Generation<br>Other (specify) V          | Aggregate                        | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |
| Full Name of Individual (Last,<br>C. Wright, Allen O., , Mr.     |                                  | rganization Name                                  | Date of Receipt  |
| Mailing Address 2027 143rd F                                     | Place Southwest                  |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City<br>Lynnwood   | State<br>WA                      | Zip Code<br>98087-5945                            | Transaction ID : PR200018897   |
| FEC ID number of contributing federal political committee.       | C                                |   | Amount of Each Receipt this Period   |
| Name of Employer (for Individ<br>New York Life Insurance Comp    |                                  | upation (for Individual)<br>nt                    | Memo Item  |
| Receipt For:<br>Primary Gener<br>Other (specify)                 | Aggregate                        | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$75.00 Monthly)  |
| SUBTOTAL of Receipts This Pa                                     |                                  |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 52 OF

| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |
|---|------------------------|---|---|--|--|--|--|
|   |                        | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12   |  |  |  |  |
|   |                        |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance C                      | ompany Politi          | cal Action Committee                              |   |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>A. Henker, John K., , Mr.,       | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 2741 Lapierre Canyon  | Drive                  |   | 04 30 2018  |  |  |  |  |
| City<br>Kennewick   | State<br>WA            | Zip Code<br>99338-7307                            | Transaction ID : PR202118897<br>Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | C                      |   | 58.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi<br>Age            | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>232.00                          | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>B. Whitehead, John W., , Mr.,    | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 20782 Southwest Hillbo  | 1                      |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |
| City<br>Newberg   | State<br>OR            | Zip Code<br>97132-9412                            | Transaction ID : PR203518897<br>Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | C                      |   | 60.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ                    | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>240.00                          | P/R Deduction (\$60.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>c. Cannon III, Robert L., , Mr., | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 30700 19th Avenue S   |                        |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |
| City<br>Federal Way   | State<br>WA            | Zip Code<br>98003-5103                            | Transaction ID : PR203918897           Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 150.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi<br>Agei           | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate              | Year-to-Date ▼<br>600.00                          | P/R Deduction (\$150.00 Monthly)  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                   |   | 268.00  |  |  |  |  |
| TOTAL This Period (last page this line nu                                     | umber only)            |   |   |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 53 OF

| IT | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page | Image: Concern only one)       Image: The second one of the second one second one of the second one of the second one of the second one |
|----|--|---------------|---|---|
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na                   |               |   |   |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politic     | al Action Committee                               |   |
| Α. | Full Name of Individual (Last, First, Middle Initial<br>Cole, Barbara L., , Ms.,<br>Mailing Address 3531 E Baron Court | ) or Full Org | ganization Name                                   | Date of Receipt   |
|    |  | 1             |   | 04 30 2018  |
|    | City<br>Orange   | State<br>CA   | Zip Code<br>92869-2584                            | Transaction ID : PR206118897  |
|    | FEC ID number of contributing federal political committee.   | C             |   | Amount of Each Receipt this Period 83.33  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occuj<br>Agen | pation (for Individual)<br>t                      | Memo Item   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y   | /ear-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)   |
| В. | Full Name of Individual (Last, First, Middle Initial Huebert, Katherine H., , Ms.,                                     | ) or Full Or  | ganization Name                                   | Date of Receipt   |
|    | Mailing Address 294 Robinwood Circle   |               |   | 04 / D D / Y Y Y Y Y Y Y  |
|    | City   | State         | Zip Code  | Transaction ID : PR207018897  |
|    | Reedley  | CA            | 93654-2767  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С             |   | 83.33   |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager  | pation (for Individual)<br>ht                     | Memo Item   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y   | /ear-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)   |
| C. | Full Name of Individual (Last, First, Middle Initial Brody, William V., , Mr.,   | ) or Full Or  | ganization Name                                   | Date of Receipt   |
|    | Mailing Address 19 Corte Miguel  |               |   | 04 / D D / Y Y Y Y Y<br>04 30 2018  |
|    | City<br>San Rafael   | State<br>CA   | Zip Code<br>94903-1810                            | Transaction ID : PR207818897  |
|    | FEC ID number of contributing federal political committee.   | С             |   | Amount of Each Receipt this Period  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Agent | pation (for Individual)<br>t                      | Memo Item   |
|    | Receipt For:   | Aggregate Y   | /ear-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |
| s  | UBTOTAL of Receipts This Page (optional)   |               |   | 416.66  |
| т  | OTAL This Period (last page this line number onl   | y)            | •   |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 54 OF

| IT | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page | $\checkmark$ 11a       11b       11c       12         13       14       15       16       17 |
|----|--|--------------|---|--|
|    | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |   | erson for the purpose of soliciting contributions  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politio   | cal Action Committee                              |  |
| Α. | Full Name of Individual (Last, First, Middle Initial Goodin, Stan, , Mr.,                          | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 6117 Carriage House Way  |              |   | 04 30 2018   |
|    | City   | State        | Zip Code  | Transaction ID : PR208218897   |
|    | Reno   | NV           | 89519-7324  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | С            |   | 150.00   |
|    | Name of Employer (for Individual)  | Occu         | upation (for Individual)                          | Memo Item  |
|    | New York Life Insurance Company  | Agei         | nt  | -  |
|    | Receipt For:   | Aggregate    | Year-to-Date <b>V</b>                             |  |
|    | Primary General  | .99.094.0    |   | P/R Deduction (\$150.00 Monthly)   |
|    | Other (specify) <b>v</b>   |              | 500.00  |  |
| в. | Full Name of Individual (Last, First, Middle Initial Mueller, Christie S., , Ms.,                  | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 6841 Ripley Lane North   | 04 30 2018   |   |  |
|    | City   | State        | Zip Code  | Transaction ID : PR209918897   |
|    | Renton   | WA           | 98056-1529  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | С            |   | 100.00   |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Age  | upation (for Individual)<br>nt                    | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |
| с. | Full Name of Individual (Last, First, Middle Initial Dill, Stephen C., , Mr.,                      | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|    | Mailing Address 4082 Prestwick Lane  |              |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
|    | City   | State        | Zip Code  | Transaction ID : PR210218897   |
|    | Palmdale   | CA           | 93551-5381  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | С            |   | 83.34  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Ager | upation (for Individual)<br>ht                    | Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)  |
| s  | UBTOTAL of Receipts This Page (optional)   |              |   | 333.34   |
| т  | OTAL This Period (last page this line number on  | ly)          |   |  |

FOR LINE NUMBER:

PAGE 55 OF

| TEMIZED RECEIPTS  | -                  | Use separate schedule(s)                          |              | (check only one)                      |          |             |   |  |
|---|--------------------|---|--------------|---------------------------------------|----------|-------------|---|--|
|   |                    | for each category of the<br>Detailed Summary Page | <b>X</b> 11a | 11b                                   | 11c      | 12          |   |  |
| Any information copied from such Reports an<br>or for commercial purposes, other than using |                    |   |              |                                       |          |             |   |  |
| NAME OF COMMITTEE (In Full)   |                    | ,, remote commuto                                 |              |                                       | 2401     |             |   |  |
| New York Life Insurance Con   | npany Politi       | cal Action Committee                              |              |                                       |          |             |   |  |
| Full Name of Individual (Last, First, Middle<br>Murray Jr., Louis L., , Mr.,                | Initial) or Full C | rganization Name                                  | Date of      | Receipt                               |          |             |   |  |
| Mailing Address 60 Manthorne Road   |                    |   | M M<br>04    | / D D<br>30                           | / Y      | 2018        | Ŷ |  |
| City<br>Boston  | State<br>MA        | Zip Code<br>02132-1505                            |              | action ID : F                         |          |             |   |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   |              |                                       |          | 250.0       | 0 |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>nt                    |              | emo Item                              |          |             |   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>1000.00                         | P/R Ded      | uction (\$250                         | .00 Mont | thly)       |   |  |
| Full Name of Individual (Last, First, Middle<br>B. Lewis, Deborah, , Ms.,                   | Initial) or Full C | rganization Name                                  | Date of      | Receipt                               |          |             |   |  |
| Mailing Address 4280 Country Squire Lane  |                    | Zin Onde  | 04           | / D D<br>30                           | / Y      | y y<br>2018 | Y |  |
| City<br>Fairfax   | State<br>VA        | Zip Code<br>22032-1610                            |              | action ID : F<br>of Each Re           |          |             |   |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   |              |                                       | 83.3     | 34          |   |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>ent                   |              | emo Item                              |          |             |   |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | <b>_</b>           | Year-to-Date ▼<br>333.36                          | P/R Dedu     | uction (\$83.3                        | 34 Month | ly)         |   |  |
| Full Name of Individual (Last, First, Middle<br>C. Lewis, Everton M., , Mr.,                | Initial) or Full C | rganization Name                                  | Date of      | Receipt                               |          |             |   |  |
| Mailing Address 774 Bartholdi Street  |                    |   | M M 04       | / D D<br>30                           | / Y      | y y<br>2018 | Ŷ |  |
| City<br>Bronx   | State<br>NY        | Zip Code<br>10467-6208                            |              | action ID : F                         |          |             |   |  |
| FEC ID number of contributing federal political committee.                                  | C                  |   |              | , , , , , , , , , , , , , , , , , , , | . y      | 250.0       | 0 |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>nt                    | M            | emo Item                              |          |             |   |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | Year-to-Date ▼<br>1000.00                         | P/R Ded      | uction (\$250                         | .00 Mont | thly)       |   |  |
| SUBTOTAL of Receipts This Page (optional)   |                    |   |              |                                       | ,        | 583.3       | 4 |  |
| TOTAL This Period (last page this line numb   | per only)          |   |              |                                       |          |             |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 56 OF

|  | -                  | Use separate schedule(s)                          | (check only one)  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|
|  |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
|  |                    |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.    |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                    |   |   |  |  |  |  |
| > New York Life Insurance Corr   | npany Politi       | cal Action Committee                              |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Forte, John A., , Mr., | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 1 Chandler Drive   |                    |   | 04 30 2018  |  |  |  |  |
| City<br>Ballston Lake  | State<br>NY        | Zip Code<br>12019-1335                            | Transaction ID : PR2119218897   |  |  |  |  |
| FEC ID number of contributing  | _                  |   | Amount of Each Receipt this Period  |  |  |  |  |
| federal political committee.   | C                  |   | 125.00  |  |  |  |  |
| Name of Employer (for Individual)  | Осси               | upation (for Individual)                          | Memo Item   |  |  |  |  |
| New York Life Insurance Company  | Age                | nt  |   |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                    | D/D Deduction (\$105.00 Merchly)  |  |  |  |  |
| Other (specify) V  |                    | 500.00  | P/R Deduction (\$125.00 Monthly)  |  |  |  |  |
|  |                    |   |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle <b>B.</b> Owen, Mitchell R., , Mr., | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 708 Preston Road   |                    |   | 04 30 2018  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : PR2119318897   |  |  |  |  |
| Erdenheim  | PA                 | 19038-7327  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                       | С                  |   | 75.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company             | Occ                | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                    | 1   |  |  |  |  |
| Other (specify) ▼  |                    | 300.00  | P/R Deduction (\$75.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Brown, David P., , Mr.,       | Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
| Mailing Address 524 Terrace Avenue   |                    |   | M M / D D / Y Y Y Y   |  |  |  |  |
| City   | State              | Zip Code  | 04 30 2018<br>Transaction ID : PR2119418897   |  |  |  |  |
| Garden City  | NY                 | 11530-5442  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.                       | C                  |   | 100.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company             | Occu               | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                    |   |  |  |  |  |
| Other (specify)  |                    | 400.00  | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 300.00  |  |  |  |  |
| TOTAL This Period (last page this line numb                                      | er only)           |   |   |  |  |  |  |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 57 OF

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|---|---|---|
| Any information copied from such Reports and Statemer<br>or for commercial purposes, other than using the name  |   | rson for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Company P  | olitical Action Committee                         |   |
| Full Name of Individual (Last, First, Middle Initial) or I<br>A. Kuehne, Otto A., , Mr.,  | Full Organization Name                            | Date of Receipt   |
| Mailing Address 6213 Ranch View Dr. N   |   | 04 30 2018  |
| City Sta<br>Fast Amberst NY   |   | Transaction ID : PR2119918897   |
| East Amherst NY   | 14051-2094  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  |   | 100.00  |
| Name of Employer (for Individual)   | Occupation (for Individual)                       | Memo Item   |
| New York Life Insurance Company   | Agent   |   |
| Receipt For:       Aggreen and and a second and a secon | egate Year-to-Date ▼<br>400.00                    | P/R Deduction (\$100.00 Monthly)  |
| Full Name of Individual (Last, First, Middle Initial) or I<br>B. Baumbach, Eric, , Mr.,   | Full Organization Name                            | Date of Receipt   |
| Mailing Address 6 Holly Dr. W   |   | 04 30 2018  |
| City Sta  | e Zip Code  | Transaction ID : PR2120018897   |
| Sayville NY   | 11782-1111  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  |   | 75.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occupation (for Individual)<br>Agent              | Memo Item   |
| Receipt For: Aggre  | egate Year-to-Date ▼                              |   |
| Other (specify) V   | 300.00  | P/R Deduction (\$75.00 Monthly)   |
| Full Name of Individual (Last, First, Middle Initial) or I<br>C. Weller, Ronnie D., , Mr.,  | Ull Organization Name                             | Date of Receipt   |
| Mailing Address 723 Whig Hill Road  |   | 04 30 2018  |
| City Sta  |   | Transaction ID : PR2121318897   |
| Tionesta PA   | 16353-8046  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  |   | 220.00  |
| Name of Employer (for Individual)   | Occupation (for Individual)                       | Memo Item   |
| New York Life Insurance Company   | Agent   |   |
| Receipt For:     Aggreen and and and and and and and and and an   | egate Year-to-Date ▼<br>834.67                    | P/R Deduction (\$220.00 Monthly)  |
| SUBTOTAL of Receipts This Page (optional)   |   | 395.00  |
| TOTAL This Period (last page this line number only)   | · · ·   |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

| ITI      | EMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                     | Image: Concert only one)       Image: The second secon |
|----------|--|------------------------|---|---|
| An<br>or | y information copied from such Reports and State<br>for commercial purposes, other than using the na                         | ements ma<br>ame and a | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ıy Politi              | cal Action Committee  |   |
| Α.       | Full Name of Individual (Last, First, Middle Initial)<br>Horstmann, John E., , Mr.,<br>Mailing Address 7684 N Kincaid Avenue | ) or Full O            | rganization Name  | Date of Receipt   |
|          | City   | State                  | Zip Code  | 04 30 2018<br>Transaction ID : PR212218897  |
|          | Fresno   | CA                     | 93711-0363  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | С                      |   | 100.00  |
|          | Name of Employer (for Individual)  | Осси                   | upation (for Individual)  | Memo Item   |
|          | New York Life Insurance Company  | Age                    | nt  | _   |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)  |
| В.       | Full Name of Individual (Last, First, Middle Initial)<br>Mathas, Thomas E., , Mr.,   | ) or Full O            | rganization Name  | Date of Receipt   |
|          | Mailing Address 1336 Cornwall Place  | 04 30 2018             |   |   |
|          | City   | State                  | Zip Code  | Transaction ID : PR2122818897   |
|          | Norfolk  | VA                     | 23508-1108  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | С                      |   | 62.50   |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occi<br>Age            | upation (for Individual)<br>ent                                       | Memo Item   |
|          | Receipt For:       //         Primary       General         Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>250.00  | P/R Deduction (\$62.50 Monthly)   |
| C.       | Full Name of Individual (Last, First, Middle Initial)<br>Olig, Todd, , Mr.,  | ) or Full O            | rganization Name  | Date of Receipt   |
|          | Mailing Address 1006 Dewey Street  |                        |   | 04 / Y Y Y Y<br>04 30 2018  |
|          | City<br>Kiel   | State<br>WI            | Zip Code<br>53042-1242  | Transaction ID : PR2127318897   |
|          | FEC ID number of contributing  |                        | JJUH2-12H2  | Amount of Each Receipt this Period  |
|          | federal political committee.   | C                      |   | 100.00  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager           | upation (for Individual)<br>nt  | Memo Item   |
|          | Dessint Fam  |                        | Year-to-Date V  | -   |
|          | Primary General<br>Other (specify)   |                        | 400.00  | P/R Deduction (\$100.00 Monthly)  |
| s        | UBTOTAL of Receipts This Page (optional)   |                        | •   | 262.50  |
| т        | OTAL This Period (last page this line number onl   | y)                     | •   |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

|   | -                    | Use separate schedule(s)  | (check only one)   |
|---|----------------------|---|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page                   | <b>X</b> 11a 11b 11c 12  |
| Any information copied from such Reports ar<br>or for commercial purposes, other than using | nd Statements ma     | ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     1       berson for the purpose of soliciting contributions       e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                                  | mpany Politi         | cal Action Committee  |  |
| Full Name of Individual (Last, First, Middle<br>A. Anzaldo, Oscar A., , Mr.,                | e Initial) or Full C | rganization Name  | Date of Receipt  |
| Mailing Address 2644 W Benjamin Holt Dri  | ve                   |   | 04 30 Y Y Y Y Y<br>04 30 2018  |
| City<br>Stockton  | State<br>CA          | Zip Code<br>95207-3214  | Transaction ID : PR212818897<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 100.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>nt                                      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)   |
| Full Name of Individual (Last, First, Middle<br>B. Littlejohn, Joseph W., , Mr.,            | e Initial) or Full C | rganization Name  | Date of Receipt  |
| Mailing Address 111 Robert E Lee Place  |                      |   | 04 30 2018   |
| City<br>Bossier City  | State<br>LA          | Zip Code<br>71111-5025  | Transaction ID : PR2129518897<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 100.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>ent                                     | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)   |
| Full Name of Individual (Last, First, Middle<br>C. Zwiener, Susan K., , Ms.,                | e Initial) or Full C | rganization Name  | Date of Receipt  |
| Mailing Address 10630 Dodge Mower Roa   | 1                    | Zin Orda  | 04 / D D / Y Y Y Y<br>30 2018  |
| City<br>Blmng Prairie   | State<br>MN          | Zip Code<br>55917-6934  | Transaction ID : PR2132418897           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 70.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>nt                                      | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>280.00  | P/R Deduction (\$70.00 Monthly)  |
| SUBTOTAL of Receipts This Page (optional  | )                    |   | 270.00   |
| TOTAL This Period (last page this line num  | ber only)            |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

| ITEMIZED RECEIPTS   | -                       | Use separate schedule(s)  | (check only one)   |  |  |  |  |
|---|-------------------------|---|--|--|--|--|--|
| I LIVILLU RECEIPIS  |                         | for each category of the<br>Detailed Summary Page                 | ✗         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than us | and Statements ma       | ay not be sold or used by any<br>ddress of any political committe | person for the purpose of soliciting contributions<br>to solicit contributions from such committee.      |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance C                              | ompany Politi           | cal Action Committee  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Wiskus, Mark A., , Mr.,                  | ddle Initial) or Full O | rganization Name  | Date of Receipt  |  |  |  |  |
| Mailing Address 1005 Edgewater Drive  |                         |   | 04 30 2018   |  |  |  |  |
| City<br>Pella   | State<br>IA             | Zip Code<br>50219-7669  | Transaction ID : PR2133418897           Amount of Each Receipt this Period                               |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   | 110.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                  | Occi<br>Age             | upation (for Individual)<br>nt                                    | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate               | Year-to-Date ▼<br>440.00  | P/R Deduction (\$110.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>B. Brown, Michael R., , Mr.,             | Idle Initial) or Full O | rganization Name  | Date of Receipt  |  |  |  |  |
| Mailing Address 8976 Northeast Patton   |                         |   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |
| City<br>Hamilton  | State<br>MO             | Zip Code<br>64644-9166  | Transaction ID : PR2134118897<br>Amount of Each Receipt this Period                                      |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   | 250.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                  | Occ                     | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate               | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>c. Freckleton, Brian K., , Mr.,          | ddle Initial) or Full O | rganization Name  | Date of Receipt  |  |  |  |  |
| Mailing Address 3830 Saddleback Road  | 1                       |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |
| City<br>Park City   | State<br>UT             | Zip Code<br>84098-4808  | Transaction ID : PR2135518897           Amount of Each Receipt this Period                               |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |   | 58.00  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                  | Occu<br>Age             | upation (for Individual)<br>nt                                    | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate               | Year-to-Date ▼<br>232.00  | P/R Deduction (\$58.00 Monthly)  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optio   | nal)                    |   | 418.00   |  |  |  |  |
| TOTAL This Period (last page this line n  | umber only)             |   |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

|  |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|----------------------|---|---|--|--|--|--|--|
| IIEWIZED RECEIPIS  |                      | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|  |                      |   | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.    |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co  | mpany Politi         | cal Action Committee                              |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Bond, E. Jay, , Mr.,  | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 6670 E Green Lake Way  | Ν                    |   | M M / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
| City<br>Seattle  | State<br>WA          | Zip Code<br>98103-5419                            | Transaction ID : PR2135718897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                    |   | 166.67  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br><b>B.</b> Werner, Richard J., , Mr.,<br>Mailing Address 2154 Crespi Lane | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| City   | State                | Zip Code  | 04 30 2018<br>Transaction ID : PR213618897  |  |  |  |  |  |
| Westlake Village   | CA                   | 91361-1722  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                    |   | 174.67  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occi                 | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | Year-to-Date ▼<br>698.68                          | P/R Deduction (\$174.67 Monthly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Hong, Joe L., , Mr.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 19 Cedar Lane  | State                | Zip Code  | 04 30 2018  |  |  |  |  |  |
| City<br>San Jose   | CA                   | 95127-2313  | Transaction ID : PR2136718897           Amount of Each Receipt this Period                                |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.  |                      |   | 100.00  |  |  |  |  |  |
|  |                      | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate            | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona  |                      |   | 441.34  |  |  |  |  |  |
| TOTAL This Period (last page this line nun   | nber only)           |   |   |  |  |  |  |  |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 62 OF

| ITEMIZE             | D RECEIPTS  |               | for each category of the<br>Detailed Summary Page | (check only one)   |  |  |  |  |  |
|---------------------|---|---------------|---|--|--|--|--|--|--|
|                     |   |               |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |
|                     | F COMMITTEE (In Full)<br><b>'ork Life Insurance Compa</b> i       | ny Politic    | al Action Committee                               |  |  |  |  |  |  |
| A. Takao,           | e of Individual (Last, First, Middle Initia<br>Eric K., , Mr.,    | l) or Full Or | ganization Name                                   | Date of Receipt  |  |  |  |  |  |
|                     | ddress 752 Pahumele Place   |               |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
| City                |   | State<br>HI   | Zip Code  | Transaction ID : PR2138618897  |  |  |  |  |  |
| Kailua              |   |               | 96734-3513  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                     | number of contributing plitical committee.                        | С             |   | 416.66   |  |  |  |  |  |
| Name of             | Employer (for Individual)   | Occu          | pation (for Individual)                           | Memo Item  |  |  |  |  |  |
| New York            | Life Insurance Company  | Ager          | ıt  |  |  |  |  |  |  |
| Receipt F           | For:  | Aggregate `   | Year-to-Date ▼                                    |  |  |  |  |  |  |
|                     | nary General<br>ler (specify) <b>v</b>                            |               | 1666.64   | P/R Deduction (\$416.66 Monthly)   |  |  |  |  |  |
|                     | e of Individual (Last, First, Middle Initia<br>d, Angelo, , Mr.,  | l) or Full Or | ganization Name                                   | Date of Receipt  |  |  |  |  |  |
|                     | ddress 1816 Embarcadero Lane                                      |               |   | 04 30 2018   |  |  |  |  |  |
| City                |   | State         | Zip Code  | Transaction ID : PR214518897   |  |  |  |  |  |
| Bakersfie           | ld  | CA            | 93311-3151  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                     | number of contributing plitical committee.                        | С             |   | 416.66   |  |  |  |  |  |
| Name of<br>New York | Employer (for Individual)<br>Life Insurance Company               | Occu<br>Ager  | pation (for Individual)<br>nt                     | Memo Item  |  |  |  |  |  |
| Receipt F           | For:  | Aggregate `   | Year-to-Date ▼                                    | 1  |  |  |  |  |  |
|                     | nary General<br>ler (specify) <b>v</b>                            |               | , 1666.64   | P/R Deduction (\$416.66 Monthly)   |  |  |  |  |  |
|                     | e of Individual (Last, First, Middle Initia<br>Patrick D., , Mr., | l) or Full Or | ganization Name                                   | Date of Receipt  |  |  |  |  |  |
| Mailing A           | ddress 2703 Starpine Drive  |               |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
| City                |   | State         | Zip Code  | Transaction ID : PR214718897   |  |  |  |  |  |
| Duarte              |   | CA            | 91010-1314  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                     | number of contributing plitical committee.                        | С             |   | 100.00   |  |  |  |  |  |
|                     | Employer (for Individual)<br>Life Insurance Company               | Occu<br>Agen  | pation (for Individual)<br>t                      | Memo Item  |  |  |  |  |  |
| Receipt For:        |   | Aggregate `   | Year-to-Date ▼                                    |  |  |  |  |  |  |
|                     | nary General<br>er (specify)                                      |               | 400.00  | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |
| SUBTOTAL            | of Receipts This Page (optional)                                  |               | •   | 933.32   |  |  |  |  |  |
| TOTAL Thi           | s Period (last page this line number or                           | ıly)          | ••••••  |  |  |  |  |  |  |

#### | ... hadula(s)

FOR LINE NUMBER:

PAGE 63 OF

| ITE  | MIZED RECEIPTS   |                         | for each category of the<br>Detailed Summary Page                      | (check only one)         ▼         11a       11b         13       14         15       16         17 |  |  |  |  |
|--|--|-------------------------|--|---|--|--|--|--|
| Any<br>or f  | r information copied from such Reports and Stat<br>or commercial purposes, other than using the na | ements ma<br>ame and ac | ay not be sold or used by any per<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.      |  |  |  |  |
|  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | y Politio               | cal Action Committee   |   |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initial Choi, Kevin H., , Mr.,                        | ) or Full Or            | rganization Name   | Date of Receipt   |  |  |  |  |
| _  | Mailing Address 1160 Mission Street<br>#1201   |                         |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |
|  | City<br>San Francisco  | State<br>CA             | Zip Code<br>94103-1574   | Transaction ID : PR2153118897 Amount of Each Receipt this Period                                    |  |  |  |  |
|  | FEC ID number of contributing ederal political committee.  | С                       |  | 230.78  |  |  |  |  |
| I  | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                         | upation (for Individual)<br>aging Partner                              | Memo Item   |  |  |  |  |
| I  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1038.51  | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initial Stivers, Richard K., , Mr.,                   | ) or Full Or            | rganization Name   | Date of Receipt   |  |  |  |  |
| I  | Mailing Address 425 Cove Tower Drive Apt. 1204   | 1                       |  | 04 / D D / Y Y Y Y<br>04 2018   |  |  |  |  |
|  | City<br>Naples   | State<br>FL             | Zip Code<br>34110-6507   | Transaction ID : PR215418897<br>Amount of Each Receipt this Period                                  |  |  |  |  |
|  | EEC ID number of contributing ederal political committee.  | С                       |  | 250.00  |  |  |  |  |
| 1  | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Age             | upation (for Individual)<br>nt   | Memo Item   |  |  |  |  |
| I  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |
| С.   | Full Name of Individual (Last, First, Middle Initial Abramo, Stephen J., , Mr.,                    | ) or Full Or            | rganization Name   | Date of Receipt   |  |  |  |  |
| -  | Mailing Address 21 Willow Road   |                         |  | 04 30 2018  |  |  |  |  |
|  | City<br>Old Bethpage   | State<br>NY             | Zip Code<br>11804-1133   | Transaction ID : PR2154318897<br>Amount of Each Receipt this Period                                 |  |  |  |  |
|  | FEC ID number of contributing ederal political committee.  | С                       |  | 60.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |  |                         | upation (for Individual)<br>President                                  | Memo Item   |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               | Year-to-Date ▼<br>205.44   | P/R Deduction (\$30.00 Bi-Weekly)   |  |  |  |  |
| รเ   | BTOTAL of Receipts This Page (optional)  |                         |  | 540.78  |  |  |  |  |
| тс   | TAL This Period (last page this line number on   | y)                      |  |   |  |  |  |  |

FOR LINE NUMBER: PAGE 64 OF 186

| ITE                                 | EMIZED RECEIPTS  |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |
|-------------------------------------|--|-------------|---|---|
|                                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |             |   |   |
| $\left\langle \right\rangle$        | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi   | ical Action Committee   |   |
| Α.                                  | Full Name of Individual (Last, First, Middle Initial<br>Bronzo, Debra A., , Ms.,                   | ) or Full C | Drganization Name   | Date of Receipt   |
|                                     | Mailing Address 107 Marsh Hill Road  | State       | Zip Code  | 04 30 2018  |
|                                     | Putnam Valley  | NY          | 10579-3117  | Transaction ID : PR2155518897<br>Amount of Each Receipt this Period   |
|                                     | FEC ID number of contributing federal political committee.   | С           |   | 61.54   |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                               |             | cupation (for Individual)<br>e President                                      | Memo Item   |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | P Year-to-Date ▼<br>276.93  | P/R Deduction (\$30.77 Bi-Weekly)                                     |
|                                     | Full Name of Individual (Last, First, Middle Initial<br>Triplett, Raymond J., , Mr.,               | ) or Full C | Drganization Name   | Date of Receipt   |
|                                     | Mailing Address 16171 Hillvale Avenue  |             |   | 04 30 2018  |
|                                     | City<br>Monte Sereno   | State<br>CA | Zip Code<br>95030-4159  | Transaction ID : PR217218897<br>Amount of Each Receipt this Period    |
|                                     | FEC ID number of contributing federal political committee.   | С           |   | 250.00  |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occ<br>Age  | cupation (for Individual)<br>ent  | Memo Item   |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)                                      |
| C.                                  | Full Name of Individual (Last, First, Middle Initial Grinnon, Michael R., , Mr.,                   | ) or Full C | Drganization Name   | Date of Receipt   |
|                                     | Mailing Address 5728 Meadowhaven Drive   | 1           |   | 04 / D D / Y Y Y Y Y<br>04 30 2018                                    |
|                                     | City<br>Plano  | State<br>TX | Zip Code<br>75093-8555  | Transaction ID : PR218672218897<br>Amount of Each Receipt this Period |
|                                     | FEC ID number of contributing federal political committee.   | С           |   | 230.76  |
| New York Life Insurance Company Mar |  |             | cupation (for Individual)<br>naging Partner                                   | Memo Item   |
|                                     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)                                    |
| SI                                  | JBTOTAL of Receipts This Page (optional)   |             |   | 542.30  |
| т                                   | OTAL This Period (last page this line number on  | ly)         | •   |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

| ITI                          | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page | Image: Check only one)       Image: Mark one) |  |  |  |  |
|------------------------------|--|--------------|---|---|--|--|--|--|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |              |   |   |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politio    | cal Action Committee                              |   |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Ameli Jr., Nick, , Mr.,                     | ) or Full Oi | rganization Name                                  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 4113 Coal Heritage Road  |              |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |
|                              | City<br>Bluefield  | State<br>WV  | Zip Code<br>24701-9193                            | Transaction ID : PR2188118897   |  |  |  |  |
|                              |  |              | 27101-3135  | Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing<br>federal political committee.  | С            |   | 83.33   |  |  |  |  |
|                              | Name of Employer (for Individual)  | Occu         | upation (for Individual)                          | Memo Item   |  |  |  |  |
|                              | New York Life Insurance Company  | Agei         | nt  |   |  |  |  |  |
|                              | Receipt For:   | Aggregate    | Year-to-Date 🔻                                    | P/R Deduction (\$83.33 Monthly)   |  |  |  |  |
|                              | Other (specify) ▼  |              |   |   |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial,<br>Timmerman, Jerome, , Mr.,                   | ) or Full O  | rganization Name                                  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 64 Windsor Lane  |              | 04 30 Y Y Y Y Y<br>2018                           |   |  |  |  |  |
|                              | City   | State        | Zip Code  | Transaction ID : PR2188518897   |  |  |  |  |
|                              | Breese   | IL           | 62230-3512  | Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С            |   | 250.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                 | Occı<br>Age  | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
|                              |  | Aggregate    | Year-to-Date 🔻                                    |   |  |  |  |  |
|                              | Other (specify) ▼  |              | , 1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial)<br>Buzzard, Bryan T., , Mr.,                   | ) or Full O  | rganization Name                                  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 3311 E Dartmouth Street  |              |   | 04 / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |
|                              | City<br>Mesa   | State<br>AZ  | Zip Code<br>85213-7046                            | Transaction ID : PR2189218897   |  |  |  |  |
|                              |  | C            | 00210-7040  | Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | 80.00        |   |   |  |  |  |  |
|                              | Name of Employer (for Individual)  |              | upation (for Individual)                          | Memo Item   |  |  |  |  |
|                              | New York Life Insurance Company Receipt For:   | Ager         |   | _   |  |  |  |  |
|                              | Primary General  | Aggregate    | Year-to-Date ▼                                    | P/R Deduction (\$80.00 Monthly)   |  |  |  |  |
|                              | Other (specify)  |              |   |   |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |              |   | 413.33  |  |  |  |  |
| т                            | OTAL This Period (last page this line number onl   | y)           | ·····   |   |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 66 OF

| ITEMIZED RECEIPTS |   |                            | Use separate schedule(s)   |                  | (check only one)   |                                   |           |                     |                 |          |     |
|-------------------|---|----------------------------|--|------------------|--------------------|-----------------------------------|-----------|---------------------|-----------------|----------|-----|
| 11                |   |                            | for each category of the<br>Detailed Summary Page                    |                  | <b>′</b> 11a<br>13 |                                   | 11b       | 11c<br>15           |                 | 12<br>16 | 17  |
| Ar<br>or          | y information copied from such Reports and S for commercial purposes, other than using the  | tatements ma<br>name and a | y not be sold or used by any pe<br>ddress of any political committee | erson<br>e to so | for the            | pur<br>ntrib                      | pose of   | soliciting          | g con           | tributio | ons |
| $\setminus$       | NAME OF COMMITTEE (In Full)   |                            |  |                  |                    |                                   |           |                     |                 |          |     |
|                   | New York Life Insurance Compa   | any Politio                | cal Action Committee   |                  |                    |                                   |           |                     |                 |          |     |
| Α.                |   | ial) or Full O             | ganization Name  |                  | Date of            | f Re                              | eceipt    |                     |                 |          |     |
|                   | Mailing Address 7518 South 240 E  |                            |  |                  | <sup>M</sup> 04    | 1                                 | D D<br>30 | / Y                 | 20 <sup>°</sup> | 18       | Y   |
|                   | City<br>Midvale   | State<br>UT                | Zip Code<br>84047-2169   |                  |                    |                                   |           | PR2189              |                 |          |     |
|                   | FEC ID number of contributing federal political committee.                                  | С                          |  |                  | <u> </u>           |                                   |           |                     |                 | 100.00   | 0   |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age                | pation (for Individual)<br>nt  |                  | М                  | emo                               | tem       |                     |                 |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>400.00   | F                | P/R Ded            | ucti                              | on (\$100 | ).00 Mor            | ithly)          |          |     |
| в.                | Full Name of Individual (Last, First, Middle Init<br>Paulsen, Richard R., , Mr.,            | ial) or Full O             | ganization Name  |                  | Date of            | f Re                              | eceipt    |                     |                 |          |     |
|                   | Mailing Address 6280 Crooked Stick Circle   |                            |  |                  | м м<br>04          | 1                                 | 30        | / Y                 | y<br>201        | 8<br>8   | Y   |
|                   | City  | State                      | Zip Code   |                  | Trans              | acti                              | on ID :   | PR2225              | 18897           | ,        |     |
|                   | Stockton  | CA                         | 95219-1859   | _                | Amoun              | t of                              | Each R    | eceipt th           | nis Pe          | eriod    |     |
|                   | FEC ID number of contributing federal political committee.                                  | С                          |  |                  | <u> </u>           |                                   | -         |                     |                 | 250.00   | 0   |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age                | ipation (for Individual)<br>nt                                       |                  | М                  | emo                               | ltem      |                     |                 |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>, 1000.00  | F                | P/R Ded            | uctio                             | on (\$250 | ).00 Mon            | thly)           |          |     |
| с.                | Full Name of Individual (Last, First, Middle Init<br>Rosenberg, Mitch, , Mr.,               | ial) or Full O             | ganization Name  |                  | Date of            | f Re                              | eceipt    |                     |                 |          |     |
|                   | Mailing Address 870 Camino El Carrizo   |                            |  |                  |                    | M M / D D / Y Y Y Y<br>04 30 2018 |           |                     |                 |          |     |
|                   | City<br>Thousand Oaks   | State<br>CA                | Zip Code<br>91360-2324   |                  |                    |                                   | -         | PR2236<br>eceipt th |                 |          |     |
|                   | FEC ID number of contributing federal political committee.                                  | С                          |  |                  | <u> </u>           |                                   | , .       | , ,                 |                 | 83.34    | 4   |
|                   | New York Life Insurance Company   |                            | pation (for Individual)<br>It  |                  | М                  | emo                               | ttem      |                     |                 |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                  | Year-to-Date ▼<br>333.36   | F                | P/R Ded            | lucti                             | on (\$83. | .34 Mont            | hly)            |          |     |
|                   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number of |                            |  | -<br>-           |                    | -                                 | 5         |                     |                 | 433.34   | 4   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 67 OF

|   |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|
| II EIVIIZED KEGEIF 13   |                      | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|   |                      |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |  |  |  |  |
| > New York Life Insurance Cor   | npany Politi         | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Bedard, David G., , Mr.,      | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 192 Kingswood Drive   |                      |   | M M / D D / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |
| City<br>Avon  | State<br>CT          | Zip Code<br>06001-3180                            | Transaction ID : PR224798218897<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 76.94   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          |                      | upation (for Individual)<br>ior Vice President    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>346.23                          | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Spickler, Scott V., , Mr., | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 10754 Horizon Drive   |                      |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Juneau  | State<br>AK          | Zip Code<br>99801-7625                            | Transaction ID : PR225918897  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    | 33001-7023  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ                  | upation (for Individual)<br>Int                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |                      | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Urling, Curtis L., , Mr.,  | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 155 Botanical Circle  | 0                    | 7. 0.4  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Anchorage   | State<br>AK          | Zip Code<br>99515-3680                            | Transaction ID : PR226118897 Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 83.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occu<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate            | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                      | )                    |   | 260.28  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                    | ber only)            |   |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 68 OF

|  |                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |
|--|----------------------|---|--|--|--|--|--|--|
| I LIVILLED KEGEIF13  |                      | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17                                      |  |  |  |  |  |
|  |                      |   | 13     14     15     16     17       version for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  | ,                    | ·····   |  |  |  |  |  |  |
| New York Life Insurance Cor  | mpany Politi         | cal Action Committee                              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Doverspike, Jack L., , Mr.,  | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
| Mailing Address PO Box 159   |                      |   | 04 30 2018   |  |  |  |  |  |
| City<br>Larose   | State<br>LA          | Zip Code<br>70373-0159                            | Transaction ID : PR228718897 Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                    |   | 91.34  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Age          | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | Year-to-Date ▼<br>365.36                          | P/R Deduction (\$91.34 Monthly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Senethavilay, Chanh, , Mr.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
| Mailing Address 5247 Sangara Drive   |                      |   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |  |
| City   | State<br>NV          | Zip Code  | Transaction ID : PR230018897   |  |  |  |  |  |
| North Las Vegas  |                      | 89031-7801  | Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                    |   | 83.34  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occi<br>Age          | upation (for Individual)<br>Int                   | Memo Item  |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date 🔻                                    | 1  |  |  |  |  |  |
| Other (specify) ▼  |                      | 333.36  | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Prolman, Earl S., , Mr.,  | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
| Mailing Address 45 Wood Street   |                      |   | 04 30 / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
| City<br>Nashua   | State<br>NH          | Zip Code<br>03064-1929                            | Transaction ID : PR2318897   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Oc         New York Life Insurance Company       Ag |                      |   | Amount of Each Receipt this Period   |  |  |  |  |  |
|  |                      | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |
|  |                      | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)                   |   | 424.68   |  |  |  |  |  |
| TOTAL This Period (last page this line num   | ber only)            |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

|  |   |               | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|---|---------------|---|---|--|--|--|--|--|
|  |   |               | for each category of the<br>Detailed Summary Page | ★         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |               |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |
| $\overline{)}$   | NAME OF COMMITTEE (In Full)   | 5             |   |   |  |  |  |  |  |
| /  | New York Life Insurance Compa   | ny Politi     | cal Action Committee                              |   |  |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initia<br>Altmann, Charles J., , Mr.,                | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
|  | Mailing Address 1829 Barry Avenue   |               |   | 04 30 Y Y Y Y Y<br>2018   |  |  |  |  |  |
|  | City<br>Los Angeles   | State<br>CA   | Zip Code<br>90025-5306                            | Transaction ID : PR232118897<br>Amount of Each Receipt this Period  |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С             |   | 70.00   |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occu<br>Age   | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>280.00                          | P/R Deduction (\$70.00 Monthly)   |  |  |  |  |  |
| B  | Full Name of Individual (Last, First, Middle Initia<br>Miller, Thomas J., , Mr.,                  | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Ы.   | Mailing Address 1120 River Ridge Boulevard  |               |   | 04 30 2018  |  |  |  |  |  |
|  | City<br>Spokane   | State<br>WA   | Zip Code<br>99224-7060                            | Transaction ID : PR238096618897<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | C             |   | 230.78  |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                              |               | upation (for Individual)<br>naging Partner        | Memo Item   |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  |               | Year-to-Date ▼<br>1038.51                         | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Rivera, John M., , Mr.,                    | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
|  | Mailing Address 6706 E Magill Street  |               |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |
|  | City<br>Wichita   | State<br>KS   | Zip Code<br>67206-1346                            | Transaction ID : PR238097518897 Amount of Each Receipt this Period  |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С             |   | 83.34   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |   | Occu<br>Ager  | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |               |   | 384.12  |  |  |  |  |  |
| т  | OTAL This Period (last page this line number or   | nly)          |   |   |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 70 OF

| IT                           | EMIZED RECEIPTS   |                            | for each category of the<br>Detailed Summary Page                     | X     11a     11b     11c     12       13     14     15     16     17 |  |  |  |  |
|------------------------------|---|----------------------------|---|---|--|--|--|--|
| Ar<br>or                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na | ements ma<br>ame and a     | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions                     |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan                                       | ny Politi                  | cal Action Committee  |   |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>Hart, Philip C., , Mr.,                     | ) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 1624 Harvest Grove Court  |                            |   | 04 30 / Y Y Y Y Y<br>04 30 2018                                       |  |  |  |  |
|                              | City  | State                      | Zip Code  | Transaction ID : PR238126518897                                       |  |  |  |  |
|                              | Valrico   | FL                         | 33596-5687  | Amount of Each Receipt this Period                                    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                          |   | 58.00   |  |  |  |  |
|                              | Name of Employer (for Individual)   | Осси                       | upation (for Individual)  | Memo Item   |  |  |  |  |
|                              | New York Life Insurance Company   | Age                        | nt  |   |  |  |  |  |
|                              | Receipt For:  | Aggregate                  | Year-to-Date V  |   |  |  |  |  |
|                              | Primary General<br>Other (specify) ▼  |                            | 232.00  | P/R Deduction (\$58.00 Monthly)                                       |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial Welzien, Dirk, , Mr.,                          | ) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 533 Silver Oak Lane   | 04 / Y Y Y Y<br>04 30 2018 |   |   |  |  |  |  |
|                              | City  | State                      | Zip Code  | Transaction ID : PR240559918897                                       |  |  |  |  |
|                              | Danville  | CA                         | 94506-4647  | Amount of Each Receipt this Period                                    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                          |   | 83.34   |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occi<br>Age                | upation (for Individual)<br>nt  | Memo Item   |  |  |  |  |
|                              | Primary General   | Aggregate                  | Year-to-Date ▼  | P/R Deduction (\$83.34 Monthly)                                       |  |  |  |  |
|                              | Other (specify) <b>v</b>  |                            | 333.36  |   |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial Kameoka, Yosuke, , Mr.,                        | ) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 17 Vashon Key   |                            |   | 04 / D D / Y Y Y Y<br>04 30 2018                                      |  |  |  |  |
|                              | City<br>Bellevue  | State<br>WA                | Zip Code<br>98006-1029  | Transaction ID : PR240582518897                                       |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C                          |   | Amount of Each Receipt this Period 76.92                              |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                            | upation (for Individual)<br>or Partner                                | Memo Item   |  |  |  |  |
|                              | Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     346.1 |                            |   | P/R Deduction (\$38.46 Bi-Weekly)                                     |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                            | •••••   | 218.26  |  |  |  |  |
| т                            | OTAL This Period (last page this line number onl  | ly)                        |   |   |  |  |  |  |

FOR LINE NUMBER:

PAGE 71 OF

|                                    |  |                                      | Use separate schedule(s)                          |                                 |   | (check only one) |           |                       |                              |       |  |  |
|------------------------------------|--|--------------------------------------|---|---------------------------------|---|------------------|-----------|-----------------------|------------------------------|-------|--|--|
|                                    |  |                                      | for each category of the<br>Detailed Summary Page |                                 | <b>′</b> 11a<br>13  |                  | 11b<br>14 | 11c<br>15             | 12                           | 17    |  |  |
|                                    | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |                                      |   |                                 | for the   |                  | oose of   | soliciting            | contribu                     | tions |  |  |
| $\left\rangle$                     | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politic                           | cal Action Committee                              |                                 |   |                  |           |                       |                              |       |  |  |
| A.                                 | Full Name of Individual (Last, First, Middle Initia<br>Vanderstreet, Jason C., , Mr.,              | l) or Full Or                        | ganization Name                                   |                                 | Date of   | Re               | ceipt     |                       |                              |       |  |  |
|                                    | Mailing Address 53 Morse Avenue  |                                      |   |                                 | м м<br>04   | /                | D D D 30  | ) / Y                 | 2018                         | Y     |  |  |
|                                    | City<br>Dedham   | State<br>MA                          | Zip Code<br>02026-3123                            |                                 |   |                  |           |                       | <b>)2918897</b><br>is Period |       |  |  |
|                                    | FEC ID number of contributing federal political committee.   | С                                    |   |                                 |   |                  |           |                       | 83.                          | 34    |  |  |
|                                    | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Ager                         | pation (for Individual)<br>nt                     |                                 | Me  | emo              | Item      |                       |                              |       |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                            | Year-to-Date ▼<br>333.36                          | ]                               | P/R Dedu  | uctio            | on (\$83. | .34 Month             | ıly)                         |       |  |  |
| в.                                 | Full Name of Individual (Last, First, Middle Initia<br>Mulqueen, Kevin J., , Mr.,                  | l) or Full Or                        | ganization Name                                   |                                 | Date of   | Re               | ceipt     |                       |                              |       |  |  |
|                                    | Mailing Address 41 Silo Lane   |                                      |   |                                 | 04 / D D / Y Y Y Y<br>04 2018                                     |                  |           |                       |                              |       |  |  |
|                                    | City<br>Middletown   | State<br>NY                          | Zip Code<br>10940-2603                            | -                               | Transaction ID : PR26918897<br>Amount of Each Receipt this Period |                  |           |                       |                              |       |  |  |
|                                    | FEC ID number of contributing federal political committee.   | Occupation (for Individual)<br>Agent |   |                                 | 58.00   |                  |           |                       |                              |       |  |  |
|                                    | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                                      |   |                                 | Memo Item   |                  |           |                       |                              |       |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y                          | ] F   | P/R Deduction (\$58.00 Monthly) |   |                  |           |                       |                              |       |  |  |
| C.                                 | Full Name of Individual (Last, First, Middle Initia<br>Righthand, Penny K., , Ms.,                 | l) or Full Or                        | ganization Name                                   |                                 | Date of   | Re               | ceipt     |                       |                              |       |  |  |
|                                    | Mailing Address 565 Bellevue Avenue Apt. 1002  | Ototo                                | Zin Onde  |                                 | 04  | 1                | 30        |                       | 2018                         | Y     |  |  |
|                                    | City<br>Oakland  | State<br>CA                          | Zip Code<br>94610-5038                            |                                 |   |                  |           | PR27518<br>leceipt th | is Period                    |       |  |  |
| New York Life Insurance Company Ag |  | С                                    |   |                                 | <u> </u>  |                  | y         | ,                     | 250.                         | 00    |  |  |
|                                    |  | Occu<br>Agen                         | pation (for Individual)<br>t                      |                                 | Me  | emo              | Item      |                       |                              |       |  |  |
|                                    |  | Aggregate                            | Year-to-Date ▼<br>1000.00                         | ]                               | P/R Ded   | uctio            | on (\$250 | 0.00 Mon              | thly)                        |       |  |  |
| s                                  | UBTOTAL of Receipts This Page (optional)   |                                      |   | •                               |   |                  | ,         |                       | 391.3                        | 34    |  |  |
| т                                  | OTAL This Period (last page this line number on  | ly)                                  |   | -<br>►                          |   |                  |           |                       |                              |       |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 72 OF

|  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|
|  |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|  |                    |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Con                   | npany Politi       | cal Action Committee                              |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Rooney, Walden J., , Mr.,    | Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |
| Mailing Address 5 Mountain View Boulevar                                     | d                  |   | M M / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
| City<br>South Burlington   | State<br>VT        | Zip Code<br>05403-5825                            | Transaction ID : PR2818897           Amount of Each Receipt this Period                                   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                  |   | 75.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occ<br>Age         | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate          | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$75.00 Monthly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Kim, John Y., , Mr.,      | Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |
| Mailing Address 23 E 22nd Street<br>Unit 24A<br>City                         | State              | Zip Code  | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |
| New York   | NY                 | 10010-5304  | Transaction ID : PR282425618897<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                  |   | 104.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         |                    | upation (for Individual)<br>sident                | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate          | Year-to-Date ▼<br>468.00                          | P/R Deduction (\$52.00 Bi-Weekly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Mollah, Monzur A., , Mr., | Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |
| Mailing Address 2462 Hollow Rock Court                                       | 1                  |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |
| City<br>Las Vegas  | State<br>NV        | Zip Code<br>89135-1510                            | Transaction ID : PR285413418897           Amount of Each Receipt this Period                              |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C                  |   | 100.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         |                    | upation (for Individual)<br>agging Partner        | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate          | Year-to-Date ▼<br>450.00                          | P/R Deduction (\$50.00 Bi-Weekly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                    | )                  |   | 279.00  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                   | per only)          |   |   |  |  |  |  |  |
#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 73 OF

| IT       | EMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page                     | Image: Check only one)       Image: Mark one) |  |  |  |  |  |  |
|----------|---|------------------------|---|---|--|--|--|--|--|--|
| Ar<br>or | y information copied from such Reports and State<br>for commercial purposes, other than using the na                  | ements ma<br>ame and a | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan   | ny Politi              | cal Action Committee  |   |  |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initial)<br>Kho, Jenny O., , Ms.,<br>Mailing Address 77 Cumberland Drive | ) or Full O            | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
|          | City  | State                  | Zip Code  | Transaction ID : PR29118897   |  |  |  |  |  |  |
|          | Yonkers   | NY                     | 10704-3525  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                      |   | 250.00  |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occi<br>Age            | upation (for Individual)<br>Int                                       | Memo Item   |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| B.       | Full Name of Individual (Last, First, Middle Initial)<br>Fisher, Michael G., , Mr.,                                   | ) or Full O            | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
|          | Mailing Address 1919 N Meryls Terrace   |                        |   | 04 30 2018  |  |  |  |  |  |  |
|          | City  | State                  | Zip Code  | Transaction ID : PR292943918897   |  |  |  |  |  |  |
|          | Palatine  | IL                     | 60074-1049  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                      |   | 230.76  |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  |                        | upation (for Individual)<br>naging Partner                            | Memo Item   |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)  |  |  |  |  |  |  |
| C.       | Full Name of Individual (Last, First, Middle Initial)<br>Fisher, Kimberly E., , Ms.,                                  | ) or Full O            | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
|          | Mailing Address 10 Dekalb Avenue<br>Apt. 505  |                        |   | 04 / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
|          | City<br>White Plains  | State<br>NY            | Zip Code<br>10605-6452  | Transaction ID : PR292946718897   |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                      |   | Amount of Each Receipt this Period 76.92  |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  |                        | upation (for Individual)<br>porate Vice President                     | Memo Item   |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>346.14  | P/R Deduction (\$38.46 Bi-Weekly)   |  |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                        |   | 557.68  |  |  |  |  |  |  |
| т        | OTAL This Period (last page this line number onl  | ly)                    | · · · · · · · · · · · · · · · · · · ·                                 |   |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 74 OF 186

| ITI  | EMIZED RECEIPTS   |                    | for                                  | e separate schedule(s)<br>each category of the<br>tailed Summary Page | •   | eck onl<br>11a<br>13 |          | e)<br>11b<br>14 | 11c<br>15           | 12   | _           | 17 |
|--|---|--------------------|--------------------------------------|---|---|----------------------|----------|-----------------|---------------------|------|-------------|----|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                    |                                      |   |   |                      |          |                 |                     |      |             | S  |
| $\left\langle \right\rangle$                               | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politi          | ical A                               | Action Committee  |   |                      |          |                 |                     |      |             |    |
| Α.   | Full Name of Individual (Last, First, Middle Initial Shapiro, Joel A., , Mr.,                       | ) or Full C        | Organiz                              | ation Name  |   | Date o               | f Rec    | eipt            |                     |      |             |    |
|  | Mailing Address 506 Eagleton Cove Trace   | 1                  |                                      |   |   | м м<br>04            |          | D D<br>30       | JL                  | 2018 | Y Y<br>B    |    |
|  | City<br>Palm Beach Gardens  | State<br>FL        | Z                                    | ip Code<br>33418-8496   | Transaction ID : PR29318897<br>Amount of Each Receipt this Period |                      |          |                 |                     |      |             |    |
| FEC ID number of contributing federal political committee. |   |                    |                                      |   |   |                      |          | -               |                     |      | 00.00       |    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age         | •                                    | n (for Individual)  |   | М                    | emo      | ltem            |                     |      |             |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Year-t             | o-Date ▼<br>400.00                   | F   | /R Ded  | uctio                | n (\$100 | ).00 Mor        | ithly)              |      |             |    |
| B.   | Full Name of Individual (Last, First, Middle Initial Goodyear, Samuel S., , Mr.,                    | ) or Full C        | Drganiz                              | ation Name  |   | Date o               | f Rec    | eipt            |                     |      |             |    |
|  | Mailing Address 9204 Citrus Glen Lane   |                    |                                      | м м<br>04   |   | D D D 30             | / Y      | 2018            |                     |      |             |    |
|  | City<br>Orangevale  | State<br>CA        |                                      | ip Code<br>95662-4831   |   |                      |          |                 | PR2967              |      | -           |    |
|  | FEC ID number of contributing federal political committee.  | С                  |                                      |   |   |                      |          | р. I.           | -<br>95-            |      | 50.00       |    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                    | Occupation (for Individual)<br>Agent |   |   |                      |          | ltem            |                     |      |             |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-t                               | o-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)                                  |                      |          |                 |                     |      |             |    |
|  | Full Name of Individual (Last, First, Middle Initial Ford, Vickie L., , Ms.,                        | ) or Full C        | Drganiz                              | ation Name  |   | Date o               | f Rec    | eipt            |                     |      |             |    |
|  | Mailing Address 3910 S Sandusky Avenue  |                    |                                      |   |   | <sup>M</sup> 04      | /        | <sup>D</sup> 30 | / Y                 | 2018 |             |    |
|  | City<br>Tulsa   | State<br>OK        |                                      | ip Code<br>74135-2516   |   |                      |          |                 | PR2985<br>eceipt th |      |             |    |
|  | FEC ID number of contributing federal political committee.  | С                  |                                      |   |   | Amoun                |          |                 |                     |      | ou<br>75.00 |    |
| New York Life Insurance Company Age                        |   |                    |                                      | n (for Individual)  |   | М                    | emo      | ltem            |                     |      |             |    |
|  | Receipt For:<br>Primary General<br>Other (specify)  | o-Date ▼<br>300.00 | F                                    | P/R Dec   | luctio  | n (\$75.             | 00 Mont  | hly)            |                     |      |             |    |
| s  | UBTOTAL of Receipts This Page (optional)  |                    |                                      | •   |   |                      |          |                 | . ,                 | 42   | 25.00       |    |
| т  | OTAL This Period (last page this line number on   | ly)                |                                      | ····· •   |   |                      |          |                 |                     |      | -           |    |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 75 OF

| ITEMIZED RECEIPTS   |                        | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |  |
|---|------------------------|---|---|--|--|--|--|--|--|--|--|
| IILIVIIZED REGEIFIS   |                        | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|   |                        |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                     | ompany Politi          | cal Action Committee                              |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Gould, Gabriel L., , Mr.,        | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 735 Coleman Boulevard<br>Apt. 322                             |                        |   | 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |  |  |  |  |  |  |  |  |
| City<br>Mount Pleasant  | State<br>SC            | Zip Code<br>29464-4093                            | Transaction ID : PR300186318897           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 76.94   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          |                        | upation (for Individual)<br>naging Partner        | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>346.23                          | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Berning, Erica T., , Ms.,     | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 593 S Stratford Avenue  | Otata                  | Zin Oode  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |  |  |
| City<br>Elmhurst  | State                  | Zip Code<br>60126-4149                            | Transaction ID : PR302151718897<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 76.92   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          |                        | upation (for Individual)<br>iior Partner          | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate              | Year-to-Date ▼<br>346.14                          | P/R Deduction (\$38.46 Bi-Weekly)   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>c. Albright, Michelle R., , Ms., | dle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 2006 Sea Palms Drive  | West                   | Zip Code  |   |  |  |  |  |  |  |  |  |
| St. Simons Island   | GA                     | 31522-5294  | Transaction ID : PR316092018897           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 208.00  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi<br>Age            | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate              | Year-to-Date ▼<br>832.00                          | P/R Deduction (\$208.00 Monthly)  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                   |   | 361.86  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                     | Imber only)            |   |   |  |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 76 OF

| IT            | EMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                    | Image: Check only one)       Image: Mark one) |  |  |  |  |  |  |  |
|---------------|--|------------------------|--|---|--|--|--|--|--|--|--|
| Ar<br>or      | y information copied from such Reports and State<br>for commercial purposes, other than using the na                     | ements ma<br>ame and a | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |  |  |  |  |  |  |  |
| $\Big\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ny Politio             | cal Action Committee   |   |  |  |  |  |  |  |  |
| Α.            | Full Name of Individual (Last, First, Middle Initial)<br>Wion, Matthew D., , Mr.,<br>Mailing Address 46 Dykers Farm Road | ) or Full O            | rganization Name   | Date of Receipt   |  |  |  |  |  |  |  |
|               | City   | State                  | Zip Code   | Transaction ID : PR340952518897   |  |  |  |  |  |  |  |
|               | North Haledon  | NJ                     | 07508-2649   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.   | С                      |  | 76.94   |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)  | Осси                   | upation (for Individual)   | Memo Item   |  |  |  |  |  |  |  |
|               | New York Life Insurance Company  | Seni                   | ior Vice President   |   |  |  |  |  |  |  |  |
|               | Receipt For:       //         Primary       General         Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>346.23   | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |  |
| B.            | Full Name of Individual (Last, First, Middle Initial)<br>Bonk, Robert, , Mr.,  | ) or Full O            | rganization Name   | Date of Receipt   |  |  |  |  |  |  |  |
|               | Mailing Address PO Box 57387   |                        |  | 04 30 2018  |  |  |  |  |  |  |  |
|               | City   | State                  | Zip Code   | Transaction ID : PR340956118897   |  |  |  |  |  |  |  |
|               | Oklahoma City  | OK                     | 73157-7387   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.   | С                      |  | 108.00  |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company   |                        | upation (for Individual)<br>naging Partner                           | Memo Item   |  |  |  |  |  |  |  |
|               | Receipt For:       //         Primary       General         Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>486.00   | P/R Deduction (\$54.00 Bi-Weekly)   |  |  |  |  |  |  |  |
| С.            | Full Name of Individual (Last, First, Middle Initial)<br>Kenyon, Michelle M., , Ms.,                                     | ) or Full O            | rganization Name   | Date of Receipt   |  |  |  |  |  |  |  |
|               | Mailing Address 4253 Colton Drive  | 1                      |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |  |
|               | City<br>Carrollton   | State<br>TX            | Zip Code<br>75010-4282   | Transaction ID : PR342588618897   |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.   | С                      |  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company   |                        | upation (for Individual)<br>oorate Vice President                    | Memo Item   |  |  |  |  |  |  |  |
|               | Receipt For:     //       Primary     General       Other (specify)  | Aggregate              | Year-to-Date ▼<br>209.16   | P/R Deduction (\$23.24 Bi-Weekly)   |  |  |  |  |  |  |  |
| s             | UBTOTAL of Receipts This Page (optional)   |                        | •••••  | 231.42  |  |  |  |  |  |  |  |
| т             | OTAL This Period (last page this line number onl   | ly)                    | •  |   |  |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 77 OF

| ITEMIZED RECEIPTS |   |                | Use separate schedule(s)                          | (ch                                | (check only one)   |        |           |            |           |       |    |  |  |  |
|-------------------|---|----------------|---|------------------------------------|--------------------|--------|-----------|------------|-----------|-------|----|--|--|--|
| 11                |   |                | for each category of the<br>Detailed Summary Page |                                    | <b>X</b> 11a<br>13 |        | 11b<br>14 | 11c        | 12        |       | 17 |  |  |  |
|                   | y information copied from such Reports and St for commercial purposes, other than using the |                |   |                                    | for the            |        | pose of   | soliciting | g contrik | outio | ns |  |  |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa                                | ny Politi      | cal Action Committee                              |                                    |                    |        |           |            |           |       |    |  |  |  |
|                   | New TORK Life Insurance Compa   |                |   |                                    |                    |        |           |            |           |       |    |  |  |  |
| A.                | Full Name of Individual (Last, First, Middle Init Tyler, Thomas, , Mr.,                     | ial) or Full O | rganization Name                                  |                                    | Date of Receipt    |        |           |            |           |       |    |  |  |  |
|                   | Mailing Address 3 High Oak Court  |                |   |                                    | 04 30 2018         |        |           |            |           |       |    |  |  |  |
|                   | City  |                | Zip Code  |                                    | Trans              | sact   | ion ID :  | PR3425     | 930188    | 97    |    |  |  |  |
|                   | Huntington  | NY             | 11743-4208  | Amount of Each Receipt this Period |                    |        |           |            |           |       |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С              |   |                                    |                    |        |           |            | 9         | 0.00  |    |  |  |  |
|                   | Name of Employer (for Individual)   | Оссі           | upation (for Individual)                          |                                    | М                  | emo    | o Item    |            |           |       |    |  |  |  |
|                   | New York Life Insurance Company   | Age            |   |                                    |                    |        |           |            |           |       |    |  |  |  |
|                   | Receipt For:  |                | Year-to-Date ▼                                    |                                    |                    |        |           |            |           |       |    |  |  |  |
|                   | Primary General   | , iggi oguto   |   | 111                                | P/R Ded            | lucti  | on (\$90  | .00 Montl  | hly)      |       |    |  |  |  |
|                   | Other (specify) V   |                | 360.00  | 4                                  |                    |        |           |            | • /       |       |    |  |  |  |
|                   | Full Name of Individual (Last First Middle Init   | ial) or Full O | ragnization Nomo                                  |                                    |                    |        |           |            |           |       |    |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Init Molinaro, Michael, , Mr.,                 | iai) or Full O | rganization Name                                  |                                    | Date o             | f Re   | eceipt    |            |           |       |    |  |  |  |
|                   | Mailing Address 360 First Avenue<br># 13B   |                |   | 04 / D D / Y Y Y Y<br>04 30 2018   |                    |        |           |            |           |       |    |  |  |  |
|                   | City  | State          | Zip Code  |                                    | Trans              | act    | ion ID :  | PR34339    | 3251889   | 97    |    |  |  |  |
|                   | New York  | NY             | 10010-4917  |                                    | Amoun              | t of   | Each F    | Receipt th | is Peric  | bd    |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С              |   |                                    |                    |        | -         |            | 6         | 0.00  |    |  |  |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occi           |   | М                                  | emo                | o Item |           |            |           |       |    |  |  |  |
|                   | Receipt For:  | Aggregate      | Year-to-Date V                                    |                                    | -                  |        |           |            |           |       |    |  |  |  |
|                   | Primary General   | 1.99.094.0     |   | 1   6                              | P/R Ded            | ucti   | on (\$30. | .00 Bi-We  | ekly)     |       |    |  |  |  |
|                   | Other (specify) <b>v</b>  |                | , 270.00  |                                    |                    |        |           |            | • *       |       |    |  |  |  |
| c.                | Full Name of Individual (Last, First, Middle Init<br>Pineda, Jesus, , Mr.,                  | ial) or Full O | rganization Name                                  |                                    | Date of            | f Re   | eceipt    |            |           |       |    |  |  |  |
|                   | Mailing Address 21984 N 104th Lane  |                |   |                                    | м м<br>04          | 1      | 30        |            | 2018      | Y     | ]  |  |  |  |
|                   | City  | State<br>AZ    | Zip Code  |                                    | Trans              | sact   | ion ID :  | PR3434     | 336188    | 97    |    |  |  |  |
|                   | Peoria  | AZ             | 85383-2674  |                                    | Amoun              | t of   | Each F    | Receipt th | is Peric  | bd    |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С              |   |                                    | <u> </u>           | _      | ,         | , <u>,</u> | 8         | 3.34  |    |  |  |  |
|                   | Name of Employer (for Individual)   | Occi           | upation (for Individual)                          |                                    | M                  | em     | o Item    |            |           |       |    |  |  |  |
|                   | New York Life Insurance Company   | Ager           | nt  |                                    |                    |        |           |            |           |       |    |  |  |  |
|                   | Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |                                    |                    |        |           |            |           |       |    |  |  |  |
|                   | Other (specify)   |                | 1   | P/R Deduction (\$83.34 Monthly)    |                    |        |           |            |           |       |    |  |  |  |
|                   | UBTOTAL of Receipts This Page (optional)  |                |   | •<br>-<br>•                        |                    | -      | , .       |            | 233       | 3.34  |    |  |  |  |

#### ta schadula(s) 1100

FOR LINE NUMBER:

PAGE 78 OF

| IT                                 | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page | (check only one)       X     11a       11b     11c       12       13     14       15     16       17 |
|------------------------------------|--|--------------|---|--|
|                                    | y information copied from such Reports and Stai<br>for commercial purposes, other than using the n |              |   |  |
|                                    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi    | cal Action Committee                              |  |
| Α.                                 | Full Name of Individual (Last, First, Middle Initia<br>Holm, Jeanmarie, , Ms.,                     | l) or Full O | rganization Name                                  | Date of Receipt  |
|                                    | Mailing Address 4325 Cobblers Circle   |              |   | 04 / D D / Y Y Y Y<br>04 2018  |
|                                    | City<br>Dallas   | State<br>TX  | Zip Code<br>75287-6700                            | Transaction ID : PR344564818897  |
|                                    | Dallas   |              | 75287-8700  | Amount of Each Receipt this Period   |
|                                    | FEC ID number of contributing federal political committee.   | С            |   | 100.00   |
|                                    | Name of Employer (for Individual)  | Occi         | upation (for Individual)                          | Memo Item  |
|                                    | New York Life Insurance Company  | Cor          | porate Vice President                             |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>450.00                          | P/R Deduction (\$50.00 Bi-Weekly)  |
| в.                                 | Full Name of Individual (Last, First, Middle Initia<br>Rocchi, Gerard A., , Mr.,                   | l) or Full O | rganization Name                                  | Date of Receipt  |
|                                    | Mailing Address 285 Drive South Broadway   |              |   | M M / D D / Y Y Y Y<br>04 30 2018  |
|                                    | City   | State        | Zip Code  | Transaction ID : PR35118897  |
|                                    | Tarrytown  | NY           | 10591   | Amount of Each Receipt this Period   |
|                                    | FEC ID number of contributing federal political committee.   | С            |   | 230.78   |
|                                    | Name of Employer (for Individual)<br>New York Life Insurance Company                               |              | upation (for Individual)<br>ior Vice President    | Memo Item  |
|                                    | Receipt For:   | Aggregate    | Year-to-Date ▼                                    |  |
|                                    | Primary General<br>Other (specify) ▼   |              | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)   |
| C.                                 | Full Name of Individual (Last, First, Middle Initia<br>Lebovits, Moshe, , Mr.,                     | l) or Full O | rganization Name                                  | Date of Receipt  |
|                                    | Mailing Address 6 Israel Zupnick Drive Unit 201  | 1-           |   | 04 / D D / Y Y Y Y<br>04 2018  |
|                                    | City<br>Monroe   | State<br>NY  | Zip Code<br>10950-8473                            | Transaction ID : PR35318897  |
|                                    |  |              | 10950-6475  | Amount of Each Receipt this Period   |
|                                    | FEC ID number of contributing federal political committee.   | С            |   | 100.00   |
|                                    | Name of Employer (for Individual)  | Occi         | upation (for Individual)                          | Memo Item  |
| New York Life Insurance Company Ag |  |              | nt  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |
| s                                  | UBTOTAL of Receipts This Page (optional)   |              |   | 430.78   |
| т                                  | OTAL This Period (last page this line number on  | ly)          |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 79 OF

| IT            | EMIZED RECEIPTS   |                          | for each category of the<br>Detailed Summary Page | Image: Check only one)       Image: Mark one) |  |  |  |  |  |  |
|---------------|---|--------------------------|---|---|--|--|--|--|--|--|
|               | y information copied from such Reports and State<br>for commercial purposes, other than using the na                      |                          |   |   |  |  |  |  |  |  |
| $\Big\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan   | ny Politio               | cal Action Committee                              |   |  |  |  |  |  |  |
| Α.            | Full Name of Individual (Last, First, Middle Initial<br>Dipp Metzger, Liz, , Ms.,<br>Mailing Address 5124 Thornton Street | ) or Full O              | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
|               | City  | State                    | Zip Code  | Transaction ID : PR355590818897   |  |  |  |  |  |  |
|               | El Paso   | ТХ                       | 79932-2541  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С                        |   | 250.00  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Agei             | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| В.            | Full Name of Individual (Last, First, Middle Initial Wang, Xinfang, , Ms.,  | ) or Full O              | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
|               | Mailing Address 340 E 64th Street Apt. 11H  |                          | M M / D D / Y Y Y Y<br>04 30 2018                 |   |  |  |  |  |  |  |
|               | City<br>New York  | State                    | Zip Code  | Transaction ID : PR355598718897   |  |  |  |  |  |  |
|               | New York FEC ID number of contributing  | NY                       | 10065-7519  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|               | federal political committee.  | С                        |   | 91.34   |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Age              | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                | Year-to-Date ▼<br>365.36                          | P/R Deduction (\$91.34 Monthly)   |  |  |  |  |  |  |
| C.            | Full Name of Individual (Last, First, Middle Initial Dries, Brett J., , Mr.,  | ) or Full Oi             | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
|               | Mailing Address 25 Calthrop Drive   |                          |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
|               | City<br>Bridgewater   | State<br>MA              | Zip Code<br>02324-2892                            | Transaction ID : PR357658718897   |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | C                        |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|               |   |                          | upation (for Individual)<br>aging Partner         | Memo Item   |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify)  | Year-to-Date ▼<br>450.00 | P/R Deduction (\$50.00 Bi-Weekly)                 |   |  |  |  |  |  |  |
| s             | UBTOTAL of Receipts This Page (optional)  |                          |   | 441.34  |  |  |  |  |  |  |
| т             | OTAL This Period (last page this line number onl  | ly)                      |   |   |  |  |  |  |  |  |

#### ta schadula(s) 1100

FOR LINE NUMBER:

PAGE 80 OF

| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page | (check only one)   |  |  |  |  |  |  |  |
|--|----------------------|---|--|--|--|--|--|--|--|--|
|  |                      |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor   | mpany Politi         | cal Action Committee                              |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Artery, Jeran B., , Mr.,<br>Mailing Address 209 W 1st Avenue | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |
| Walling Address 209 W TSLAVenue  |                      |   | 04 30 2018   |  |  |  |  |  |  |  |
| City   | State                | Zip Code  | Transaction ID : PR363811018897  |  |  |  |  |  |  |  |
| Cheyenne   | WY                   | 82001-1201  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                    |   | 150.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                  | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |
| New York Life Insurance Company  | Age                  | ent   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | Year-to-Date ▼<br>600.00                          | P/R Deduction (\$150.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Yin, Benjamin B., , Mr.,                                  | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 5012 Audley Lane   |                      |   | 04 30 2018   |  |  |  |  |  |  |  |
| City<br>Peachtree Corners  | State<br>GA          | Zip Code<br>30092-1787                            | Transaction ID : PR366451218897  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                    |   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age           | supation (for Individual)<br>ent                  | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Del Secolo, Michael L., , Mr.,                            | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 5 Passaic Court  |                      |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City<br>Marlboro   | State<br>NJ          | Zip Code<br>07746-2604                            | Transaction ID : PR371121418897  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                    | 01740-2004  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   |                      | upation (for Individual)<br>ior Vice President    | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   |                      | Year-to-Date ▼<br>562.50                          | P/R Deduction (\$62.50 Bi-Weekly)  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional   | l)                   |   | 525.00   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num   | ber only)            |   |  |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 81 OF

| ITEMIZED RECEIPTS |  |  | Use separate schedule(s)  | (chec                             | (check only one)  |              |           |            |               |         |     |  |
|-------------------|--|--|---|-----------------------------------|---|--------------|-----------|------------|---------------|---------|-----|--|
| 11                |  |  | for each category of the<br>Detailed Summary Page                     |                                   | 11a<br>13   |              | 11b<br>14 | 11c        |               | 2       | 17  |  |
| Ar<br>or          | y information copied from such Reports and S for commercial purposes, other than using the | tatements ma<br>name and a                           | ay not be sold or used by any po<br>ddress of any political committee | erson fo                          | r the   | pur<br>ntrib | pose of   | soliciting | g cont        | ributio | ons |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)  |  |   |                                   |   |              |           |            |               |         |     |  |
|                   | New York Life Insurance Compa  | any Politi   | cal Action Committee  |                                   |   |              |           |            |               |         |     |  |
| Α.                | Full Name of Individual (Last, First, Middle Init<br>Brill, Elizabeth, , Ms.,              | ial) or Full O                                       | rganization Name  | Da                                | Date of Receipt   |              |           |            |               |         |     |  |
|                   | Mailing Address 61 Stuart Place  |  |   |                                   | 04  | 1            | 30        | / Y        | Y<br>201      | 18      |     |  |
|                   | City<br>Manhasset  | State<br>NY  | Zip Code<br>11030-2619  |                                   | Transaction ID : PR371122818897<br>Amount of Each Receipt this Period |              |           |            |               |         |     |  |
|                   | FEC ID number of contributing federal political committee.                                 | С  |   |                                   |   |              |           |            |               | 50.00   | )   |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       |  | upation (for Individual)<br>President & Actuary                       |                                   | M   | emc          | tem       |            |               |         |     |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate  | Year-to-Date ▼<br>225.00  | P/F                               | Ded   | uctio        | on (\$25. | 00 Bi-W    | eekly)        |         |     |  |
| в.                | Full Name of Individual (Last, First, Middle Init<br>Cook, Alexander I., , Mr.,            | ial) or Full O                                       | rganization Name  | Da                                | ate of  | Re           | eceipt    |            |               |         |     |  |
|                   | Mailing Address 1510 Lexington Avenue<br>PH  |  |   |                                   | 04  | /            | 30        | / Y        | 201           | 8       |     |  |
|                   | City<br>New York   | State<br>NY  | Zip Code<br>10029-7149  |                                   |   |              |           | PR3715     |               |         |     |  |
|                   | FEC ID number of contributing federal political committee.                                 | С  | Ar  | nount                             | OT  | Each R       | eceipt th | iis Pe     | riod<br>76.94 | 1       |     |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       | Occupation (for Individual)<br>Senior Vice President |   |                                   |   | Memo Item    |           |            |               |         |     |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate  | Year-to-Date ▼<br>264.35  | P/R                               | Ded   | uctio        | on (\$38. | 47 Bi-We   | eekly)        |         |     |  |
| с.                | Full Name of Individual (Last, First, Middle Init<br>Brady, Jr., Alphonso, , Mr.,          | ial) or Full O                                       | rganization Name  | Da                                | ate of  | Re           | eceipt    |            |               |         |     |  |
|                   | Mailing Address 6055 Lakeside Commons Driv<br>Suite 300<br>City                            | State  | Zip Code  | 4 6                               | 04  | <b>'</b>     | 30        | PR3715     | 201           | 8       |     |  |
|                   | Macon  | GA   | 31210-5791  |                                   |   |              |           | eceipt th  |               |         |     |  |
|                   | FEC ID number of contributing federal political committee.                                 | С  |   |                                   |   |              | , .       | , <u>,</u> |               | 84.92   | 2   |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       |  | upation (for Individual)<br>aging Partner                             |                                   | M   | emo          | tem       |            |               |         |     |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Year-to-Date ▼<br>382.14  | P/R Deduction (\$42.46 Bi-Weekly) |   |              |           |            |               |         |     |  |
|                   | UBTOTAL of Receipts This Page (optional)   |  |   |                                   | -   | _            | , .       |            | 2             | 211.86  | ;   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 82 OF

|  | EMIZED RECEIPTS  |   | for each category of the   | ×                                 | 11a                              |              | ] [       |                      |           |        | (check only one) |  |  |  |  |  |  |  |
|--|--|---|--|-----------------------------------|----------------------------------|--------------|-----------|----------------------|-----------|--------|------------------|--|--|--|--|--|--|--|
| <u> </u>   |  |   | Detailed Summary Page  |                                   | 13                               |              | 11b<br>14 | 11c                  |           | г      | 17               |  |  |  |  |  |  |  |
| An<br>or   | y information copied from such Reports and S for commercial purposes, other than using the | tatements ma<br>name and ad                     | y not be sold or used by any pe<br>ddress of any political committee | erson for the sol                 | or the                           | pur<br>ntrib | pose of   | soliciting           | g contr   | ibutic | ns               |  |  |  |  |  |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)  |   |  |                                   |                                  |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
|  | New York Life Insurance Compa  | any Politio                                     | cal Action Committee   |                                   |                                  |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Init<br>Castellani, David J., , Mr.,          | tial) or Full O                                 | ial) or Full Organization Name                                       |                                   |                                  |              |           | Date of Receipt      |           |        |                  |  |  |  |  |  |  |  |
|  | Mailing Address 11 Turkey Hill Rd., S  |   |  |                                   | 04 / D D / Y Y Y Y<br>04 30 2018 |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
|  | City<br>Westport   | State<br>CT                                     | Zip Code<br>06880-5517   | A                                 |                                  |              |           | PR3721               |           |        |                  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee. |  |   |  |                                   | _                                |              |           | -                    |           | 76.94  |                  |  |  |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                       |   | pation (for Individual)<br>or Vice President                         |                                   | М                                | emo          | ) Item    |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                                       | Year-to-Date ▼<br>346.23   | P/                                | R Ded                            | ucti         | on (\$38. | .47 Bi-We            | eekly)    |        |                  |  |  |  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Init<br>Godwin, Jacob M., , Mr.,              | tial) or Full Oi                                | ganization Name  |                                   |                                  |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Mailing Address 5511 Vista Way   |   |  |                                   | Date of<br>M M                   | /            | 30        | ) / Y                | 2018      |        | 1                |  |  |  |  |  |  |  |
|  | City   | State   | Zip Code   |                                   | Trans                            | acti         | ion ID :  | PR37218              | 869188    | 397    |                  |  |  |  |  |  |  |  |
|  | Casper   | WY  | 82601-6908   | A                                 | moun                             | t of         | Each R    | Receipt th           | nis Per   | iod    |                  |  |  |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                 | С   | 115.38   |                                   |                                  |              |           |                      |           | ;      |                  |  |  |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                       | Occupation (for Individual)<br>Managing Partner |  |                                   |                                  | Memo Item    |           |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                                       | Year-to-Date ▼<br>, 519.21   | P/R Deduction (\$57.69 Bi-Weekly) |                                  |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Init<br>Koenig, Travis L., , Mr.,             | tial) or Full O                                 | ganization Name  |                                   | Date o                           | f Re         | eceipt    |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Mailing Address 6870 W Tombstone Way   |   |  |                                   | <sup>M</sup> 04                  | 1            | 30        |                      | ۲<br>2018 |        | ]                |  |  |  |  |  |  |  |
|  | City<br>Tucson   | State<br>AZ                                     | Zip Code<br>85743-1055   |                                   |                                  |              |           | PR3730<br>Receipt th |           |        |                  |  |  |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                 | С   |  |                                   | anoun                            |              |           |                      |           | 58.33  | ;                |  |  |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                       | Occu<br>Ager                                    | ipation (for Individual)<br>It                                       |                                   | М                                | emo          | tem       |                      |           |        |                  |  |  |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                       | Year-to-Date ▼<br>233.32   | P/R Deduction (\$58.33 Monthly)   |                                  |              |           |                      |           |        |                  |  |  |  |  |  |  |  |
| ⊢  | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o |   |  |                                   | -                                |              | y .       | y                    | 2         | 50.65  | -                |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 83 OF

|  |   | Use separate schedule(s)  | (check                             | (check only one)                 |                          |                                 |                        |                   |  |  |  |
|--|---|---|------------------------------------|----------------------------------|--------------------------|---------------------------------|------------------------|-------------------|--|--|--|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page | <b>X</b> 11   | _                                  | 11b                              | 11c                      | 12                              | 47                     |                   |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the | Statements ma                                     | l<br>ay not be sold or used by any p<br>ddress of any political committer | erson for t<br>e to solicit        | he pu                            | 14<br>rpose o<br>butions | 15<br>f soliciting<br>from suct | 16<br>contribut        | 17<br>ions<br>ee. |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |   |                                    |                                  |                          |                                 |                        |                   |  |  |  |
| New York Life Insurance Com  | pany Politi                                       | cal Action Committee  |                                    |                                  |                          |                                 |                        |                   |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Reeves, Susan K., , Ms.,                       | nitial) or Full C                                 | rganization Name  | Date                               | e of R                           | eceipt                   |                                 |                        |                   |  |  |  |
| Mailing Address 21482 Montbury Drive   |   |   |                                    | м<br>4                           | / D<br>30                |                                 | y y<br>2018            | Ŷ                 |  |  |  |
| City<br>Lake Forest  | State<br>CA                                       | Zip Code<br>92630-6551  |                                    |                                  |                          | <b>PR3761</b><br>Receipt th     |                        |                   |  |  |  |
| FEC ID number of contributing federal political committee.                                       | С   |   |                                    |                                  |                          |                                 | 60.0                   | 00                |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                             | upation (for Individual)<br>Int                   |   | Mem                                | io Item                          |                          |                                 |                        |                   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>240.00  | P/R [                              | Deduc                            | tion (\$60               | ).00 Month                      | nly)                   |                   |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Tucker, Charles A., , Mr.,                  | nitial) or Full C                                 | rganization Name  | Date                               | e of R                           | leceipt                  |                                 |                        |                   |  |  |  |
| Mailing Address 6113 E Laurel Lane   |   |   | M<br>14                            | / D<br>30                        |                          | y y<br>2018                     | Y                      |                   |  |  |  |
| City   | State<br>AZ                                       | Zip Code  |                                    |                                  |                          | PR38327                         |                        |                   |  |  |  |
| Scottsdale   | <b>^</b>  | 85254-4960  | Amo                                | ount o                           | ⊺ ⊨ach I                 | Receipt th                      | us Period              | _                 |  |  |  |
| FEC ID number of contributing federal political committee.                                       | С   | С   |                                    |                                  | 150.00                   |                                 |                        |                   |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                             | Occ<br>Age  | upation (for Individual)<br>ent   |                                    | Merr                             | io Item                  |                                 |                        |                   |  |  |  |
| Receipt For:   | Aggregate   | Year-to-Date ▼  |                                    |                                  |                          |                                 |                        |                   |  |  |  |
| Other (specify) ▼  |   | 600.00  | P/R D                              | P/R Deduction (\$150.00 Monthly) |                          |                                 |                        |                   |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Craig, Brian J., , Mr.,                        | nitial) or Full C                                 | rganization Name  | Date                               | e of R                           | eceipt                   |                                 |                        |                   |  |  |  |
| Mailing Address 5825 Autumnwood Drive  | 01-1-   | 7. 0.4  | (                                  | )4                               | 30                       | )                               | 2018                   | Y                 |  |  |  |
| City<br>Billings   | State<br>MT                                       | Zip Code<br>59106-9707  |                                    |                                  |                          | Receipt th                      | 10118897<br>iis Period |                   |  |  |  |
| FEC ID number of contributing federal political committee.                                       | С   |   |                                    |                                  | y                        | , <u>,</u>                      | 230.7                  | 78                |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                             |   | upation (for Individual)<br>aging Partner                                 |                                    | Merr                             | no Item                  |                                 |                        |                   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>884.63  | P/R Deduction (\$115.39 Bi-Weekly) |                                  |                          |                                 |                        |                   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   |   |                                    |                                  | ,                        | . ,                             | 440.7                  | 78                |  |  |  |
| TOTAL This Period (last page this line numbe   | er only)  |   |                                    |                                  | 45                       |                                 |                        |                   |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 84 OF

| IT | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page            | X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |  |  |  |
|----|--|--------------|--|---|--|--|--|--|--|--|
|    | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                 |              |  | son for the purpose of soliciting contributions   |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politi    | ical Action Committee  |   |  |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Hendry, Thomas A., , Mr.,<br>Mailing Address 1 Cooks Corner | l) or Full O | Organization Name  | Date of Receipt   |  |  |  |  |  |  |
|    | City   | State        | Zip Code   | 04 30 2018<br>Transaction ID : PR397841818897   |  |  |  |  |  |  |
|    | Plainsboro   | NJ           | 08536-2557   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С            |  | 76.94   |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   |              | cupation (for Individual)<br>nior Vice President & Treasurer | Memo Item   |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | e Year-to-Date ▼<br>307.76                                   | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |
| в. | Full Name of Individual (Last, First, Middle Initia<br>Silvestri, Piero V., , Mr.,                                 | l) or Full O | Organization Name  | Date of Receipt   |  |  |  |  |  |  |
|    | Mailing Address 808 Preston Road   | 1-           |  | 04 / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
|    | City<br>East Meadow  | State<br>NY  | Zip Code<br>11554-4530                                       | Transaction ID : PR40018897<br>Amount of Each Receipt this Period                       |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С            |  |   |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ          | cupation (for Individual)<br>Jent                            | Memo Item   |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | e Year-to-Date ▼<br>400.00                                   | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initia<br>Walsh, Simon, , Mr.,  | l) or Full O | Organization Name  | Date of Receipt   |  |  |  |  |  |  |
|    | Mailing Address 11 North Court   | 1            |  | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
|    | City<br>Port Washington  | State<br>NY  | Zip Code<br>11050-3401                                       | Transaction ID : PR401290118897           Amount of Each Receipt this Period            |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С            |  | 76.94   |  |  |  |  |  |  |
|    |  |              | cupation (for Individual)<br>e President                     | Memo Item   |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | e Year-to-Date ▼<br>346.23                                   | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |              | <b>&gt;</b>  | 253.88  |  |  |  |  |  |  |
| т  | OTAL This Period (last page this line number on  | ly)          | •  |   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 85 OF

|  |                    | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |
|--|--------------------|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 17                                |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using   |                    |   | person for the purpose of soliciting contributions                       |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                     | ipany Politi       | cal Action Committee                              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Donnelly, Kathleen A., , Ms.,                  | Initial) or Full C | organization Name                                 | Date of Receipt  |  |  |  |  |  |
| Mailing Address 47 Southview Circle  |                    |   | 04 30 2018   |  |  |  |  |  |
| City<br>Lake Grove   | State<br>NY        | Zip Code<br>11755-2244                            | Transaction ID : PR41018897           Amount of Each Receipt this Period |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | upation (for Individual)<br>e President           | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>653.91                          | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B. Killian, Jeffrey P.</b> , , <b>Mr</b> ., | Initial) or Full C | organization Name                                 | Date of Receipt  |  |  |  |  |  |
| Mailing Address 3612 Haynie Avenue<br>1306   |                    |   | 04 / D / Y Y Y Y<br>2018   |  |  |  |  |  |
| City<br>Dallas   | State<br>TX        | Zip Code<br>75205-1204                            | Transaction ID : PR416071618897<br>Amount of Each Receipt this Period    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | upation (for Individual)<br>e President           | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>346,23                          | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>. Nesle, Heather, , Ms.,                       | Initial) or Full C | organization Name                                 | Date of Receipt  |  |  |  |  |  |
| Mailing Address 115 West 86 Street<br>Apt. 14C<br>City   | State              | Zip Code  | 04 30 2018   |  |  |  |  |  |
| New York   | NY                 | 10024-3410  | Transaction ID : PR416074918897 Amount of Each Receipt this Period       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   | 50.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | upation (for Individual)<br>President             | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>219.24                          | P/R Deduction (\$25.00 Bi-Weekly)  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 203.88   |  |  |  |  |  |
| TOTAL This Period (last page this line number  | er only)           |   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 86 OF

| ITEMIZED RECEIPTS  |                       | for each category of the<br>Detailed Summary Page                     | K       11a       11b       11c       12         13       14       15       16       17              |
|--|-----------------------|---|--|
| Any information copied from such Reports a<br>or for commercial purposes, other than usin                        | and Statements m      | ay not be sold or used by any p<br>address of any political committee | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co  | mpany Politi          | ical Action Committee   |  |
| Full Name of Individual (Last, First, Midd<br>Embree, Kelley S., , Ms.,<br>Mailing Address 9716 Timbermill Court | le Initial) or Full C | Organization Name   | Date of Receipt  |
|  |                       |   | 04 30 2018   |
| City<br>Montgomery   | State<br>AL           | Zip Code<br>36117-5197  | Transaction ID : PR419968618897  |
| FEC ID number of contributing federal political committee.   | С                     |   | Amount of Each Receipt this Period 76.94   |
| Name of Employer (for Individual)  | Occ                   | upation (for Individual)  | Memo Item  |
| New York Life Insurance Company  | Mai                   | naging Partner  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date ▼<br>346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |
| Full Name of Individual (Last, First, Midd<br>B. Lamarque, Natalie, , Ms.,                                       | le Initial) or Full C | Organization Name   | Date of Receipt  |
| Mailing Address 131 Decatur Street   |                       |   | 04 30 2018   |
| City   | State                 | Zip Code  | Transaction ID : PR421344518897  |
| Brooklyn   | NY                    | 11216-2513  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C                     |   | 76.94  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   |                       | cupation (for Individual)<br>e President                              | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date ▼<br>, 307.76  | P/R Deduction (\$38.47 Bi-Weekly)  |
| Full Name of Individual (Last, First, Midd<br>C. Reed, Eric, , Mr.,  | le Initial) or Full C | Organization Name   | Date of Receipt  |
| Mailing Address 9613 Peach Tree Lane   |                       |   | 04 / D D / Y Y Y Y Y<br>2018   |
| City<br>Rowlett  | State<br>TX           | Zip Code<br>75089-8504  | Transaction ID : PR423533018897  |
| FEC ID number of contributing federal political committee.   | C                     |   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age            | upation (for Individual)<br>ent                                       | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate             | Year-to-Date ▼<br>500.00  | P/R Deduction (\$125.00 Monthly)   |
| SUBTOTAL of Receipts This Page (optional   | al)                   |   | 278.88   |
| TOTAL This Period (last page this line nur   | nber only)            |   |  |

FOR LINE NUMBER:

PAGE 87 OF

| IT | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page | (check only one)  |
|----|---|-----------------|---|---|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                         |                 |   | erson for the purpose of soliciting contributions   |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa  | ny Politic      | al Action Committee                               |   |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Clancy, Timothy G., , Mr.,<br>Mailing Address 965 N Third Avenue | al) or Full Or  | ganization Name                                   | Date of Receipt   |
|    | City<br>Saint Charles   | State<br>IL     | Zip Code<br>60174-1217                            | 04     30     2018       Transaction ID : PR424782118897       Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | С               |   | 76.94   |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company<br>Receipt For:                                    | Direc           |   | Memo Item   |
|    | Primary General<br>Other (specify) ▼  | Aggregate Y     | /ear-to-Date ▼<br>346.23                          | P/R Deduction (\$38.47 Bi-Weekly)   |
| в. | Full Name of Individual (Last, First, Middle Initia<br>Williamson, Casey D., , Mr.,                                     | al) or Full Org | ganization Name                                   | Date of Receipt   |
|    | Mailing Address 868 Ga Highway 125 S  | State           | Zip Code  | 04 / 0 D D / Y Y Y Y<br>2018  |
|    | Tifton  | GA              | 31794-9023  | Transaction ID : PR431274118897<br>Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | С               |   | 100.00  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Ager    | pation (for Individual)<br>nt                     | Memo Item   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Y     | /ear-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |
| с. | Full Name of Individual (Last, First, Middle Initia<br>McKenna, Micaela M., , Ms.,                                      | al) or Full Org | ganization Name                                   | Date of Receipt   |
|    | Mailing Address 20 Morgan Creek Lane  | Ototo           | Zin Oode  | 04 / D D / Y Y Y Y<br>30 / 2018   |
|    | City<br>Bozeman   | State<br>MT     | Zip Code<br>59718-6601                            | Transaction ID : PR436107718897 Amount of Each Receipt this Period                                |
|    | FEC ID number of contributing federal political committee.  | С               |   | 115.00  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occuj<br>Agent  | pation (for Individual)<br>t                      | Memo Item   |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y     | /ear-to-Date ▼<br>386.67                          | P/R Deduction (\$115.00 Monthly)  |
| F  | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o                              |                 | · · · · · · · · · · · · · · · · · · ·             | 291.94  |

FOR LINE NUMBER: PAGE 88 OF 186

| ITEMIZED          | D RECEIPTS  |             | fc    | lse separate schedule(s)<br>or each category of the<br>betailed Summary Page | ` | eck onl<br>11a<br>13 | y on   | e)<br>11b<br>14        | $\vdash$ | 1c<br>15 | 1:        |       | 17 |
|-------------------|---|-------------|-------|--|---|----------------------|--------|------------------------|----------|----------|-----------|-------|----|
|                   | on copied from such Reports and Stat<br>rcial purposes, other than using the na |             |       |  |   |                      |        |                        |          |          |           |       |    |
| 1                 | COMMITTEE (In Full)<br>ork Life Insurance Compan                                | ny Politi   | cal   | Action Committee   |   |                      |        |                        |          |          |           |       |    |
|                   | of Individual (Last, First, Middle Initial ames N., , Mr.,                      | ) or Full O | Organ | ization Name   |   | Date o               | f Re   | ceipt                  |          |          |           |       |    |
|                   | dress 9301 S Hoyne Avenue   | 0           |       | Zie Ocale  |   | м м<br>04            |        | 30                     | )        | Y        | 201       |       |    |
| City<br>Chicago   |   | State<br>IL |       | Zip Code<br>60643-6306   |   | Trans<br>Amoun       |        | <b>on ID</b><br>Each I |          |          |           |       |    |
|                   | umber of contributing<br>litical committee.                                     | С           |       |  |   |                      |        | <b>y</b>               |          | -        | -         | 00.00 |    |
|                   | Employer (for Individual)<br>Life Insurance Company                             | Occi<br>Age | •     | on (for Individual)  |   | М                    | emo    | Item                   |          |          |           |       |    |
| Receipt Fo        |   | Aggregate   | Year  | r-to-Date ▼<br>400.00  | P | 2/R Ded              | luctic | on (\$10               | 00.00    | Mont     | hly)      |       |    |
|                   | of Individual (Last, First, Middle Initial<br>ton, Scott T., , Mr.,             | ) or Full O | rgan  | ization Name   |   | Date o               | f Re   | ceipt                  |          |          |           |       |    |
| Mailing Ad        | dress 15 Oak Place  |             |       |  |   | м м<br>04            |        | D<br>30                |          | Y        | ۲<br>2018 |       |    |
| City<br>Bernardsv | ille  | State<br>NJ |       | Zip Code<br>07924-1806   |   | Trans<br>Amoun       |        | on ID :<br>Each I      |          |          |           |       |    |
| FEC ID nu         | imber of contributing itical committee.   | С           |       |  |   |                      |        | ,                      |          |          | -         | 50.00 |    |
|                   | Employer (for Individual)<br>Life Insurance Company                             |             | •     | ion (for Individual)<br>ng Director  |   | М                    | emo    | Item                   |          |          |           |       |    |
| Receipt Fo        |   | Aggregate   | Year  | r-to-Date ▼<br>225.00  | P | /R Ded               | uctio  | n (\$25                | 5.00 E   | 3i-Wee   | ekly)     |       |    |
|                   | of Individual (Last, First, Middle Initial<br>s, Kirk C., , Mr.,                | ) or Full O | Organ | ization Name   |   | Date o               | f Re   | ceipt                  |          |          |           |       |    |
|                   | dress 21 Benenson Drive   | 1           |       |  |   | <sup>M</sup> 04      |        | D<br>30                | )        | Y        | 2018      | 8     | ]  |
| City<br>Cos Cob   |   | State<br>CT |       | Zip Code<br>06807-1401   |   | Trans<br>Amoun       |        | <b>on ID</b><br>Each I |          |          |           |       |    |
|                   | umber of contributing<br>itical committee.                                      | С           |       |  |   |                      |        | ,                      |          | ,        |           | 18.00 |    |
| New York          | Employer (for Individual)<br>Life Insurance Company                             |             | •     | on (for Individual)<br>lanaging Director                                     |   | М                    | emo    | ltem                   |          |          |           |       |    |
| Receipt Fo        |   | Aggregate   | Year  | r-to-Date ▼<br>491.24  | F | P/R Dec              | luctio | on (\$59               | 9.00 I   | Bi-We    | ekly)     |       |    |
| SUBTOTAL          | of Receipts This Page (optional)  |             |       | •  |   |                      |        | ,                      |          | 9        | 2         | 68.00 |    |
| TOTAL This        | Period (last page this line number onl  | ly)         |       | ····· ►  |   |                      |        | ,                      |          |          |           | -     |    |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 89 OF

| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         17 |
|--|-------------------|---|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                   |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                                 |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                     | pany Polit        | ical Action Committee                             |  |
| Full Name of Individual (Last, First, Middle I<br>A. Laskar, David, , Mr.,                     | nitial) or Full ( | Drganization Name                                 | Date of Receipt  |
| Mailing Address 1017 Bergen Boulevard  |                   |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City   | State             | Zip Code  | Transaction ID : PR440888218897  |
| Fort Lee   | NJ                | 07024-1503  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 46.20  |
| Name of Employer (for Individual)  | Occ               | cupation (for Individual)                         | Memo Item  |
| New York Life Insurance Company  | Dire              | ector   | -  |
| Receipt For:   | Aggregate         | Year-to-Date V                                    |  |
| Primary General<br>Other (specify) ▼   |                   | 207.90  | P/R Deduction (\$23.10 Bi-Weekly)  |
| Full Name of Individual (Last, First, Middle I<br>B. Meigs, Bradford L., , Mr.,                | nitial) or Full ( | Drganization Name                                 | Date of Receipt  |
| Mailing Address 3 Harvest Lane   |                   |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City   | State             | Zip Code  | Transaction ID : PR4418897   |
| Hingham  | MA                | 02043-4233  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 60.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                   | cupation (for Individual)<br>ent                  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>240.00                          | P/R Deduction (\$60.00 Monthly)  |
| Full Name of Individual (Last, First, Middle I<br><b>Heine, Kevin J., , Mr.,</b>               | nitial) or Full ( | Drganization Name                                 | Date of Receipt  |
| Mailing Address 32 Craig Place   |                   |   | 04 / D D / Y Y Y Y Y<br>2018   |
| City   | State             | Zip Code  | Transaction ID : PR446314218897  |
| Cranford   | NJ                | 07016-2307  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | С                 |   | 140.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                   | cupation (for Individual)<br>nor Vice President   | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>620.00                          | P/R Deduction (\$70.00 Bi-Weekly)  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   | 246.20   |
| TOTAL This Period (last page this line number  | er only)          |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 90 OF

| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                    | X     11a     11b     11c     12       13     14     15     16     17                                 |
|---|---|--|---|
| Any information copied from such Report<br>or for commercial purposes, other than u | ts and Statements mains and a statement and a | ay not be sold or used by any p<br>address of any political committe | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance (                            | Company Politi                                | cal Action Committee   |   |
| Full Name of Individual (Last, First, M<br>A. Forman, Craig A., , Mr.,              |   | rganization Name   | Date of Receipt   |
| Mailing Address 13430 Stonegate Roa   | ad  |  | 04 30 2018  |
| City  | State   | Zip Code   | Transaction ID : PR4486618897   |
| Midlothian  | VA  | 23113-3963   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                          | C   |  | 19.24   |
| Name of Employer (for Individual)   | Occ   | upation (for Individual)   | Memo Item   |
| New York Life Insurance Company   | Mar   | naging Partner   |   |
| Receipt For:  | Aggregate                                     | Year-to-Date V   |   |
| Other (specify) ▼   |   | 248.10   | P/R Deduction (\$9.62 Bi-Weekly)  |
| Full Name of Individual (Last, First, M<br>B. Simonetti, Richard P., , Mr.,         | iddle Initial) or Full C                      | organization Name  | Date of Receipt   |
| Mailing Address 24 Red Oak Lane   | 1   |  | 04 / D D / Y Y Y Y Y<br>04 30 2018  |
| City  | State   | Zip Code   | Transaction ID : PR4486818897   |
| Cortlandt Manor   | NY  | 10567-6139   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                          | С   |  | 230.78  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                |   | upation (for Individual)<br>naging Partner                           | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                | Aggregate                                     | Year-to-Date ▼<br>1038.51  | P/R Deduction (\$115.39 Bi-Weekly)  |
| Full Name of Individual (Last, First, M<br>C. Fass, Darin, , Mr.,                   | iddle Initial) or Full C                      | organization Name  | Date of Receipt   |
| Mailing Address 20 Latour Manor   |   |  | 04 / D D / Y Y Y Y<br>2018  |
| City  | State<br>NY                                   | Zip Code   | Transaction ID : PR4487318897   |
| Fairport  |   | 14450-4637   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                          | C   |  | 230.78  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                |   | upation (for Individual)<br>aging Partner                            | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                  | I   | Year-to-Date ▼<br>1038.51  | P/R Deduction (\$115.39 Bi-Weekly)  |
| SUBTOTAL of Receipts This Page (opti  | onal)   |  | 480.80  |
| TOTAL This Period (last page this line i  | number only)                                  |  |   |

FOR LINE NUMBER:

PAGE 91 OF

|  | -   | Use separate schedule(s)                           |            |                 | (check only one) |          |             |                             |    |  |
|--|---|--|------------|-----------------|------------------|----------|-------------|-----------------------------|----|--|
| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page  | <b>X</b> 1 | - F             | 11               |          | 11c         | 12                          |    |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using |   |  |            | the p           |                  | se of s  |             |                             |    |  |
| NAME OF COMMITTEE (In Full)  |   |  |            |                 |                  |          |             |                             |    |  |
| New York Life Insurance Corr   | pany Politi                                     | cal Action Committee                               |            |                 |                  |          |             |                             |    |  |
| Full Name of Individual (Last, First, Middle Kramer, Steven J., , Mr.,                       | Initial) or Full C                              | rganization Name                                   | Dat        | te of I         | Recei            | ipt      |             |                             |    |  |
| Mailing Address 7054 Trysail Circle  |   |  |            | 04              | /                | D D D 30 | / Y         | Y Y<br>2018                 | Y  |  |
| City<br>_Tampa   | State<br>FL                                     | Zip Code<br>33607-5846                             |            |                 |                  |          | R44874      | 18897<br>is Period          |    |  |
| FEC ID number of contributing federal political committee.                                   | C   |  |            | _               | -7-              |          | -           | 50.0                        | 00 |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |   | upation (for Individual)<br>naging Partner         |            | Mer             | no Ite           | em       |             |                             |    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                       | Year-to-Date ▼<br>225.00                           | P/R        | Deduo           | ction            | (\$25.0  | 0 Bi-We     | ekly)                       |    |  |
| Full Name of Individual (Last, First, Middle<br>B. Grub, William, , Mr.,                     | Initial) or Full C                              | rganization Name                                   | Dat        | te of I         | Recei            | ipt      |             |                             |    |  |
| Mailing Address 20 Preserve Island Circle  |   |  | м<br>04    | /               | 30               | / Y      | y y<br>2018 | Y                           |    |  |
| City<br>Ponte Vedra Beach  | State<br>FL                                     | Zip Code<br>32082-4653                             |            |                 |                  |          | R44875      |                             |    |  |
| FEC ID number of contributing federal political committee.                                   | С   |  |            | ount            |                  |          |             | is Period<br>230.           | 78 |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occupation (for Individual)<br>Managing Partner |  |            | Mer             | no Ite           | em       |             |                             |    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                       | Year-to-Date ▼<br>1038.51                          | P/R        | Deduc           | ction (          | (\$115.  | 39 Bi-W     | eekly)                      |    |  |
| Full Name of Individual (Last, First, Middle<br>C. Hodgkiss, Robert A., , Mr.,               | Initial) or Full C                              | rganization Name                                   | Dat        | te of I         | Recei            | ipt      |             |                             |    |  |
| Mailing Address 1017 Summit View Lane  |   |  |            | 04 <sup>M</sup> | /                | 30       | / Y         | y y<br>2018                 | Y  |  |
| City<br>Alpharetta   | State<br>GA                                     | Zip Code<br>30004-5888                             |            |                 |                  |          | PR44891     | 1 <b>18897</b><br>is Period |    |  |
| FEC ID number of contributing federal political committee.                                   | С   |  |            | _               | y                |          | 9           | 230.                        | 78 |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |   | Occupation (for Individual)<br>Zone Vice President |            |                 |                  | em       |             |                             |    |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                       | Year-to-Date ▼<br>1038.51                          | P/R        | Dedu            | ction            | (\$115   | .39 Bi-W    | /eekly)                     |    |  |
| SUBTOTAL of Receipts This Page (optional)  |   |  |            |                 | ,                |          | ,           | 511.                        | 56 |  |
| TOTAL This Period (last page this line numb  | er only)  |  |            |                 | -1-              |          |             |                             |    |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 92 OF

| IT        | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
|-----------|---|--------------|---|--|
|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |              |   | erson for the purpose of soliciting contributions      |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politio   | cal Action Committee                              |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial Kay, George, , Mr.,                            | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|           | Mailing Address 300 Ivy Springs Court   | 1 -          |   | 04 / D D / Y Y Y Y<br>2018                             |
|           | City  | State<br>NC  | Zip Code  | Transaction ID : PR4489218897                          |
|           | Waxhaw  |              | 28173-7455  | Amount of Each Receipt this Period                     |
|           | FEC ID number of contributing federal political committee.  | С            |   | 76.93  |
|           | Name of Employer (for Individual)   | Occu         | pation (for Individual)                           | Memo Item  |
|           | New York Life Insurance Company   | Seni         | or Partner  |  |
|           | Receipt For:  | Aggregate    | Year-to-Date 🔻                                    |  |
|           | Primary General   |              | 045.44  | P/R Deduction (\$76.93 Bi-Weekly)                      |
|           | Other (specify) <b>v</b>  |              | 615.44  |  |
| в.        | Full Name of Individual (Last, First, Middle Initial Madgett, Mark J., , Mr.,                       | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|           | Mailing Address 5 Renaissance Square<br>Apt. 12A  |              |   | 04 / D D / Y Y Y Y<br>04 30 2018                       |
|           | City  | State        | Zip Code  | Transaction ID : PR4489518897                          |
|           | White Plains  | NY           | 10601-3044  | Amount of Each Receipt this Period                     |
|           | FEC ID number of contributing federal political committee.  | С            |   | 230.78   |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |              | upation (for Individual)<br>& Head of Agency      | Memo Item  |
|           | Receipt For:  | Aggregate    | Year-to-Date ▼                                    |  |
|           | Primary General<br>Other (specify) ▼  |              | , 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)                     |
| C.        | Full Name of Individual (Last, First, Middle Initial McKinney, Jerry B., , Mr.,                     | ) or Full Oi | rganization Name                                  | Date of Receipt  |
|           | Mailing Address 6038 Whispering Lakes Drive   |              |   | M M / D D / Y Y Y Y<br>04 30 2018                      |
|           | City  | State        | Zip Code  | Transaction ID : PR4489618897                          |
|           | Katy  | TX           | 77493-2282  | Amount of Each Receipt this Period                     |
|           | FEC ID number of contributing federal political committee.  | С            |   | 230.78   |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |              | ipation (for Individual)<br>or Partner            | Memo Item  |
|           | Descipt For:  |              | Year-to-Date ▼                                    | —  |
|           | Primary General<br>Other (specify)  |              | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)                     |
| s         | UBTOTAL of Receipts This Page (optional)  |              |   | 538.49   |
| т         | OTAL This Period (last page this line number on   | ly)          |   |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 93 OF

| ITEMIZ                   | ED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page                    | (check only one)       ×     11a       11b     11c       12       13     14       15     16       17 |
|--------------------------|--|--------------------------|--|--|
| Any inform<br>or for com | nation copied from such Reports and Sta<br>imercial purposes, other than using the n | tements ma<br>ame and ac | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.      |
|                          | of COMMITTEE (In Full)<br>York Life Insurance Compar                                 | ny Politio               | cal Action Committee   |  |
|                          | me of Individual (Last, First, Middle Initia<br>al, Roland, , Mr.,                   | l) or Full Or            | rganization Name   | Date of Receipt  |
| Mailing                  | Address 47-422 Lulani Street   |                          |  | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City                     |  | State                    | Zip Code   | Transaction ID : PR4489718897  |
| Kaneol                   | he   | HI                       | 96744-4717   | Amount of Each Receipt this Period   |
|                          | number of contributing political committee.  | С                        |  | 153.86   |
| Name of                  | of Employer (for Individual)   | Occu                     | pation (for Individual)  | Memo Item  |
|                          | ork Life Insurance Company   |                          | aging Partner  |  |
| Receipt                  | For:   |                          | Year-to-Date ▼   |  |
|                          | rimary General<br>Other (specify) <b>v</b>   |                          | 692.37   | P/R Deduction (\$76.93 Bi-Weekly)  |
|                          | me of Individual (Last, First, Middle Initia<br>ell, Joyce B., , Ms.,                | l) or Full Or            | rganization Name   | Date of Receipt  |
|                          | Address 1006 Parcus Road   |                          |  | 04 30 2018   |
| City                     |  | State                    | Zip Code   | Transaction ID : PR4489818897  |
| Huntsv                   | ille   | AL                       | 35803-2348   | Amount of Each Receipt this Period   |
|                          | number of contributing political committee.  | С                        |  | 50.00  |
|                          | of Employer (for Individual)<br>ork Life Insurance Company                           |                          | upation (for Individual)<br>ior Associate                            | Memo Item  |
| Receipt                  |  | Aggregate `              | Year-to-Date 🔻   |  |
|                          | rimary General<br>Other (specify) ▼  |                          | , 225.00   | P/R Deduction (\$25.00 Bi-Weekly)  |
| C. Scov                  | me of Individual (Last, First, Middle Initia<br>/el, Michael F., , Mr.,              | l) or Full Or            | rganization Name   | Date of Receipt  |
|                          | Address 22 Stonebriar Way  |                          |  | 04 / D D / Y Y Y Y<br>04 30 2018   |
| City                     |  | State<br>TX              | Zip Code   | Transaction ID : PR4490018897  |
| Frisco                   |  |                          | 75034-5941   | Amount of Each Receipt this Period   |
|                          | number of contributing political committee.  | С                        |  | 230.76   |
| Name of                  | of Employer (for Individual)   | Occu                     | pation (for Individual)  | Memo Item  |
|                          | ork Life Insurance Company   | Mana                     | aging Partner  |  |
| Receipt                  |  | Aggregate `              | Year-to-Date 🔻   |  |
|                          | rimary General<br>Other (specify)  |                          | 1038.42  | P/R Deduction (\$115.38 Bi-Weekly)   |
| SUBTOT                   | AL of Receipts This Page (optional)  |                          |  | 434.62   |
| TOTAL T                  | his Period (last page this line number on  | ly)                      |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 94 OF

| ITEMIZED RECEIPTS   |                               | for each category of the<br>Detailed Summary Page                     | K       11a       11b       11c       12         13       14       15       16       17              |
|---|-------------------------------|---|--|
| Any information copied from such Reports an<br>or for commercial purposes, other than using | d Statements mathematic and a | ay not be sold or used by any p<br>address of any political committee | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Con                                  | npany Politi                  | ical Action Committee   |  |
| Full Name of Individual (Last, First, Middle<br>A. Daya, Mehmood N., , Mr.,                 | e Initial) or Full C          | Organization Name   | Date of Receipt  |
| Mailing Address 22106 Grand Cove Court  |                               |   | 04 30 / Y Y Y Y Y<br>04 30 2018  |
| City  | State                         | Zip Code  | Transaction ID : PR4490518897  |
| Katy  | ТХ                            | 77450-8097  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | С                             |   | 76.94  |
| Name of Employer (for Individual)   | Occ                           | upation (for Individual)  | Memo Item  |
| New York Life Insurance Company   | Ser                           | nior Partner  |  |
| Receipt For:  | Aggregate                     | Year-to-Date V  |  |
| Primary General<br>Other (specify) ▼  |                               | 346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |
| Full Name of Individual (Last, First, Middle<br>B. Williamson, Kyle T., , Mr.,              | Initial) or Full C            | Organization Name   | Date of Receipt  |
| Mailing Address 1649 Enclave Cove   |                               |   | 04 30 2018   |
| City  | State                         | Zip Code  | Transaction ID : PR4491218897  |
| Lake Mary   | FL                            | 32746-3800  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | С                             |   | 116.94   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        |                               | cupation (for Individual)<br>naging Partner                           | Memo Item  |
| Receipt For:  | Aggregate                     | Year-to-Date V  |  |
| Other (specify) ▼   |                               | 526.23  | P/R Deduction (\$58.47 Bi-Weekly)  |
| Full Name of Individual (Last, First, Middle<br>Jenkins, Joanne E., , Ms.,                  | Initial) or Full C            | Organization Name   | Date of Receipt  |
| Mailing Address 7 Liberty Way   |                               |   | 04 / D D / Y Y Y Y Y<br>2018   |
| City  | State<br>NY                   | Zip Code  | Transaction ID : PR4553718897  |
| Loudonville   |                               | 12211-1954  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                  | С                             |   | 76.94  |
| Name of Employer (for Individual)   | Occ                           | upation (for Individual)  | Memo Item  |
| New York Life Insurance Company   | Vice                          | e President   |  |
| Receipt For:  | Aggregate                     | Year-to-Date 🔻  |  |
| Other (specify)   |                               | 346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |
| SUBTOTAL of Receipts This Page (optional)   | )                             |   | 270.82   |
| TOTAL This Period (last page this line num  | per only)                     |   |  |

FOR LINE NUMBER: PAGE 95 OF 186

| T         | EMIZED RECEIPTS   |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |
|-----------|---|-------------|---|---|
|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |   |   |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politi   | tical Action Committee  |   |
| Α.        | Full Name of Individual (Last, First, Middle Initial Gavin, Michael, , Mr.,                         | ) or Full C | Organization Name   | _ Date of Receipt   |
|           | Mailing Address 4935 Seeley Avenue  |             |   | 04 30 2018  |
|           | City<br>Downers Grove   | State<br>IL | Zip Code<br>60515-3409  | Transaction ID : PR4554818897 Amount of Each Receipt this Period      |
|           | FEC ID number of contributing federal political committee.  | С           |   | 230.76  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | cupation (for Individual)<br>anaging Partner                                  | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)                                    |
| R         | Full Name of Individual (Last, First, Middle Initial Kramer, Andrew J., , Mr.,                      | ) or Full C | Organization Name   | Date of Receipt   |
| J.        | Mailing Address 4604 Avenue Longchamps  |             |   | 04 30 2018  |
|           | City<br>Lutz  | State<br>FL | Zip Code<br>33558-5342  | Transaction ID : PR455709218897<br>Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.  | С           |   | 76.94   |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | cupation (for Individual)<br>ce President                                     | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>346.23  | P/R Deduction (\$38.47 Bi-Weekly)                                     |
| с.        | Full Name of Individual (Last, First, Middle Initial Nuzzi, Domenico V., , Mr.,                     | ) or Full C | Organization Name   | Date of Receipt   |
|           | Mailing Address 21 Chambry Court  |             |   | M M / D D / Y Y Y Y<br>04 30 2018                                     |
|           | City<br>Freehold  | State<br>NJ | Zip Code<br>07728-9067  | Transaction ID : PR45818897   |
|           | FEC ID number of contributing federal political committee.  | С           |   | Amount of Each Receipt this Period                                    |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age  | cupation (for Individual)<br>ent  | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | e Year-to-Date ▼<br>500.00  | P/R Deduction (\$125.00 Monthly)                                      |
| s         | UBTOTAL of Receipts This Page (optional)  |             | •••••   | 432.70  |
| т         | OTAL This Period (last page this line number on   | ly)         | •   |   |

FOR LINE NUMBER:

PAGE 96 OF

|   |                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |
|---|----------------------|---|--|--|--|--|--|--|--|
| I LIVILLU KEVEIFIJ  |                      | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |
|   |                      |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.    |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Col                    | mpany Politi         | cal Action Committee                              |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Di Palermo, John F., , Mr., | e Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 3297 Padilla Way  |                      |   | 04 30 2018   |  |  |  |  |  |  |
| City<br>San Jose  | State<br>CA          | Zip Code<br>95148-2746                            | Transaction ID : PR50418897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 91.34  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          |                      |   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>365.36                          | P/R Deduction (\$91.34 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Stribling, Michael, , Mr.,  | e Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 751 Malvern Boulevard   | 01-1-                |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>Stone Mountain  | State<br>GA          | Zip Code<br>30087-5425                            | Transaction ID : PR50818897 Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 83.34  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ<br>Age           | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>c. Tarella, David R., , Mr.,   | e Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 15 Saratoga Farm Road   |                      |   | 04 / D D / Y Y Y Y<br>04 2018  |  |  |  |  |  |  |
| City<br>Malta   | State<br>NY          | Zip Code<br>12020-3765                            | Transaction ID : PR50918897           Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 150.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ<br>Age           | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate            | Year-to-Date ▼<br>600.00                          | P/R Deduction (\$150.00 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                       | l)                   |   | 324.68   |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                    | ber only)            |   |  |  |  |  |  |  |  |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 97 OF

| IT  | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page             | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |
|---|--|--------------|---|--|
|   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |   |  |
| $\left\langle \right\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi    | cal Action Committee  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initial O'Neill, Brian M., , Mr.,                     | l) or Full O | rganization Name  | Date of Receipt                                      |
|   | Mailing Address 45 Saint Michaels Terrace  |              |   | 04 30 2018   |
|   | City   | State        | Zip Code  | Transaction ID : PR51018897                          |
|   | Carmel   | NY           | 10512-2006  | Amount of Each Receipt this Period                   |
|   | FEC ID number of contributing federal political committee.   | С            |   | 76.94  |
|   | Name of Employer (for Individual)  | Occi         | upation (for Individual)                                      | Memo Item  |
|   | New York Life Insurance Company  | Vice         | President & Deputy General Couns                              |  |
|   | Receipt For:         Primary       General         Other (specify) ▼                               | Aggregate    | Year-to-Date ▼<br>346.23                                      | P/R Deduction (\$38.47 Bi-Weekly)                    |
| в.  | Full Name of Individual (Last, First, Middle Initial Hallahan, Mary, , Ms.,                        | l) or Full O | rganization Name  | Date of Receipt                                      |
|   | Mailing Address 172 Wayne Avenue   |              |   | 04 30 2018   |
|   | City   | State        | Zip Code  | Transaction ID : PR51218897                          |
|   | River Edge   | NJ           | 07661-1106  | Amount of Each Receipt this Period                   |
|   | FEC ID number of contributing federal political committee.   | С            |   | 84.94  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company                               |              | upation (for Individual)<br>e President & Assistant Treasurer | Memo Item  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>382.23                                      | P/R Deduction (\$42.47 Bi-Weekly)                    |
| C.  | Full Name of Individual (Last, First, Middle Initial Flamer, Irving, , Mr.,                        | l) or Full O | rganization Name  | Date of Receipt                                      |
|   | Mailing Address 3 Linden Lane  | -            |   | 04 / D D / Y Y Y Y Y<br>04 30 2018                   |
|   | City<br>Old Weethury   | State<br>NY  | Zip Code  | Transaction ID : PR51918897                          |
|   | Old Westbury   |              | 11568-1609  | Amount of Each Receipt this Period                   |
|   | FEC ID number of contributing federal political committee.   | С            |   | 83.34  |
| Name of Employer (for Individual)OccNew York Life Insurance CompanyAgeReceipt For:Age |  |              | upation (for Individual)                                      | Memo Item  |
|   |  |              | nt  | -  |
|   | Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>333.36                                      | P/R Deduction (\$83.34 Monthly)                      |
| s   | UBTOTAL of Receipts This Page (optional)   |              |   | 245.22   |
| т   | OTAL This Period (last page this line number on  | ly)          | ►   |  |

FOR LINE NUMBER:

PAGE 98 OF

|   |                                  | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |
|---|----------------------------------|---|--|--|--|--|--|--|--|
| II EIVIIZED KEGEIPIS  |                                  | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17    |  |  |  |  |  |  |
|   |                                  |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance (                        | Company Politi                   | cal Action Committee                              |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>A. Petrocelli Jr., Robert H., , Mr., | iddle Initial) or Full O         | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 10 Byrd Street  |                                  |   | M M / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Rye   | State<br>NY                      | Zip Code<br>10580-2407                            | Transaction ID : PR53718897<br>Amount of Each Receipt this Period                                    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C                                |   | 166.67   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company            | Occi<br>Age                      | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate                        | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Deliso, Jeanmarie A., , Ms.,      | iddle Initial) or Full O         | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 43 Primrose Drive   | 04 / D D / Y Y Y Y<br>04 30 2018 |   |  |  |  |  |  |  |  |
| City<br>Longmeadow  | State<br>MA                      | Zip Code<br>01106-2531                            | Transaction ID : PR5401918897  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C                                |   | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company            | Occ<br>Age                       | upation (for Individual)<br>ent                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate                        | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br><b>C.</b> Louie, Jenny S., , Ms.,    | iddle Initial) or Full O         | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 7216 267th Street   | 0                                |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>Glen Oaks   | State<br>NY                      | Zip Code<br>11004-1022                            | Transaction ID : PR5403318897           Amount of Each Receipt this Period                           |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C                                |   | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company            | Occi<br>Agei                     | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate                        | Year-to-Date ▼<br>232.00                          | P/R Deduction (\$58.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opti  | onal)                            |   | 324.67   |  |  |  |  |  |  |
| TOTAL This Period (last page this line  | number only)                     |   |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 99 OF

|  |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|----------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 11   |  |  |  |  |  |  |
|  |                      |   | 13     14     15     16     1       person for the purpose of soliciting contributions       te to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                            | mpany Politi         | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Williams-Dovo, Adrian L., , Ms.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 20008 Northwest 85th Av  | venue                |   | 04 30 2018  |  |  |  |  |  |  |
| City<br>Hialeah  | State<br>FL          | Zip Code<br>33015-6933                            | Transaction ID : PR5408018897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                    |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                 | Occi<br>Age          | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate            | Year-to-Date ▼<br>383.33                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Chee, Anthony M., , Mr.,           | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 4978 Kokomo Drive  |                      |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Sacramento   | State<br>CA          | Zip Code<br>95835-1806                            | Transaction ID : PR5410418897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                    |   | 60.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                 | Occ<br>Age           | upation (for Individual)<br>Int                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate            | Year-to-Date ▼<br>240.00                          | P/R Deduction (\$60.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Dyjak, Lawrence J., , Mr.,         | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 12 Paso Fino   | Ototo                |   | 04 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |  |  |  |  |  |  |
| City<br>Lemont   | State<br>IL          | Zip Code<br>60439-9748                            | Transaction ID : PR5423418897           Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                    |   | 65.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company<br>Receipt For: | Age                  |   | Memo Item   |  |  |  |  |  |  |
| Primary General<br>Other (specify)   | Aggregate            | Year-to-Date  260.00                              | P/R Deduction (\$65.00 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)                   |   | 225.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num   | ber only)            |   |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 100 OF

| IT            | EMIZED RECEIPTS  |                             | for each category of the<br>Detailed Summary Page                    | Image: Check only one)       Image: Mark one) |  |  |
|---------------|--|-----------------------------|--|---|--|--|
| An<br>or      | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                        | ements ma<br>ame and ad     | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |  |  |
| $\Big\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politio                  | cal Action Committee   |   |  |  |
| Α.            | Full Name of Individual (Last, First, Middle Initial<br>Costakis, George J., , Mr.,<br>Mailing Address 612 Oak Knoll Drive | ) or Full Or                | rganization Name   | Date of Receipt<br>04 30 2018   |  |  |
|               | City<br>Lake Forest  | State<br>IL                 | Zip Code<br>60045-2630   | Transaction ID : PR5423618897   |  |  |
|               | FEC ID number of contributing federal political committee.   | С                           |  | Amount of Each Receipt this Period 83.34  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager                | upation (for Individual)<br>nt                                       | Memo Item   |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | Year-to-Date ▼<br>333.36   | P/R Deduction (\$83.34 Monthly)   |  |  |
| в.            | Full Name of Individual (Last, First, Middle Initial Hartman, Robert D., , Mr.,  | ) or Full Or                | rganization Name   | Date of Receipt   |  |  |
|               | Mailing Address 10417 West 172nd Street  | 04 30 2018                  |  |   |  |  |
|               | City<br>Overland Park  | State<br>KS                 | Zip Code<br>66221-6906   | Transaction ID : PR5425618897<br>Amount of Each Receipt this Period   |  |  |
|               | FEC ID number of contributing federal political committee.   | С                           |  | 230.76  |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company   |                             | upation (for Individual)<br>agging Partner                           | Memo Item   |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | Year-to-Date ▼<br>1038.42  | P/R Deduction (\$115.38 Bi-Weekly)  |  |  |
| C.            | Full Name of Individual (Last, First, Middle Initial Porter, Aeramy K., , Ms.,   | ) or Full Or                | rganization Name   | Date of Receipt   |  |  |
|               | Mailing Address 1124 N Linden Circle   | Stata                       | Zin Code   | 04 30 2018  |  |  |
|               | City<br>Wichita  | State<br>KS                 | Zip Code<br>67206-4074   | Transaction ID : PR5428218897           Amount of Each Receipt this Period  |  |  |
|               | FEC ID number of contributing federal political committee.   | C ID number of contributing |  |   |  |  |
|               | Name of Employer (for Individual)<br>New York Life Insurance Company   | Ager                        |  | Memo Item   |  |  |
|               | Primary General<br>Other (specify)   |                             |  |   |  |  |
| s             | UBTOTAL of Receipts This Page (optional)   |                             | •••••  | 564.10  |  |  |
| т             | OTAL This Period (last page this line number on  | ly)                         | •  |   |  |  |

FOR LINE NUMBER:

PAGE 101 OF

| ITEMIZED RECEIPTS |  |                | Use separate schedule(s)                          | (ch   | (check only one)                 |        |            |            |          |          |     |  |
|-------------------|--|----------------|---|---|----------------------------------|--------|------------|------------|----------|----------|-----|--|
| 11                |  |                | for each category of the<br>Detailed Summary Page |   | <b>4</b> 11a 13                  |        | 11b<br>14  | 11c        | 12       | Г        | 17  |  |
|                   | ny information copied from such Reports and St for commercial purposes, other than using the |                |   |   | for the                          |        | pose of    | soliciting | g contr  | ributic  | ons |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)  |                |   |   |                                  |        |            |            |          |          |     |  |
| $\rangle$         | New York Life Insurance Compa  | any Politi     | cal Action Committee                              |   |                                  |        |            |            |          |          |     |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Garcia, Arthur L., , Mr.,              | ial) or Full O | organization Name                                 |   | Date of                          | f Re   | eceipt     |            |          |          |     |  |
|                   | Mailing Address 1326 South Fillmore Street   |                |   |   | 04                               | /      | 30         | D / Y      | y<br>201 | Y Y<br>8 | Γ   |  |
|                   | City   | State          | Zip Code  |   | Trans                            | act    | ion ID :   | PR5428     | 71889    | 7        |     |  |
|                   | Denver   | CO             | 80210-2502  |   | Amoun                            | t of   | Each F     | Receipt th | nis Per  | iod      |     |  |
|                   | FEC ID number of contributing federal political committee.                                   | С              |   |   |                                  |        |            |            | 1        | 00.00    | )   |  |
|                   | Name of Employer (for Individual)  | Occi           | upation (for Individual)                          |   | M                                | emo    | tem        |            |          |          |     |  |
|                   | New York Life Insurance Company  | Mar            | naging Partner                                    |   |                                  |        |            |            |          |          |     |  |
|                   | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |   |                                  |        |            |            |          |          |     |  |
|                   | Primary General<br>Other (specify) ▼   |                | 450.00  | 1   F   | P/R Ded                          | ucti   | on (\$50   | .00 Bi-W   | eekly)   |          |     |  |
|                   |  |                | 7   |   |                                  |        |            |            |          |          |     |  |
| _                 | Full Name of Individual (Last, First, Middle Initi   | ial) or Full O | organization Name                                 |   | Dett                             |        |            |            |          |          |     |  |
| в.                | Barry, Michael F., , Mr.,  |                |   |   | Date of                          | i Re   | ·          |            |          |          | _   |  |
|                   | Mailing Address 3 Evergreen Lane   | 01-1-          |   | 04 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |                                  |        |            |            |          |          |     |  |
|                   | City   | State<br>MA    | Zip Code<br>02081-2142                            |   |                                  |        |            | PR5476     |          |          |     |  |
|                   | Walpole  |                |   | Amoun   | t of                             | Each F | Receipt th | nis Per    | 100      | _        |     |  |
|                   | FEC ID number of contributing federal political committee.                                   | C              |   |   |                                  |        | 250.00     |            |          |          |     |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age     | upation (for Individual)<br>ent                   |   | M                                | emo    | ltem       |            |          |          |     |  |
|                   | Receipt For:   | Aggregate      | Year-to-Date V                                    |   | 1                                |        |            |            |          |          |     |  |
|                   | Primary General  |                |   | T F   | P/R Deduction (\$250.00 Monthly) |        |            |            |          |          |     |  |
|                   | Other (specify) <b>v</b>   | L              | , 1000.00   |   |                                  |        |            |            |          |          |     |  |
| C.                | Full Name of Individual (Last, First, Middle Initi<br>DeLeon, Tony, , Mr.,                   | ial) or Full O | organization Name                                 |   | Date of                          | f Re   | eceipt     |            |          |          |     |  |
|                   | Mailing Address 1101 W Annie Street  |                |   |   | <sup>M</sup> 04                  | /      | D<br>30    |            | 2018     |          |     |  |
|                   | City   | State          | Zip Code  |   | Trans                            | act    | ion ID :   | PR5476     | 41889    | 7        | _   |  |
|                   | Austin   | ТХ             | 78704-4110  |   | Amoun                            | t of   | Each F     | Receipt th | nis Per  | iod      |     |  |
|                   | FEC ID number of contributing federal political committee.                                   | С              |   |   | <u> </u>                         |        | y          | 9          |          | 91.34    |     |  |
|                   | Name of Employer (for Individual)  | Occu           | upation (for Individual)                          |   | М                                | emo    | b Item     |            |          |          |     |  |
|                   | New York Life Insurance Company  | Age            | nt  |   |                                  |        |            |            |          |          |     |  |
|                   | Receipt For:   | Aggregate      | Year-to-Date <b>V</b>                             |   |                                  |        |            |            |          |          |     |  |
|                   | Other (specify)  |                | 365.36  | ]   <sup>f</sup>                              | P/R Ded                          | lucti  | on (\$91   | .34 Mont   | hly)     |          |     |  |
|                   | UBTOTAL of Receipts This Page (optional)   |                |   | ▶<br>-  |                                  |        | 9 1<br>    | · ·        | 4        | 41.34    |     |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 102 OF

| IT                           | EMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page                      | X     11a     11b     11c     12       13     14     15     16     17                           |  |  |  |
|------------------------------|---|------------------------|--|---|--|--|--|
| An<br>or                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                           | ements ma<br>ame and a | ay not be sold or used by any pe<br>address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar   | ny Politi              | cal Action Committee   |   |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>Gulbran, Kristen E., , Ms.,<br>Mailing Address 3236 Cascadia Avenue S | ) or Full O            | organization Name  | Date of Receipt   |  |  |  |
|                              | City<br>Seattle   | State<br>WA            | Zip Code<br>98144-7024   | 04     30     2018       Transaction ID : PR5476718897       Amount of Each Receipt this Period |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                      |  | 100.00  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occu<br>Age            | upation (for Individual)<br>ent  | Memo Item   |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial Purich, Todd S., , Mr.,  | Date of Receipt        |  |   |  |  |  |
|                              | Mailing Address 6332 Battleview Drive<br>City<br>Raleigh  | State<br>NC            | Zip Code<br>27613-7148   | 04         30         2018           Transaction ID : PR5476818897                              |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C                      |  | Amount of Each Receipt this Period  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occi<br>Age            | upation (for Individual)<br>ent  | Memo Item   |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>, 1000.00  | P/R Deduction (\$250.00 Monthly)  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial Thol, Jeffrey E., , Mr.,   | ) or Full O            | Organization Name  | Date of Receipt   |  |  |  |
|                              | Mailing Address 736 High Street   | State                  | Zip Code   | 04 / 30 / 2018<br>Transaction ID : PR5477118897   |  |  |  |
|                              | Honesdale   | PA                     | 18431-1738   | Amount of Each Receipt this Period  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                      |  | 250.00  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company  | Ager                   |  | Memo Item   |  |  |  |
|                              | Primary General<br>Other (specify)  |                        |  |   |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                        | •  | 600.00  |  |  |  |
| т                            | OTAL This Period (last page this line number on   | ly)                    | •  |   |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF

| ITEMIZED RECEIPTS   |  | Use separate schedule(s)   | (check only one)  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|
|   |  | for each category of the<br>Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |
| Any information copied from such Reports a<br>or for commercial purposes, other than usir | and Statements ma<br>ng the name and a   | l<br>ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       berson for the purpose of soliciting contributions     to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                                 | ompany Politi  | cal Action Committee   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>A. Recine, Roberto, , Mr.,                  | lle Initial) or Full O   | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1402 Crestview Drive<br>PO Box 512  |  |  | 04 30 2018  |  |  |  |  |  |  |
| City<br>Gwynedd Valley  | State<br>PA  | Zip Code<br>19437-0512   | Transaction ID : PR56118897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C  |  | 230.76  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                      |  | upation (for Individual)<br>e Vice President                             | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate  | Year-to-Date ▼<br>1038.42  | P/R Deduction (\$115.38 Bi-Weekly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Madan, Akshay, , Mr.,                    | lle Initial) or Full O   | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 2900 Northeast 7Th. Ave<br>Penthouse 4804                                 |  |  | 04 / <u>2018</u> / 2018   |  |  |  |  |  |  |
| City<br>Miami   | State<br>FL  | Zip Code<br>33137-4455   | Transaction ID : PR56518897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С  | 230.78   |   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                      | Name of Employer (for Individual)     Occupation (for Individual)       New York Life Insurance Company     Managing Partner |  |   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      | Aggregate  | Year-to-Date ▼<br>1038.51  | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Broderick, Michael F., , Mr.,            | lle Initial) or Full O   | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 170 Clapboardtree Stree   |  |  | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Westwood  | State<br>MA  | Zip Code<br>02090-2906   | Transaction ID : PR5661518897           Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | С  |  | 350.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                      | Occi<br>Age  | upation (for Individual)<br>nt   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Year-to-Date ▼<br>1400.00  | P/R Deduction (\$350.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)  |  | 811.54  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nut  | mber only)   |  |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 104 OF

| ITEMIZED RECEIPTS   |                      | Use separate schedule(s)  | (check only one)  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|
| I LIVILLED RECEIPIO   |                      | for each category of the<br>Detailed Summary Page                   | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |
| Any information copied from such Reports ar<br>or for commercial purposes, other than using | nd Statements ma     | ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                                  | mpany Politi         | cal Action Committee  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Smith, James M., , Mr.,                     | e Initial) or Full C | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 6414 Hickorycrest Drive   |                      |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Spring  | State<br>TX          | Zip Code<br>77389-5230  | Transaction ID : PR5662818897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 83.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>nt                                      | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Rosenthal, Marc I., , Mr.,               | e Initial) or Full C | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 5493 Pine Loch Lane   |                      |   | 04 / D D / Y Y Y Y Y<br>04 2018   |  |  |  |  |  |  |
| City<br>Williamsville   | State<br>NY          | Zip Code<br>14221-8538  | Transaction ID : PR5664818897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 250.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>ent                                     | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. McInerney, Barbara J., , Ms.,            | e Initial) or Full C | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 35 Sutton Place<br>Apt. 15A<br>City   | State                | Zip Code  | 04 30 2018<br>Transaction ID : PR5751318897   |  |  |  |  |  |  |
| New York  | NY                   | 10022-2429  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        |                      | upation (for Individual)<br>& Chief Compliance Officer              | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>442.47  | P/R Deduction (\$50.00 Bi-Weekly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                    |   | 433.34  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num  | ber only)            |   |   |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 105 OF 186

|  | EMIZED RECEIPTS   |                         | f   | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | ` | eck onl<br>11a<br>13 | y on  | e)<br>11b<br>14 |        | 1c<br>15 | 1         |          | 17 |
|--|---|-------------------------|---|--|---|----------------------|-------|-----------------|--------|----------|-----------|----------|----|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                         |   |  |   |                      |       |                 |        |          |           |          |    |
| $\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ıy Politi               | ical  | Action Committee   |   |                      |       |                 |        |          |           |          |    |
| A.   | Full Name of Individual (Last, First, Middle Initial Sklar, Ralph K., , Mr.,                        | ) or Full C             | Orgai   | nization Name  |   | Date of              | f Red | ceipt           |        |          |           |          |    |
|  | Mailing Address 6632 Liggett Drive  | 1                       |   |  |   | <sup>M</sup> 04      | /     | D<br>30         |        | Y        | ү<br>201  | Y Y<br>8 | ]  |
|  | City<br>Oakland   | State<br>CA             |   | Zip Code<br>94611-3204   |   | Trans<br>Amount      |       | on ID :         |        |          |           | riod     |    |
|  | FEC ID number of contributing federal political committee.  | С                       |   |  |   | Amoun                |       |                 | hece   |          | -         | 58.00    |    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ<br>Age              | •   | ion (for Individual)   |   | M                    | emo   | ltem            |        |          |           |          |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate               | Yea   | r-to-Date ▼<br>232.00  | F | P/R Ded              | uctic | on (\$58        | 3.00 N | Month    | ly)       |          |    |
| в.   | Full Name of Individual (Last, First, Middle Initial Jensen, Bradley J., , Mr.,                     | ) or Full C             | Orgai   | nization Name  |   | Date of              | f Ro  | coint           |        |          |           |          |    |
| D.   | Mailing Address 9061 Burkwood Drive<br>Unit 105   | 1                       |   | Zip Code   |   |                      |       | 30              |        | Y        | ۲<br>2018 |          |    |
|  | City<br>West Des Moines   | State                   | Transaction ID : PR5755418897<br>Amount of Each Receipt this Period |  |   |                      |       |                 |        |          |           |          |    |
|  | FEC ID number of contributing federal political committee.  | С                       | C   |  |   |                      |       | 76.92           |        |          |           |          |    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                         | Occupation (for Individual)<br>Managing Partner                     |  |   |                      | emo   | Item            |        |          |           |          |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate               | Yea   | ur-to-Date ▼<br>346.14   | F | P/R Ded              | uctio | ın (\$38        | 3.46 E | 3i-We    | ekly)     |          |    |
| с.   | Full Name of Individual (Last, First, Middle Initial Terry, III, William J., , Mr.,                 | ) or Full C             | Drgai   | nization Name  |   | Date of              | f Red | ceipt           |        |          |           |          |    |
|  | Mailing Address 43 Winchester Road  | 1                       |   |  |   | 04                   | /     | D<br>30         |        | Y        | 2018      |          |    |
|  | City<br>Arlington   | State<br>MA             |   | Zip Code<br>02474-1019   |   | Trans<br>Amount      |       | on ID :         |        |          |           |          |    |
| FEC ID number of contributing federal political committee. |   |                         |   |  |   |                      |       |                 | nece   | ipt till | -         | 53.86    | ;  |
|  |   |                         |   | ion (for Individual)<br>ve Partner   |   | М                    | emo   | ltem            |        |          |           |          |    |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Primary General General |   |  |   |                      |       | on (\$76        | 6.93 E | Bi-We    | ekly)     |          |    |
| s  | UBTOTAL of Receipts This Page (optional)  |                         |   | •  |   |                      |       | , .             |        | 9        | 2         | 88.78    |    |
| т  | OTAL This Period (last page this line number on   | y)                      |   | <b>&gt;</b>  |   |                      |       | ,               |        | -        |           |          |    |

FOR LINE NUMBER: PAGE 106 OF 186

| T         | EMIZED RECEIPTS   |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)       ▼       11a       11b       11c       12       13       14       15       16       17 |
|-----------|---|-------------|---|--|
|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |   | erson for the purpose of soliciting contributions  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | iy Politi   | cal Action Committee  |  |
| A.        | Full Name of Individual (Last, First, Middle Initial Odom, David A., , Mr.,                         | ) or Full O | rganization Name  | Date of Receipt  |
|           | Mailing Address 8426 Beeswing Court   |             |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
|           | City<br>Dublin  | State<br>OH | Zip Code<br>43017-9724  | Transaction ID : PR5755718897  |
|           |   |             | 40011 0124  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.  | С           |   | 230.76   |
|           | Name of Employer (for Individual)   | Оссі        | upation (for Individual)  | Memo Item  |
|           | New York Life Insurance Company   | Man         | naging Partner  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)   |
| в.        | Full Name of Individual (Last, First, Middle Initial Boland, Kevin E., , Mr.,                       | ) or Full O | rganization Name  | Date of Receipt  |
|           | Mailing Address 3993 Howard Hughes Parkway<br>#500  | 1           | 1   | 04 / D D / Y Y Y Y<br>04 30 2018   |
|           | City  | State       | Zip Code  | Transaction ID : PR5756018897  |
|           | Las Vegas   | NV          | 89169-6700  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.  | С           |   | 153.86   |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | upation (for Individual)<br>naging Partner                                    | Memo Item  |
|           | Receipt For:         Primary       General         Other (specify) ▼                                | Aggregate   | Year-to-Date ▼<br>692.37  | P/R Deduction (\$76.93 Bi-Weekly)  |
| с.        | Full Name of Individual (Last, First, Middle Initial Iannitelli, Nicola, , Mr.,                     | ) or Full O | rganization Name  | Date of Receipt  |
|           | Mailing Address 1 Brown Terrace   |             |   | 04 / D D / Y Y Y Y<br>04 30 2018   |
|           | City  | State       | Zip Code  | Transaction ID : PR5861318897  |
|           | Denville  | NJ          | 07834-4902  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.  | С           |   | 230.78   |
|           | Name of Employer (for Individual)   | Оссі        | upation (for Individual)  | Memo Item  |
|           |   |             | aging Partner   |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>1038.51   | P/R Deduction (\$115.39 Bi-Weekly)   |
| s         | UBTOTAL of Receipts This Page (optional)  |             |   | 615.40   |
| т         | OTAL This Period (last page this line number on   | y)          |   |  |

#### ta schadula(s)

FOR LINE NUMBER:

PAGE 107 OF

| T  | EMIZED RECEIPTS   |                                 | for each category of the<br>Detailed Summary Page | (check only one)       Image: Mark and the second seco |  |  |  |  |
|--|---|---------------------------------|---|---|--|--|--|--|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                                 |   | erson for the purpose of soliciting contributions   |  |  |  |  |
| $\left\langle \right\rangle$             | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politio                      | cal Action Committee                              |   |  |  |  |  |
| A.                                       | Full Name of Individual (Last, First, Middle Initial Bradstreet, Scot R., , Mr.,                    | ) or Full O                     | rganization Name                                  | Date of Receipt   |  |  |  |  |
|  | Mailing Address 19 Cortland Avenue  |                                 |   | 04 30 / Y Y Y Y Y   |  |  |  |  |
|  | City  | State                           | Zip Code  | Transaction ID : PR6018897  |  |  |  |  |
|  | Stratham  | NH                              | 03885-6537  | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                               |   | 100.00  |  |  |  |  |
|  | Name of Employer (for Individual)   | Occu                            | upation (for Individual)                          | Memo Item   |  |  |  |  |
|  | New York Life Insurance Company   | Age                             | nt  |   |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                       | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |
| R  | Full Name of Individual (Last, First, Middle Initial Stromei, Shane K., , Mr.,                      | ) or Full O                     | rganization Name                                  | Date of Receipt   |  |  |  |  |
|  | Mailing Address 4505 Hampton View Drive   | 04 30 2018                      |   |   |  |  |  |  |
|  | City  | State                           | Zip Code  | Transaction ID : PR60500918897  |  |  |  |  |
|  | Owens Cross Roads   | AL                              | 35763-5708  | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                               |   | 230.78  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                                 | upation (for Individual)<br>naging Partner        | Memo Item   |  |  |  |  |
|  | Receipt For:         Primary       General         Other (specify) ▼                                | Aggregate                       | Year-to-Date ▼<br>1038.51                         | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |
| C.                                       | Full Name of Individual (Last, First, Middle Initial Sledge, Taylor M., , Mr., Jr.                  | ) or Full O                     | rganization Name                                  | Date of Receipt   |  |  |  |  |
|  | Mailing Address 4752 E Massena Drive  |                                 |   | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |
|  | City  | State                           | Zip Code  | Transaction ID : PR60520818897  |  |  |  |  |
|  | Jackson   | MS                              | 39211-4930  | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                               |   | 83.34   |  |  |  |  |
| Name of Employer (for Individual) Occupa |   |                                 | upation (for Individual)                          | Memo Item   |  |  |  |  |
|  | New York Life Insurance Company   | Ager                            | nt  |   |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)  | P/R Deduction (\$83.34 Monthly) |   |   |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                                 | •••••   | 414.12  |  |  |  |  |
| т  | OTAL This Period (last page this line number on   | ly)                             | •   |   |  |  |  |  |

#### bodulo(o)

FOR LINE NUMBER:

PAGE 108 OF

| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ▲         11a       11b         13       14         15       16         17  |  |  |  |  |  |
|--|--------------------|---|--|--|--|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                    |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                     | pany Polit         | ical Action Committee   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Paone, Jonathan T., , Mr.,                  | Initial) or Full ( | Drganization Name   | Date of Receipt  |  |  |  |  |  |
| Mailing Address 57 Van Doren Avenue  |                    |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |
| City<br>Chatham  | State<br>NJ        | Zip Code<br>07928-2213  | Transaction ID : PR6059618897  |  |  |  |  |  |
| Chatham  | 145                | 07926-2213  | Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | cupation (for Individual)   | Memo Item  |  |  |  |  |  |
| New York Life Insurance Company  | Vic                | e President   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Lazzarone, Dale L., , Mr.,           | Initial) or Full ( | Drganization Name   | Date of Receipt  |  |  |  |  |  |
| Mailing Address 4165 Caughlin Parkway  |                    |   | 04 30 2018   |  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : PR6060318897  |  |  |  |  |  |
| Reno   | NV                 | 89519-0601  | Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   | 60.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | cupation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date V  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   |                    | , 240.00  | P/R Deduction (\$60.00 Monthly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Irvin, John P., , Mr.,                      | Initial) or Full ( | Drganization Name   | Date of Receipt  |  |  |  |  |  |
| Mailing Address 9313 Frenchmans Way  |                    |   | 04 / D D / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : PR6063418897  |  |  |  |  |  |
| Dallas   | ТХ                 | 75220-5039  | Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | cupation (for Individual)<br>porate Vice President                            | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 213.88   |  |  |  |  |  |
| TOTAL This Period (last page this line number  | er only)           |   |  |  |  |  |  |  |
#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 109 OF

| ITI                          | EMIZED RECEIPTS   |             | for each category of the<br>Detailed Summary Page | X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |  |
|------------------------------|---|-------------|---|---|--|--|--|--|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |             |   |   |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan   | ny Politi   | cal Action Committee                              |   |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Mahoney Jr., William E., , Mr.,<br>Mailing Address 936 Intracoastal Drive Apt. 14F |             |   | Date of Receipt   |  |  |  |  |
|                              | City<br>Fort Louderdele   | State<br>FL | Zip Code  | Transaction ID : PR6118897  |  |  |  |  |
|                              | Fort Lauderdale   | ' <b>L</b>  | 33304-3666  | _ Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing<br>federal political committee.   | С           |   | 250.00  |  |  |  |  |
|                              | Name of Employer (for Individual)   | Occ         | upation (for Individual)                          | Memo Item   |  |  |  |  |
|                              | New York Life Insurance Company   | Age         | ent   | _   |  |  |  |  |
|                              | Receipt For:  | Aggregate   | Year-to-Date ▼                                    |   |  |  |  |  |
|                              | Primary General<br>Other (specify) ▼  |             | 1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |
| B.                           | Full Name of Individual (Last, First, Middle Initial)<br>Hamel, Jr., John S., , Mr.,  | ) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 184 Perry Avenue  |             |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |
|                              | City  | State       | Zip Code  | Transaction ID : PR6118918897   |  |  |  |  |
|                              | Norwalk   | CT          | 06850-1137  | Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing<br>federal political committee.   | С           |   | 170.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company  |             | upation (for Individual)<br>porate Vice President | Memo Item   |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>765.00                          | P/R Deduction (\$85.00 Bi-Weekly)   |  |  |  |  |
| c.                           | Full Name of Individual (Last, First, Middle Initial)<br>Kho, Johnson O., , Mr.,  | ) or Full O | Organization Name                                 | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 110 Westminster Road  |             |   | 04 / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |
|                              | City<br>Scarsdale   | State<br>NY | Zip Code  | Transaction ID : PR61218897   |  |  |  |  |
|                              |   |             | 10583-2425  | Amount of Each Receipt this Period  |  |  |  |  |
|                              | FEC ID number of contributing<br>federal political committee.   | С           |   | 100.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occi<br>Age | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |             | •   | 520.00  |  |  |  |  |
| т                            | OTAL This Period (last page this line number onl  | ly)         | •   |   |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 110 OF

| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|
| IIEWIIZED KEGEIPIS   |                    | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                    |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                     | pany Politi        | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Cunningham, Richard, , Mr.,                    | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 8103 Bell Mountain Drive   |                    |   | M M / D D / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |
| City<br>Austin   | State<br>TX        | Zip Code<br>78730-2822                            | Transaction ID : PR6129718897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 91.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>365.36                          | P/R Deduction (\$91.34 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Wolf, Lester M., , Mr.,                     | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 7309 Fait Avenue   |                    |   | 04 30 2018  |  |  |  |  |  |  |
| City<br>Baltimore  | State<br>MD        | Zip Code<br>21224-3130                            | Transaction ID : PR6129818897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   | 48.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                           |                    | upation (for Individual)<br>tner                  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>216.00                          | P/R Deduction (\$24.00 Bi-Weekly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Starling, Sean M., , Mr.,                   | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1038 Muirfield Avenue  |                    |   | 04 30 / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>Clemmons   | State<br>NC        | Zip Code<br>27012-8991                            | Transaction ID : PR6131418897 Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   | 83.33   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company<br>Receipt For:           | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | 222.67  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number  | er only)           |   |   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 111 OF

| ITEMIZED RECEIPTS  | 2   | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|---|---|---|--|--|--|--|--|--|
|  |   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|  |   |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |
| NAME OF COMMITTEE (In<br>New York Life Insu                |   | ical Action Committee                             |   |  |  |  |  |  |  |
| Full Name of Individual (Las<br>A. Owen, Ralph P., , Mr.,  | st, First, Middle Initial) or Full (        | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 3317 Highv                                 | vay 63                                      |   | 04 30 2018  |  |  |  |  |  |  |
| City<br>Bloomfield   | State<br>IA                                 | Zip Code<br>52537-8063                            | Transaction ID : PR6132718897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |
| FEC ID number of contribut federal political committee.    | ing C                                       |   | 60.00   |  |  |  |  |  |  |
| Name of Employer (for Indiv<br>New York Life Insurance Cor | ,   | cupation (for Individual)<br>ent                  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary Gen<br>Other (specify) ▼           |   | e Year-to-Date ▼<br>240.00                        | P/R Deduction (\$60.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Las<br>B. Narvaez, Jose A., , M   | st, First, Middle Initial) or Full (<br>r., | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 3516 34th s                                |   |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Long Island City                                   | State                                       | Zip Code<br>11106-1929                            | Transaction ID : PR6134718897   |  |  |  |  |  |  |
| FEC ID number of contribut<br>federal political committee. |   |   | Amount of Each Receipt this Period 83.34  |  |  |  |  |  |  |
| Name of Employer (for Indi<br>New York Life Insurance Cor  | nnonv                                       | cupation (for Individual)<br>ent                  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary Gen<br>Other (specify) ▼           |   | e Year-to-Date ▼<br>333.36                        | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Las<br>C. Botts, Larry E., , Mr.  | st, First, Middle Initial) or Full (        | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 3015 E Lee                                 |   |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Midway   | State<br>KY                                 | Zip Code<br>40347-9769                            | Transaction ID : PR6137718897           Amount of Each Receipt this Period                                |  |  |  |  |  |  |
| FEC ID number of contribut federal political committee.    | ing   |   | 250.00  |  |  |  |  |  |  |
| New York Life Insurance Company                            |   | cupation (for Individual)<br>ent                  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary Gen<br>Other (specify)             |   | e Year-to-Date ▼<br>1000.00                       | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This                                  | Page (optional)                             |   | 393.34  |  |  |  |  |  |  |
| TOTAL This Period (last page                               | this line number only)                      |   |   |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 112 OF 186

| IT  | EMIZED RECEIPTS   |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |  |  |  |  |  |
|---|---|------------------|---|--|--|--|--|--|--|
|   | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar | ame and a        | address of any political committee t  |  |  |  |  |  |  |
| A.  | Full Name of Individual (Last, First, Middle Initial<br>Lippencott, Donald E., , Mr.,<br>Mailing Address 73 Shore Road  | State            | Zip Code  | Date of Receipt<br>04 / 30 / 2018<br>Transaction ID : PR6138218897   |  |  |  |  |  |
|   | East Setauket<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | C Occ            | cupation (for Individual)   | Amount of Each Receipt this Period   |  |  |  |  |  |
|   | New York Life Insurance Company         Receipt For:         Primary       General         Other (specify) ▼  | Age<br>Aggregate | ent<br>e Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |
| B.  | Full Name of Individual (Last, First, Middle Initial<br>Poulos, Dennis G., , Mr.,<br>Mailing Address 14111 N Fenton Road  | ) or Full C      | Organization Name   | Date of Receipt<br>04 30 2018  |  |  |  |  |  |
|   | City<br>Fenton<br>FEC ID number of contributing   | State<br>MI      | Zip Code<br>48430-1539  | Transaction ID : PR6139218897         Amount of Each Receipt this Period         200.00         Memo Item         P/R Deduction (\$200.00 Monthly) |  |  |  |  |  |
|   | federal political committee.<br>Name of Employer (for Individual)<br>New York Life Insurance Company  | Age              | cupation (for Individual)<br>gent<br>e Year-to-Date ▼                         |  |  |  |  |  |  |
| с.  | Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial Hart, Randall D., , Mr.,   | ) or Full C      | Organization Name   | Date of Receipt  |  |  |  |  |  |
|   | Mailing Address 3547 State Route 7  | State            | Zip Code  | 04 30 2018<br>Transaction ID : PR6142418897  |  |  |  |  |  |
| New Waterford     OH       FEC ID number of contributing federal political committee.     C |   |                  | 44445-8719  | Amount of Each Receipt this Period   |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company<br>Receipt For:<br>Primary General<br>Other (specify)  | Age              | cupation (for Individual)<br>ent<br>e Year-to-Date ▼<br>632.00                | P/R Deduction (\$158.00 Monthly)   |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |                  | •   | 608.00   |  |  |  |  |  |
| т   | OTAL This Period (last page this line number on   | y)               | •   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 113 OF

| IT | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page | $\mathbf{X}$ 11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
|----|--|--------------|---|--|--|--|--|--|
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na                           |              |   | son for the purpose of soliciting contributions  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politio    | cal Action Committee                              |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initial)<br>Bicker, Russell F., , Mr.,<br>Mailing Address 125 Poplar Forest Drive | ) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |
|    | ·  |              |   | 04 30 2018   |  |  |  |  |
|    | City<br>Slippery Rock  | State<br>PA  | Zip Code<br>16057-8527                            | Transaction ID : PR6143518897  |  |  |  |  |
|    |  | 17           | 10037-0327  | _ Amount of Each Receipt this Period   |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С            |   | 83.33  |  |  |  |  |
|    | Name of Employer (for Individual)  | Осси         | upation (for Individual)                          | Memo Item  |  |  |  |  |
|    | New York Life Insurance Company Receipt For:   | Age          | nt  | _  |  |  |  |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)  |  |  |  |  |
| в. | Full Name of Individual (Last, First, Middle Initial<br>Musko, Richard P., , Mr.,  | ) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |
|    | Mailing Address 400 Isle Road  | 1            |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |
|    | City   | State        | Zip Code  | Transaction ID : PR6143618897  |  |  |  |  |
|    | Butler   | PA           | 16001-8553  | Amount of Each Receipt this Period   |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С            |   | 58.00  |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Age  | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>232.00                          | P/R Deduction (\$58.00 Monthly)  |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initial)<br>Pereira, John A., , Mr.,  | ) or Full O  | rganization Name                                  | Date of Receipt  |  |  |  |  |
|    | Mailing Address 2815 E 10th Street   |              |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |
|    | City<br>The Dalles   | State<br>OR  | Zip Code<br>97058-4020                            | Transaction ID : PR6143718897  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C            | 37050-4920  | Amount of Each Receipt this Period 83.33   |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occu<br>Ager | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>333.32                          | P/R Deduction (\$83.33 Monthly)  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |              | •   | 224.66   |  |  |  |  |
| т  | OTAL This Period (last page this line number onl   | y)           | ····· •   |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 114 OF

|  | -                  | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|
|  |                    | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using |                    |   | person for the purpose of soliciting contributions  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Corr                                  | ipany Politi       | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Blanks, John T., , Mr.,                   | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1603 Langhorne Road  |                    |   | M M / D D / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |
| City<br>Lynchburg  | State<br>VA        | Zip Code<br>24503-3117                            | Transaction ID : PR6144418897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 166.67  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age         | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Ferguson, Rodney S., , Mr.,               | Date of Receipt    |   |   |  |  |  |  |  |  |
| Mailing Address 466 Blackwolf Run Drive  | 04-44              | 7.0.4   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Wildwood   | State<br>MO        | Zip Code<br>63040-1571                            | Transaction ID : PR6144618897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 166.67  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age         | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Stockton, Mary, , Ms.,                    | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 3700 10th Avenue Apt. 3A   | 04-4-              | 7.0.1   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>San Diego  | State<br>CA        | Zip Code<br>92103-4494                            | Transaction ID : PR6144918897           Amount of Each Receipt this Period                                |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 83.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 416.68  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb  | er only)           |   |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 115 OF

|  | -                       | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
|--|-------------------------|---|---|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                         | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
|  |                         |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance (                     | Company Politi          | cal Action Committee                              |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Kanaley Jr., Thomas J., , Mr.,   | ddle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 150 Lenox Way  |                         |   | 04 30 2018  |  |  |  |  |  |  |  |
| City<br>San Francisco  | State<br>CA             | Zip Code<br>94127-1113                            | Transaction ID : PR6145218897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                       |   | 250.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occi<br>Age             | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate               | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Poindexter, Robert J., , Mr., | ddle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 351 Janie Lane   | 1-                      |   | 04       04       2018         Transaction ID : PR6146918897         Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| City<br>Shreveport   | State<br>LA             | Zip Code<br>71106-6028                            |   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                       |   | 250.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occ                     | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate               | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br><b>C.</b> Ruh, Brian P., , Mr.,  | ddle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 23702 W Steinthal Ro   | ad                      | Zip Code  |   |  |  |  |  |  |  |  |
| City<br>Kiel   | WI                      | 53042-4994  | Transaction ID : PR6148518897         Amount of Each Receipt this Period                                  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C                       |   | 250.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occu<br>Age             | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate               | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic  | onal)                   |   | 750.00  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r                                     | number only)            |   |   |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 116 OF

|  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|
| II EIVIIZED KEGEIF13   |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using |                    |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                    |   |   |  |  |  |  |  |  |
| > New York Life Insurance Corr   | ipany Politi       | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Swaney, Jonathan B., , Mr.,               | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1304 Commonwealth Aven   | ue                 |   | 04 30 2018  |  |  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : PR6156618897   |  |  |  |  |  |  |
| Alexandria   | VA                 | 22301-2022  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| New York Life Insurance Company  | Mar                | naging Director                                   |   |  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                             |   |  |  |  |  |  |  |
| Other (specify) V  |                    | 440.00  | P/R Deduction (\$50.00 Bi-Weekly)   |  |  |  |  |  |  |
|  |                    |   | ·   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Nembhard, Melford E., , Mr.,              | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 57 Gainscott Lane  |                    |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City   | State<br>NJ        | Zip Code  | Transaction ID : PR61818897   |  |  |  |  |  |  |
| Willingboro  | INJ                | 08046-3029  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | C                  |   | 58.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age         | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                             | 1   |  |  |  |  |  |  |
| Other (specify)  |                    | 232.00  | P/R Deduction (\$58.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Gould, Diane H., , Ms.,                   | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 1102 Prospect Hill Place   |                    |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City   | State<br>MD        | Zip Code<br>20850-2868                            | Transaction ID : PR63818897   |  |  |  |  |  |  |
| Rockville  |                    | 20600-2008  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | C                  |   | 250.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 408.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb  | er only)           |   |   |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)   | )                  | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 117 OF 186<br>(check only one)  |
|--|--------------------|---|---|
|  |                    | Detailed Summary Page                             | X         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using |                    |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.        |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                   | npany Politi       | cal Action Committee                              |   |
| Full Name of Individual (Last, First, Middle Seter, Arthur H., , Mr.,                        | Initial) or Full C | rganization Name                                  | Date of Receipt   |
| Mailing Address 1 Merion Drive   |                    |   | 04 / D D / Y Y Y Y<br>2018  |
| City<br>Purchase   | State<br>NY        | Zip Code<br>10577-1301                            | Transaction ID : PR6426618897           Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                                   | C                  |   | 153.86  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |                    | upation (for Individual)<br>ior Managing Director | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   |                    | Year-to-Date ▼<br>692.37                          | P/R Deduction (\$76.93 Bi-Weekly)   |
| Full Name of Individual (Last, First, Middle<br>A. Valdes, Gilberto, , Mr.,                  | Initial) or Full C | rganization Name                                  | Date of Receipt   |
| Mailing Address 650 6th Avenue   |                    |   | M M / D D / Y Y Y Y<br>04 30 2018   |
| City<br>New Hyde Park  | State<br>NY        | Zip Code<br>11040-5458                            | Transaction ID : PR6427218897<br>Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 50.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |                    | upation (for Individual)<br>e President           | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>220.00                          | P/R Deduction (\$25.00 Bi-Weekly)   |
| Full Name of Individual (Last, First, Middle<br>C. McCarthy, Elizabeth W., , Ms.,            | Initial) or Full C | rganization Name                                  | Date of Receipt   |
| Mailing Address 124 College Place  |                    |   | 04 / D D / Y Y Y Y Y<br>2018  |
| City<br>South Orange   | State<br>NJ        | Zip Code<br>07079-2506                            | Transaction ID : PR6427318897           Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 230.78  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |                    | upation (for Individual)<br>ior Vice President    | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>1038.51                         | P/R Deduction (\$115.39 Bi-Weekly)  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb     |                    | · ·   | 434.64  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 118 OF

| ITEMIZED RECEIPTS  |                                    | for each category of the<br>Detailed Summary Page    | X     11a     11b     11c     12       13     14     15     16     17                              |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|
|  |                                    |  | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |
| NAME OF COMMITTEE (IN I<br>New York Life Insur   |                                    | cal Action Committee                                 |  |  |  |  |  |
| Full Name of Individual (Last<br>Arnheiter, Michael P., , N<br>Mailing Address 1152 Button |                                    | rganization Name                                     | Date of Receipt  |  |  |  |  |
| City   | State                              | Zip Code   | Transaction ID : PR64518897  |  |  |  |  |
| Sanibel  | FL                                 | 33957-7304   | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributir federal political committee.                                  | C                                  |  | 416.66   |  |  |  |  |
| Name of Employer (for Indivi   | dual) Occ                          | upation (for Individual)                             | Memo Item  |  |  |  |  |
| New York Life Insurance Com  | pany Age                           | nt   |  |  |  |  |  |
| Receipt For:   | Aggregate                          | Year-to-Date V                                       |  |  |  |  |  |
| Other (specify) ▼  |                                    | 1666.64  | P/R Deduction (\$416.66 Monthly)   |  |  |  |  |
| Full Name of Individual (Last<br><b>B.</b> Foster, John A., , Mr.,                         | , First, Middle Initial) or Full C | rganization Name                                     | Date of Receipt  |  |  |  |  |
| Mailing Address 5622 Bowmi   |                                    |  | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |
| City   | State                              | Zip Code   | Transaction ID : PR6472018897  |  |  |  |  |
| Lockport   | NY                                 | 14094-9050   | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributir federal political committee.                                  | C                                  |  | 76.94  |  |  |  |  |
| Name of Employer (for Indivi<br>New York Life Insurance Com                                |                                    | upation (for Individual)<br>naging Partner           | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary Gene<br>Other (specify) ▼  |                                    | Year-to-Date ▼<br>346.23                             | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |
| Full Name of Individual (Last<br>C. Karmen, Robert, , Mr                                   | , First, Middle Initial) or Full C | rganization Name                                     | Date of Receipt  |  |  |  |  |
| Mailing Address 23 Evergree  |                                    |  | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |
| City<br>Westport   | State<br>CT                        | Zip Code<br>06880-2529                               | Transaction ID : PR6472118897  |  |  |  |  |
|  |                                    | 00000-2028   | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributir federal political committee.                                  | C                                  |  | 50.00  |  |  |  |  |
| Name of Employer (for Indivi<br>New York Life Insurance Com                                | · ·                                | upation (for Individual)<br>& Deputy General Counsel | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary Gene<br>Other (specify)  |                                    | Year-to-Date ▼<br>225.00                             | P/R Deduction (\$25.00 Bi-Weekly)  |  |  |  |  |
| SUBTOTAL of Receipts This P  | age (optional)                     |  | 543.60   |  |  |  |  |
| TOTAL This Period (last page   | this line number only)             |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 119 OF

|  |   |                           | Use separate schedule(s)  |                                    |                 | (check only one)        |            |          |          |    |  |
|--|---|---------------------------|---|------------------------------------|-----------------|-------------------------|------------|----------|----------|----|--|
| 11   | EMIZED RECEIPTS   |                           | for each category of the<br>Detailed Summary Page                   | <b>X</b> 11                        | -               | 11b<br>14               | 11c        |          | Г        | 17 |  |
| Ar<br>or   | y information copied from such Reports and St.<br>for commercial purposes, other than using the | atements ma<br>name and a | y not be sold or used by any p<br>ddress of any political committee | erson for t                        | the p           | urpose of               | soliciting | g contr  | ibutio   | ns |  |
|  | NAME OF COMMITTEE (In Full)   |                           |   |                                    |                 |                         |            |          |          |    |  |
| $\rangle$  | New York Life Insurance Compa   | any Politi                | cal Action Committee  |                                    |                 |                         |            |          |          |    |  |
| Α.   | Full Name of Individual (Last, First, Middle Initi<br>Colleary, Maura R., , Ms.,                | rganization Name          | Date  | Date of Receipt                    |                 |                         |            |          |          |    |  |
|  | Mailing Address 260 Forest Avenue   |                           |   |                                    | )4              | / D 30                  |            | Y<br>201 | ү ү<br>8 |    |  |
|  | City<br>Glen Ridge  | State<br>NJ               | Zip Code<br>07028-1727  |                                    |                 | ction ID :<br>of Each F |            |          | iod      |    |  |
|  | FEC ID number of contributing federal political committee.                                      | С                         |   |                                    |                 |                         | -          |          | 50.00    |    |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                            |                           | ipation (for Individual)<br>President                               |                                    | Mer             | no Item                 |            |          |          |    |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>225.00  | P/R Deduction (\$25.00 Bi-Weekly)  |                 |                         |            |          |          |    |  |
| в.   | Full Name of Individual (Last, First, Middle Initi Calafati, Michael F., , Mr.,                 | al) or Full O             | rganization Name  | Date                               | e of F          | Receipt                 |            |          |          |    |  |
|  | Mailing Address 230 Cutleaf Circle  |                           |   | 04 / D D / Y Y Y Y<br>04 30 2018   |                 |                         |            |          |          |    |  |
|  | City  | State                     | Zip Code<br>19438-2443  |                                    |                 | tion ID :               |            |          |          |    |  |
|  | Harleysville  | PA                        | Amo   | Amount of Each Receipt this Period |                 |                         |            |          |          |    |  |
|  | FEC ID number of contributing federal political committee.                                      | C                         |   |                                    | 150.00          |                         |            |          |          |    |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occi<br>Age               | Memo Item   |                                    |                 |                         |            |          |          |    |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>600.00  | P/R Deduction (\$150.00 Monthly)   |                 |                         |            |          |          |    |  |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Initi<br>Seth, Puneet, , Mr.,                      | al) or Full O             | rganization Name  | Date                               | e of F          | Receipt                 |            |          |          |    |  |
|  | Mailing Address 2650 Hazy Hollow Run  |                           |   | (                                  | 04 <sup>™</sup> | / D 30                  |            | 2018     | 3        |    |  |
|  | City<br>Roswell   | State<br>GA               | Zip Code<br>30076-3658  |                                    |                 | ction ID :<br>of Each F |            |          |          |    |  |
| FEC ID number of contributing federal political committee. |   |                           |   |                                    |                 | y .                     | . ,        |          | 76.94    |    |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                            |                           | ıpation (for Individual)<br>aging Partner                           | dual) Mem                          |                 |                         |            |          |          |    |  |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼<br>346.23  | P/R I                              | Deduo           | ction (\$38             | .47 Bi-W   | eekly)   |          |    |  |
| ⊢  | UBTOTAL of Receipts This Page (optional)  |                           |   |                                    |                 |                         |            | 2        | 76.94    | -  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 120 OF

| ITEMIZED I                          |   |                  | Use separate schedule(s)                          |   | (check only one)                   |      |                                   |                      |                           |    |  |
|-------------------------------------|---|------------------|---|---|------------------------------------|------|-----------------------------------|----------------------|---------------------------|----|--|
|                                     |   |                  | for each category of the<br>Detailed Summary Page | ×   | 11a<br>13                          |      | 11b                               | 11c                  | 12                        |    |  |
|                                     | copied from such Reports and S<br>al purposes, other than using the |                  |   |   |                                    | purp | ose of :                          |                      |                           |    |  |
| \                                   | OMMITTEE (In Full)<br>K Life Insurance Comp                         | any Politie      | cal Action Committee                              |   |                                    |      |                                   |                      |                           |    |  |
| Full Name of Curry, Johr            | Individual (Last, First, Middle In<br>P., , Mr.,                    | itial) or Full O | rganization Name                                  | D   | ate of                             | Rec  | eipt                              |                      |                           |    |  |
| Mailing Addre                       | ss 27 Flax Pond Woods Road  |                  |   |   | <sup>M</sup> 04                    | /    | D D D 30                          | / Y                  | y y<br>2018               | Y  |  |
| City<br>Setauket                    |   | State<br>NY      | Zip Code<br>11733-1623                            |   |                                    |      |                                   | PR65435<br>eceipt th | <b>18897</b><br>is Period |    |  |
| FEC ID numb<br>federal politic      | per of contributing<br>al committee.                                | С                |   |   | _                                  |      |                                   | JF                   | 230.                      | 78 |  |
| New York Life                       | oloyer (for Individual)<br>Insurance Company                        |                  | upation (for Individual)<br>aging Partner         |   | Me                                 | emo  | ltem                              |                      |                           |    |  |
| Receipt For:<br>Primary<br>Other (s | General<br>Specify) ▼   | Aggregate        | Year-to-Date ▼<br>1038.51                         | P/R Deduction (\$115.39 Bi-Weekly)                                  |                                    |      |                                   |                      |                           |    |  |
| Full Name of<br><b>B. Bui, Mike</b> | Individual (Last, First, Middle In<br>T., , Mr.,                    | itial) or Full O | D   | ate of  | Rec                                | eipt |                                   |                      |                           |    |  |
|                                     | ss 1911 Empire Circle   |                  |   |   | 04 / D D / Y Y Y Y Y<br>04 30 2018 |      |                                   |                      |                           |    |  |
| City<br>Arlington                   |   | State<br>TX      | Zip Code<br>76002-6605                            | Transaction ID : PR6544718897<br>Amount of Each Receipt this Period |                                    |      |                                   |                      |                           |    |  |
|                                     | per of contributing<br>al committee.                                | С                |   |   | 100.00                             |      |                                   |                      |                           |    |  |
|                                     | oloyer (for Individual)<br>Insurance Company                        |                  | Occupation (for Individual)<br>Senior Partner     |   |                                    | emo  | ltem                              |                      |                           |    |  |
| Receipt For:<br>Primary<br>Other (s | General<br>specify) ▼   | Aggregate        | ggregate Year-to-Date ▼<br>450.00                 |   |                                    |      | P/R Deduction (\$50.00 Bi-Weekly) |                      |                           |    |  |
|                                     | Individual (Last, First, Middle In<br>as, Brian R., , Mr.,          | itial) or Full O | rganization Name                                  | D   | ate of                             | Rec  | eipt                              |                      |                           |    |  |
| Mailing Addre                       | SS 21 Conley Court  | State            | Zip Code  | 46  | 04<br>04                           | /    | 30                                |                      | 2018                      | Y  |  |
| Ridgefield                          |   | CT               | 06877-3202  |   |                                    |      |                                   | PR65448<br>eceipt th | is Period                 |    |  |
| New York Life Insurance Company Zon |   | С                |   |   | 230.76                             |      |                                   |                      |                           |    |  |
|                                     |   |                  | upation (for Individual)<br>e Vice President      |   | Memo Item                          |      |                                   |                      |                           |    |  |
|                                     |   | Aggregate        | Year-to-Date ▼<br>1038.42                         | P/R Deduction (\$115.38 Bi-Weekly)                                  |                                    |      |                                   |                      |                           |    |  |
| SUBTOTAL of                         | Receipts This Page (optional)                                       |                  |   |   |                                    |      |                                   | . ,                  | 561.                      | 54 |  |
| TOTAL This Pe                       | riod (last page this line number                                    | only)            |   |   |                                    |      |                                   |                      |                           |    |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 121 OF

|   |                      | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|--|
| II EIVIIZED KEGEIFIJ  |                      | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17     |  |  |  |  |  |  |  |
|   |                      |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |  |  |  |  |  |
| > New York Life Insurance Cor   | npany Politi         | cal Action Committee                              |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle                                | e Initial) or Full O | rganization Name                                  |   |  |  |  |  |  |  |  |
| A. Curry, Kevin, , Mr.,   |                      |   | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 75 Upland Road  |                      |   | 04 30 2018  |  |  |  |  |  |  |  |
| City  | State                | Zip Code  | Transaction ID : PR6546518897   |  |  |  |  |  |  |  |
| New Milford   | СТ                   | 06776-2102  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                    |   | 38.48   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Осси                 | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| New York Life Insurance Company   | Sen                  | ior Associate                                     |   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |
| Other (specify) ▼   |                      | 404.20  | P/R Deduction (\$19.24 Bi-Weekly)   |  |  |  |  |  |  |  |
|   |                      | 7- 7- 7- 7- 7- 7- 7- 7- 7- 7- 7- 7- 7- 7          | -   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Hubbard, Roman, , Mr.,   | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 111 Cobble Court  |                      |   |   |  |  |  |  |  |  |  |
|   | 1                    |   | 04 30 2018  |  |  |  |  |  |  |  |
| City<br>Windsor   | State<br>CO          | Zip Code<br>80550-6137                            | Transaction ID : PR65681118897  |  |  |  |  |  |  |  |
| FEC ID number of contributing   |                      |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| federal political committee.  | С                    |   | 84.94   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        |                      | upation (for Individual)<br>naging Partner        | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date ▼                                    | 1   |  |  |  |  |  |  |  |
| Primary General Other (specify) ▼   |                      | 382.23  | P/R Deduction (\$42.47 Bi-Weekly)   |  |  |  |  |  |  |  |
|   |                      | 4 4   |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Davidson, Sheila K., , Ms., | e Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 421 Hudson Street   |                      |   | 04 30 2018  |  |  |  |  |  |  |  |
| Apt. 620  | State                | Zip Code  | Transaction ID : PR65918897   |  |  |  |  |  |  |  |
| New York  | NY                   | 10014-3652  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  |                      |   | 230.78  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occi                 | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| New York Life Insurance Company   | EVP                  | , CLO & General Counsel                           |   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |
| Other (specify)   |                      | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |  |  |
|   |                      |   |   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                    |                      |   | 354.20  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                  | ber only)            |   |   |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 122 OF

| IT       | EMIZED RECEIPTS  |                            | for each category of the<br>Detailed Summary Page                    | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |  |
|----------|--|----------------------------|--|--|--|--|--|--|
| Ar<br>or | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | ements ma<br>ame and ad    | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions      |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politio                 | cal Action Committee   |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initial Morris, Charles W., , Mr.,                    | ) or Full Or               | ganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 789 Rock Springs Road  |                            |  | 04 30 / Y Y Y Y Y                                      |  |  |  |  |
|          | City   | State                      | Zip Code   | Transaction ID : PR6598718897                          |  |  |  |  |
|          | Kingsport  | TN                         | 37664-5265   | Amount of Each Receipt this Period                     |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                          |  | 100.00   |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                       | pation (for Individual)  | Memo Item  |  |  |  |  |
|          | New York Life Insurance Company  | Ager                       | nt   |  |  |  |  |  |
|          | Receipt For:   | Aggregate                  | Year-to-Date ▼   |  |  |  |  |  |
|          | Primary General<br>Other (specify) ▼   |                            | 400.00   | P/R Deduction (\$100.00 Monthly)                       |  |  |  |  |
| —<br>В.  | Full Name of Individual (Last, First, Middle Initial Mackesy, Leonard J., , Mr.,                   | Date of Receipt            |  |  |  |  |  |  |
|          | Mailing Address 8 Hillside Avenue  | 04 / D D / Y Y Y Y<br>2018 |  |  |  |  |  |  |
|          | City   | State Zip Code             |  | Transaction ID : PR6602718897                          |  |  |  |  |
|          | Kearny   | NJ                         | 07032-1633   | Amount of Each Receipt this Period                     |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                          |  | 50.00  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                            | upation (for Individual)<br>porate Vice President                    | Memo Item  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>, 225.00   | P/R Deduction (\$25.00 Bi-Weekly)                      |  |  |  |  |
| С.       | Full Name of Individual (Last, First, Middle Initial Mysliwiec, Rychard F., , Mr.,                 | ) or Full Or               | rganization Name   | Date of Receipt  |  |  |  |  |
|          | Mailing Address 1693 Northgate Drive   | 1                          |  | 04 / D D / Y Y Y Y<br>2018                             |  |  |  |  |
|          | City<br>Pittsburgh   | State<br>PA                | Zip Code<br>15241-3221   | Transaction ID : PR6697818897                          |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | C                          |  | Amount of Each Receipt this Period                     |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                            | pation (for Individual)<br>aging Partner                             | Memo Item  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                  | Year-to-Date ▼<br>346.23   | P/R Deduction (\$38.47 Bi-Weekly)                      |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                            | •  | 226.94   |  |  |  |  |
| т        | OTAL This Period (last page this line number on  | ly)                        |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 123 OF 186

|  | EMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |
|--|---|-----------------------------------|---|---|--|--|--|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                                   |   |   |  |  |  |
| $\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ıy Politi                         | ical Action Committee   |   |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initial Scollan, Kathleen E., , Ms.,                   | ) or Full C                       | Organization Name   | Date of Receipt   |  |  |  |
|  | Mailing Address 306 Longvue Terrace   |                                   |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |
|  | City<br>Yonkers   | State<br>NY                       | Zip Code<br>10710-2113  | Transaction ID : PR6705618897<br>Amount of Each Receipt this Period |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С                                 |   | 50.00   |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                                   | cupation (for Individual)<br>e President                                      | Memo Item   |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   |   |                                   | e Year-to-Date ▼<br>219.24  | P/R Deduction (\$25.00 Bi-Weekly)                                   |  |  |  |
| B  | Full Name of Individual (Last, First, Middle Initial Virendra, Sonali, , Ms.,                       | ) or Full C                       | Organization Name   | Date of Receipt   |  |  |  |
| υ.   | Mailing Address 32 Spruce Avenue  | 04 / 04 / 2018                    |   |   |  |  |  |
| City     State       Emerson     NJ       FEC ID number of contributing federal political committee.     C                                     |   |                                   | Zip Code<br>07630-1573  | Transaction ID : PR6709618897<br>Amount of Each Receipt this Period |  |  |  |
|  |   |                                   |   | 230.78  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                                   | cupation (for Individual)<br>mor Vice President                               | Memo Item   |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                         | e Year-to-Date ▼<br>1038.51   | P/R Deduction (\$115.39 Bi-Weekly)                                  |  |  |  |
| с.   | Full Name of Individual (Last, First, Middle Initial Quartararo, Paul, , Mr.,                       | ) or Full C                       | Organization Name   | Date of Receipt   |  |  |  |
|  | Mailing Address 30 Westcott Road  |                                   |   | 04 30 2018  |  |  |  |
|  | City<br>Stamford  | State<br>CT                       | Zip Code<br>06902-8128  | Transaction ID : PR6710018897<br>Amount of Each Receipt this Period |  |  |  |
| FEC ID number of contributing<br>federal political committee.CName of Employer (for Individual)<br>New York Life Insurance CompanyOccu<br>Vice |   |                                   |   |   |  |  |  |
|  |   |                                   | cupation (for Individual)<br>e President                                      | Memo Item   |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)  | P/R Deduction (\$30.00 Bi-Weekly) |   |   |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                                   |   | 340.78  |  |  |  |
| т  | OTAL This Period (last page this line number on   | y)                                | •   |   |  |  |  |

#### to schodula(s) l leo

FOR LINE NUMBER:

PAGE 124 OF

| IT                                    | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page | (check only one)       Image: Mark 11 a mark       11 a mark |  |  |  |  |  |
|---------------------------------------|--|--------------|---|--|--|--|--|--|--|
|                                       | y information copied from such Reports and Stai<br>for commercial purposes, other than using the n |              |   |  |  |  |  |  |  |
|                                       | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi    | cal Action Committee                              |  |  |  |  |  |  |
| Α.                                    | Full Name of Individual (Last, First, Middle Initia<br>Grossman, Eric J., , Mr.,                   | l) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
|                                       | Mailing Address 8310 35 Avenue<br>Apt. 40  |              |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
|                                       | City   | State<br>NY  | Zip Code  | Transaction ID : PR6725618897  |  |  |  |  |  |
|                                       | Jackson Heights  |              | 11372-5317  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.   | С            |   | 76.94  |  |  |  |  |  |
|                                       | Name of Employer (for Individual)  | Occi         | upation (for Individual)                          | Memo Item  |  |  |  |  |  |
|                                       | New York Life Insurance Company  | Cor          | porate Vice President                             |  |  |  |  |  |  |
|                                       | Receipt For:   | Aggregate    | Year-to-Date ▼                                    |  |  |  |  |  |  |
|                                       | Primary General<br>Other (specify) ▼   |              | 346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| в.                                    | Full Name of Individual (Last, First, Middle Initia Viveiros, Christopher J., , Mr.,               | l) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
|                                       | Mailing Address 3518 Colmar Quarter  |              |   | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
|                                       | City   | State        | Zip Code  | Transaction ID : PR6918518897  |  |  |  |  |  |
|                                       | Norfolk  | VA           | 23509-1247  | Amount of Each Receipt this Period   |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.   | С            |   | 230.78   |  |  |  |  |  |
|                                       | Name of Employer (for Individual)<br>New York Life Insurance Company                               |              | upation (for Individual)<br>naging Partner        | Memo Item  |  |  |  |  |  |
|                                       | Receipt For:   | Aggregate    | Year-to-Date ▼                                    |  |  |  |  |  |  |
|                                       | Primary General<br>Other (specify) ▼   |              | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)   |  |  |  |  |  |
| С.                                    | Full Name of Individual (Last, First, Middle Initia<br>Key, Olen S., , Mr.,                        | l) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |
|                                       | Mailing Address 581 Chesson Hill Drive   | -            |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |
|                                       | City   | State<br>AL  | Zip Code  | Transaction ID : PR69290618897   |  |  |  |  |  |
|                                       | Fitzpatrick  |              | 36029-2626  | Amount of Each Receipt this Period   |  |  |  |  |  |
| New York Life Insurance Company Assoc |  |              | 60.00   |  |  |  |  |  |  |
|                                       |  | Осси         | upation (for Individual)                          | Memo Item  |  |  |  |  |  |
|                                       |  | Asso         | ociate  |  |  |  |  |  |  |
|                                       | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>270.00                          | P/R Deduction (\$30.00 Bi-Weekly)  |  |  |  |  |  |
| s                                     | UBTOTAL of Receipts This Page (optional)   |              | ••••••  | 367.72   |  |  |  |  |  |
| т                                     | OTAL This Period (last page this line number on  | ıly)         |   |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                               |                                    | Use separate schedule(s)<br>for each category of the | FOR LINE NUMBER: PAGE 125 OF 186<br>(check only one)  |
|---|------------------------------------|--|---|
|   |                                    | Detailed Summary Page                                | X         11a         11b         11c         12           13         14         15         16         17 |
|   |                                    |  | e to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Col                  | mpany Politi                       | cal Action Committee                                 |   |
| Full Name of Individual (Last, First, Middle<br>A. Asher, Izhak, , Mr.,     | e Initial) or Full C               | rganization Name                                     | Date of Receipt   |
| Mailing Address 29 Center Drive   |                                    |  | 04 / D D / Y Y Y Y Y<br>2018  |
| City<br>Roslyn  | State<br>NY                        | Zip Code<br>11576-1445                               | Transaction ID : PR6945718897 Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                  | С                                  |  | 250.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age                         | upation (for Individual)<br>ent                      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate                          | Year-to-Date ▼<br>1000.00                            | P/R Deduction (\$250.00 Monthly)  |
| Full Name of Individual (Last, First, Middle<br>Pomerantz, Lloyd, , Mr.,    | e Initial) or Full C               | rganization Name                                     | Date of Receipt   |
| Mailing Address 1675 York Avenue Aprtment 10L                               |                                    |  | 04 30 2018  |
| City<br>New York  | State<br>NY                        | Zip Code<br>10128-6752                               | Transaction ID : PR6945918897<br>Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                  | С                                  |  | 91.34   |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age                         | upation (for Individual)<br>ent                      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate                          | Year-to-Date ▼<br>365.36                             | P/R Deduction (\$91.34 Monthly)   |
| Full Name of Individual (Last, First, Middle<br>C. Kagan, Harris E., , Mr., | e Initial) or Full C               | organization Name                                    | Date of Receipt   |
| Mailing Address 1608 Pandora Avenue   |                                    |  | 04 / D D / Y Y Y Y<br>30 / 2018   |
| City<br>Los Angeles   | State<br>CA                        | Zip Code<br>90024-6114                               | Transaction ID : PR6946218897           Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.                  | С                                  |  | 83.33   |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age                         | upation (for Individual)<br>nt                       | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate Year-to-Date ▼<br>333.32 |  | P/R Deduction (\$83.33 Monthly)   |
| SUBTOTAL of Receipts This Page (optiona                                     | )                                  |  | 424.67  |
| TOTAL This Period (last page this line num                                  | ber only)                          |  |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 126 OF

|   |                      | Use separate schedule(s)   | (check only one)   |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |
| Any information copied from such Reports ar<br>or for commercial purposes, other than using | nd Statements ma     | l<br>ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       berson for the purpose of soliciting contributions     te to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                                  | mpany Politi         | cal Action Committee   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Fischman, Ari, , Mr.,                       | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 22920 Coventry Woods La   | ane                  |  | 04 30 2018   |  |  |  |  |  |  |
| City<br>Southfield  | State<br>MI          | Zip Code<br>48034-2108   | Transaction ID : PR6946318897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |  | 250.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>Int  | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>1000.00  | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Isaacs, Leonard H., , Mr.,               | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 55 Bank Street Apt. N1002   |                      |  | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>White Plains  | State<br>NY          | Zip Code<br>10606-1902   | Transaction ID : PR6947118897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Allison, Harvey G., , Mr.,               | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 6228 Wild Heron Way   |                      |  | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>College Grove   | State<br>TN          | Zip Code<br>37046-1406   | Transaction ID : PR6948318897           Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |  | 116.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        |                      | upation (for Individual)<br>ior Partner                                  | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>522.00   | P/R Deduction (\$58.00 Bi-Weekly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                    |  | 466.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line num  | ber only)            |  |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 127 OF

| IT       | EMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                    | Image: Check only one)       Image: The second |  |  |  |  |  |
|----------|--|------------------------|--|--|--|--|--|--|--|
| Ar<br>or | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | ements ma<br>ame and a | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions  |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politio             | cal Action Committee   |  |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initial Cobb III, Henry H., , Mr.,                    | ) or Full O            | rganization Name   | Date of Receipt  |  |  |  |  |  |
|          | Mailing Address 8218 Longneedle Drive  |                        |  | 04 30 2018   |  |  |  |  |  |
|          | City   | State                  | Zip Code   | Transaction ID : PR6950818897  |  |  |  |  |  |
|          | Montgomery   | AL                     | 36117-5125   | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                      |  | 83.33  |  |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                   | upation (for Individual)   | Memo Item  |  |  |  |  |  |
|          | New York Life Insurance Company  | Age                    | nt   |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>333.32   | P/R Deduction (\$83.33 Monthly)  |  |  |  |  |  |
|          | Full Name of Individual (Last, First, Middle Initial   |                        |  |  |  |  |  |  |  |
| в.       | Franks, Chad W., , Mr.,<br>Mailing Address 126 Honours Drive                                       |                        |  | Date of Receipt  |  |  |  |  |  |
|          |  | 04 30 2018             |  |  |  |  |  |  |  |
|          | City   | State                  | Zip Code   | Transaction ID : PR6951018897  |  |  |  |  |  |
|          | Madison  | MS                     | 39110-6512   | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                      |  | 153.84   |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                        | upation (for Individual)<br>naging Partner                           | Memo Item  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>692.28   | P/R Deduction (\$76.92 Bi-Weekly)  |  |  |  |  |  |
| С.       | Full Name of Individual (Last, First, Middle Initial Reeves, Cameron M., , Mr.,                    | ) or Full O            | rganization Name   | Date of Receipt  |  |  |  |  |  |
|          | Mailing Address 1101 Harvest Hill Drive  | 1                      |  | 04 / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |
|          | City<br>Prosper  | State<br>TX            | Zip Code<br>75078-9150   | Transaction ID : PR6951918897  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                      |  | Amount of Each Receipt this Period   |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Ager           | upation (for Individual)<br>nt                                       | Memo Item  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate              | Year-to-Date ▼<br>240.00   | P/R Deduction (\$60.00 Monthly)  |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                        | •••••  | 297.17   |  |  |  |  |  |
| т        | OTAL This Period (last page this line number on  | ly)                    |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s                           |   |
|--|---|---|
| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page |   |
|  |   | any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                             |   |   |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Fitzpatrick, Jeffrey, , Mr., | Initial) or Full Organization Name                | Date of Receipt   |
| Mailing Address 103 Prospect Avenue  |   | 04 / D D / Y Y Y Y Y<br>2018  |
| City<br>Waterloo   | State Zip Code<br>IA 50703-4241                   | Transaction ID : PR6952918897           Amount of Each Receipt this Period                                  |
| FEC ID number of contributing federal political committee.                             | C   | 83.34   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                   | Occupation (for Individual)<br>Agent              | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate Year-to-Date ▼<br>333.36                | P/R Deduction (\$83.34 Monthly)   |
| Full Name of Individual (Last, First, Middle<br><b>6.</b> Garry, Kevin G., , Mr.,      | Initial) or Full Organization Name                | Date of Receipt   |
| Mailing Address 7005 S Edinburg Place  |   | 04 30 2018  |
| City<br>Sioux Falls  | State Zip Code<br>SD 57108-9402                   | Transaction ID : PR6954118897<br>Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                             | C   | 60.00   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                   | Occupation (for Individual)<br>Agent              | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate Year-to-Date ▼<br>240.00                | P/R Deduction (\$60.00 Monthly)   |
| Full Name of Individual (Last, First, Middle<br>Myers, Gary, , Mr.,                    | Initial) or Full Organization Name                | Date of Receipt   |
| Mailing Address 10825 Southwest 83rd Terr  | State Zip Code                                    | 04 / 30 / 2018<br>Transaction ID : PR6954318897   |
| Augusta  | KS 67010-8025                                     | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | C   | 250.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                   | Occupation (for Individual)<br>Agent              | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                                     | Aggregate Year-to-Date ▼<br>1000.00               | P/R Deduction (\$250.00 Monthly)  |
| SUBTOTAL of Receipts This Page (optional).   | ·   | > 393.34  |
| TOTAL This Period (last page this line number  | er only)  |   |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 129 OF

| ITEMIZED RECEIPTS |   |                           | Use separate schedule(s)  | (check only one)               |                                    |                     |            |         |       |    |  |
|-------------------|---|---------------------------|---|--------------------------------|------------------------------------|---------------------|------------|---------|-------|----|--|
| 11                |   |                           | for each category of the<br>Detailed Summary Page                     | <b>X</b> 11a                   |                                    | 11b                 | 11c        | 12      | Г     | 17 |  |
| Ar<br>or          | y information copied from such Reports and St for commercial purposes, other than using the | atements ma<br>name and a | ay not be sold or used by any po<br>ddress of any political committee | erson for the                  | e pui<br>contril                   | rpose of            | soliciting | contril | butio | ns |  |
|                   | NAME OF COMMITTEE (In Full)   |                           |   |                                |                                    |                     |            |         |       |    |  |
| $\rangle$         | New York Life Insurance Compa   | any Politi                | cal Action Committee  |                                |                                    |                     |            |         |       |    |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Paulseen, Brandon R., , Mr.,          | ial) or Full O            | rganization Name  | Date                           | of Re                              | eceipt              |            |         |       |    |  |
|                   | Mailing Address 3411 N Webb Road  |                           |   | 04                             |                                    | D D<br>30           | / Y        | 2018    |       |    |  |
|                   | City<br>Wichita   | State<br>KS               | Zip Code<br>67226-8125  |                                |                                    | tion ID :<br>Each R |            |         |       |    |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |   |                                |                                    |                     |            |         | 00.00 |    |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age               | upation (for Individual)<br>nt  |                                | Mem                                | o Item              |            |         |       |    |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>400.00  | P/R De                         | educt                              | ion (\$100          | ).00 Mon   | thly)   |       |    |  |
| в.                | Full Name of Individual (Last, First, Middle Initi<br>De La Rambelje, Peter, , Mr.,         | ial) or Full O            | rganization Name  | Date                           | of Re                              | eceipt              |            |         |       |    |  |
|                   | Mailing Address 9841 N Western Fork Trail   |                           |   | 04 / 0 / Y Y Y Y<br>04 30 2018 |                                    |                     |            |         |       |    |  |
|                   | City  | State Zip Code            |   |                                | Transaction ID : PR6955818897      |                     |            |         |       |    |  |
|                   | Tucson  | AZ 85742-8712             |   |                                | Amount of Each Receipt this Period |                     |            |         |       |    |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         | 300.00  |                                |                                    |                     |            |         |       |    |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Age               | upation (for Individual)<br>ent                                       |                                | Mem                                | o Item              |            |         |       |    |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>1200.00   | P/R De                         | educti                             | ion (\$300          | ).00 Mon   | thly)   |       |    |  |
| С.                | Full Name of Individual (Last, First, Middle Initi<br>Abadilla, Milo A., , Mr.,             | ial) or Full O            | rganization Name  | Date                           | of Re                              | eceipt              |            |         |       |    |  |
|                   | Mailing Address 3308 Moncucco Court   |                           |   | 04                             | 04 / D D / Y Y Y Y<br>04 30 2018   |                     |            |         |       |    |  |
|                   | City<br>San Jose  | State<br>CA               | Zip Code<br>95148-4348  |                                |                                    | tion ID :<br>Each R |            |         |       |    |  |
|                   | New York Life Insurance Company Ag  |                           |   |                                |                                    | y                   | - y        | 25      | 50.00 |    |  |
|                   |   |                           | upation (for Individual)<br>nt  |                                | Mem                                | o Item              |            |         |       |    |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼<br>1000.00   | P/R De                         | educt                              | ion (\$25(          | 0.00 Mon   | thly)   |       |    |  |
|                   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number c  |                           | <b>r</b>  |                                | -                                  | , .                 |            | 65      | 0.00  |    |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 130 OF

|  |                        | Use separate schedule(s)                                    | (check only one)  |  |  |  |  |  |  |
|--|------------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page           | <b>X</b> 11a 11b 11c 12<br>13 14 15 16 17   |  |  |  |  |  |  |
|  |                        |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                        |   |   |  |  |  |  |  |  |
| New York Life Insurance Co   | ompany Politi          | cal Action Committee  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>Gardner, Robert M., , Mr.,      | dle Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 145 E 84th Street<br>Apt. 6D                                 |                        |   | 04 30 2018  |  |  |  |  |  |  |
| City   | State                  | Zip Code  | Transaction ID : PR6965018897   |  |  |  |  |  |  |
| New York   | NY                     | 10028-5009  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                      |   | 76.94   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         |                        | upation (for Individual)<br>ior Vice President & Controller | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate              | Year-to-Date ▼<br>317.76                                    | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br><b>B.</b> Tsang, Bik Y., , Ms., | dle Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 80 Elizabeth Street Apt.                                     |                        |   | M         M         /         D         D         /         Y |  |  |  |  |  |  |
| City<br>New York   | State<br>NY            | Zip Code<br>10013-5596                                      |   |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |                        | 10013-3390  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C                      |   | 250.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occ<br>Age             | upation (for Individual)<br>ent                             | Memo Item   |  |  |  |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date ▼  |   |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   |                        | 1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Hsiao, Chu Ling, , Ms.,      | dle Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 19701 Northampton Dri  |                        |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City State<br>Saratoga CA  |                        | Zip Code<br>95070-3333                                      | Transaction ID : PR7067518897 Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                      |   | 91.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         | Occi<br>Age            | upation (for Individual)<br>nt                              | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate              | Year-to-Date ▼<br>365.36                                    | P/R Deduction (\$91.34 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                       | '<br>nal)              |   | 418.28  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                    | mber only)             |   |   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 131 OF

| ITEMIZED RECEIPTS                    |   |                                      | Use separate schedule(s)   | (check only one) |                                    |            |            |           |          |    |  |
|--------------------------------------|---|--------------------------------------|--|------------------|------------------------------------|------------|------------|-----------|----------|----|--|
| 11                                   |   |                                      | for each category of the<br>Detailed Summary Page                    | × 11a            | a 🗌                                | 11b<br>14  | 11c        | 1:        | Г        | 17 |  |
| Ar<br>or                             | y information copied from such Reports and St for commercial purposes, other than using the | atements ma<br>name and a            | ay not be sold or used by any p<br>ddress of any political committee | erson for th     | ne pu<br>contri                    | rpose of   | soliciting | g contr   | ibutic   | ns |  |
|                                      | NAME OF COMMITTEE (In Full)   |                                      |  |                  |                                    |            |            |           |          |    |  |
| $\langle \rangle$                    | New York Life Insurance Compa   | any Politi                           | cal Action Committee   |                  |                                    |            |            |           |          |    |  |
| А.                                   | Full Name of Individual (Last, First, Middle Initi<br>Steele, Joel I., , Mr.,               | ial) or Full O                       | rganization Name   | Date             | of R                               | eceipt     |            |           |          |    |  |
|                                      | Mailing Address 22 Belmont Circle   |                                      |  | 04               |                                    | / D D D 30 | ) / Y      | ү<br>201  | ү ү<br>8 |    |  |
|                                      | City<br>Columbus  | State<br>NJ                          | Zip Code<br>08022-9714   |                  |                                    |            | PR7070     |           |          |    |  |
|                                      | FEC ID number of contributing federal political committee.                                  | С                                    |  | Ē                |                                    |            |            | 2         | 50.00    |    |  |
|                                      | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Age                                  |  |                  | Mem                                | o Item     |            |           |          |    |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>1000.00  | P/R D            | educt                              | ion (\$250 | 0.00 Mon   | ithly)    |          |    |  |
| в.                                   | Full Name of Individual (Last, First, Middle Initi<br>Williams, Jeffrey C., , Mr.,          | ial) or Full O                       | rganization Name   | Date             | of R                               | eceipt     |            |           |          |    |  |
| Mailing Address 317 Sharondale Drive |   |                                      |  |                  |                                    | ,<br>30    | / Y        | ې<br>2018 | ү ү<br>З |    |  |
|                                      | City<br>El Paso   | State<br>TX                          | Zip Code<br>79912-4257   |                  | Transaction ID : PR7071118897      |            |            |           |          |    |  |
|                                      | FEC ID number of contributing federal political committee.                                  | C                                    |  |                  | Amount of Each Receipt this Period |            |            |           |          |    |  |
|                                      | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occupation (for Individual)<br>Agent |  |                  | Mem                                | o Item     |            |           |          |    |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>400.00   | P/R D            | educt                              | ion (\$100 | ).00 Mon   | thly)     |          |    |  |
| с.                                   | Full Name of Individual (Last, First, Middle Initi<br>Larsen, Jan, , Mr.,                   | ial) or Full O                       | rganization Name   | Date             | of R                               | eceipt     |            |           |          |    |  |
|                                      | Mailing Address 2008 123rd Avenue Northeast   | State                                | Zin Onde   |                  | 04 / D D / Y Y Y Y<br>2018         |            |            |           |          |    |  |
|                                      | City<br>Lake Stevens  | WA                                   | Zip Code<br>98258-9503   |                  |                                    |            | PR7126     |           |          |    |  |
|                                      | FEC ID number of contributing federal political committee.                                  | C                                    |  |                  |                                    | , .        | , <u>,</u> |           | 58.00    | )  |  |
|                                      | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occupation (for Individual)<br>Agent |  |                  | Memo Item                          |            |            |           |          |    |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>232.00   |  |                  |                                    | tion (\$58 | .00 Mont   | hly)      |          |    |  |
|                                      | UBTOTAL of Receipts This Page (optional)  |                                      |  |                  | -                                  | , .        |            | 4         | 08.00    |    |  |

# Ι...

FOR LINE NUMBER: PAGE 132 OF 186

| IT  | EMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|--|
|   | y information copied from such Reports and State<br>for commercial purposes, other than using the na                   |   |   |   |  |  |  |  |  |  |
| $\left\langle \right\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ny Politi   | cal Action Committee  |   |  |  |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initial<br>Homler, Robert E., , Mr.,<br>Mailing Address 209 Orchard Drive | ) or Full C   | Organization Name   | Date of Receipt   |  |  |  |  |  |  |
|   |  | 0   | 7   | 04 30 2018  |  |  |  |  |  |  |
|   | City<br>Mahwah   | State<br>NJ   | Zip Code<br>07430-1445  | Transaction ID : PR71418897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.   | С   |   | 70.00   |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age  | upation (for Individual)<br>ent   | Memo Item   |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>280.00  | P/R Deduction (\$70.00 Monthly)                                     |  |  |  |  |  |  |
| B.  | Full Name of Individual (Last, First, Middle Initial Van Winkle, William, , Mr.,                                       | ) or Full C   | Organization Name   | Date of Receipt   |  |  |  |  |  |  |
|   | Mailing Address 41 Breezy Point Road   | M         M         /         D         /         Y |   |   |  |  |  |  |  |  |
| City     State       Little Silver     NJ       FEC ID number of contributing<br>federal political committee.     C |  |   | Zip Code<br>07739-1703  | Transaction ID : PR71718897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|   |  |   |   | 250.00  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age  | upation (for Individual)<br>ent   | Memo Item   |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼ 1000.00  | P/R Deduction (\$250.00 Monthly)                                    |  |  |  |  |  |  |
| C.  |  | ) or Full C   | Organization Name   | Date of Receipt   |  |  |  |  |  |  |
|   | Mailing Address 4565 Northwest 24th Way  | 1   |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
|   | City<br>Boca Raton   | State<br>FL   | Zip Code<br>33431-8435  | Transaction ID : PR7175418897<br>Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  |  |   |   | 166.67  |  |  |  |  |  |  |
| New York Life Insurance Company Age   |  | upation (for Individual)<br>nt  | Memo Item   |   |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)   | P/R Deduction (\$166.67 Monthly)  |   |   |  |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |   | ····· •   | 486.67  |  |  |  |  |  |  |
| т   | OTAL This Period (last page this line number onl   | ly)   |   |   |  |  |  |  |  |  |

#### ta schadula(s) 1.1.0.0

FOR LINE NUMBER:

PAGE 133 OF

| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17   |  |  |  |  |  |  |
|--|----------------------|---|--|--|--|--|--|--|--|
|  |                      |   | berson for the purpose of soliciting contributions<br>te to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Col               | mpany Politi         | cal Action Committee                              |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Shadie, George R., , Mr., | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 57 Teaberry Drive<br>Sand Springs                        |                      |   | 04 30 2018   |  |  |  |  |  |  |
| City   | State<br>PA          | Zip Code  | Transaction ID : PR72418897  |  |  |  |  |  |  |
| Drums  | FA                   | 18222-2051  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                    |   | 250.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                  | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |
| New York Life Insurance Company  | Age                  | ent   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate            | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Varsa, Jeffrey, , Mr., | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 300 2nd Avenue Unit 313                                  | 2                    |   | 04 30 / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Needham  | State<br>MA          | Zip Code<br>02494-2942                            | Transaction ID : PR7251818897<br>Amount of Each Receipt this Period                                    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С                    |   | 250.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company     | Occ<br>Age           | upation (for Individual)<br>ent                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate            | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Stoll, Daniel, , Mr.,  | e Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 16 Kingston Circle                                       |                      |   | 04 30 2018   |  |  |  |  |  |  |
| City   | State<br>NY          | Zip Code<br>14094-5606                            | Transaction ID : PR7251918897  |  |  |  |  |  |  |
| EC ID number of contributing federal political committee.                | C                    | 14094-5000  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company     | Occ<br>Age           | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       |                      | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                  | l)                   |   | 600.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                               | ,                    |   |  |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 134 OF

|   | -                      | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |
|---|------------------------|---|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17                                  |  |  |  |  |  |  |
|   |                        |   | 13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                   | ompany Politi          | cal Action Committee                              |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>A. Ferris, Matthew S., , Mr.,  | dle Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 100 Countryside Road I                                      | Northwest              |   | M M / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>New Philadelphia  | State<br>OH            | Zip Code<br>44663-1327                            | Transaction ID : PR7252618897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | C                      |   | 100.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age             | upation (for Individual)<br>Int                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate              | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Salib, Raouf S., , Mr.,    | Date of Receipt        |   |  |  |  |  |  |  |  |
| Mailing Address 1221 Mill Creek Road  |                        |   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>Flint   | State<br>MI            | Zip Code<br>48532-2348                            | Transaction ID : PR7252918897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                      |   | 174.67   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age             | upation (for Individual)<br>ent                   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate              | Year-to-Date ▼<br>698.68                          | P/R Deduction (\$174.67 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Lucchino, Joseph W., , Mr., | dle Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 1100 Cambridge Street                                       |                        |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City<br>Natrona Heights   | State<br>PA            | Zip Code<br>15065-1010                            | Transaction ID : PR72718897           Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                  | С                      |   | 60.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company        | Occ<br>Age             | upation (for Individual)<br>nt                    | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate              | Year-to-Date ▼<br>240.00                          | P/R Deduction (\$60.00 Monthly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                      | al)                    |   | 334.67   |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                   | mber only)             |   |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the                | FOR LINE NUMBER: PAGE 135 OF 186<br>(check only one)  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
|   | Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the time of the second |  | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.    |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com  | pany Political Action Committee                                  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Lenz, Scott L., , Mr.,  | nitial) or Full Organization Name                                | Date of Receipt   |  |  |  |  |  |
| Mailing Address 41 Bellevue Avenue  |  | 04 / 0 D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
| City<br>Summit  | StateZip CodeNJ07901-2007  | Transaction ID : PR7295918897 Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 153.86  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occupation (for Individual)<br>Svp, Deputy Gc & Chief Tax Counse | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>653.91                               | P/R Deduction (\$76.93 Bi-Weekly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Fitzgerald, Edward J., , Mr.,   | nitial) or Full Organization Name                                | Date of Receipt   |  |  |  |  |  |
| Mailing Address 181 Whitehall Boulevard   |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |
| City<br>Garden City   | State Zip Code<br>NY 11530-1337                                  | Transaction ID : PR7345518897<br>Amount of Each Receipt this Period                                       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 88.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occupation (for Individual)<br>Managing Director                 | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>396.00                               | P/R Deduction (\$44.00 Bi-Weekly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Baumberger, Kevin L., , Mr.,  | nitial) or Full Organization Name                                | Date of Receipt   |  |  |  |  |  |
| Mailing Address 7593 Sangiovese Drive   |  | 04 30 2018  |  |  |  |  |  |
| City<br>El Dorado Hills   | StateZip CodeCA95762-7727  | Transaction ID : PR7347018897           Amount of Each Receipt this Period                                |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 153.86  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occupation (for Individual)<br>Managing Partner                  | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>692.37                               | P/R Deduction (\$76.93 Bi-Weekly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |  | 395.72  |  |  |  |  |  |
| TOTAL This Period (last page this line numbe  | er only)   |   |  |  |  |  |  |

#### ta schadula(s) 1.1.0.0

FOR LINE NUMBER:

PAGE 136 OF

| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |  |  |  |  |
|--|------------------------|---|---|--|--|--|--|--|--|--|
|  |                        |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                  | ompany Politi          | cal Action Committee                              |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>Berlin, Scott L., , Mr.,     | dle Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 22 Jerome Road   |                        |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |  |
| City   | State                  | Zip Code  | Transaction ID : PR7347118897   |  |  |  |  |  |  |  |
| Syosset  | NY                     | 11791-3207  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                      |   | 230.78  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                    | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| New York Life Insurance Company  | Ser                    | ior Vice President                                |   |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |
| Other (specify) ▼  |                        | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Heller, Thomas S., , Mr., | dle Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 230 Mahwah Road  |                        |   | 04 30 / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |  |
| City   | State                  | Zip Code  | Transaction ID : PR7348618897   |  |  |  |  |  |  |  |
| Mahwah   | NJ                     | 07430-1440  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                      |   | 46.48   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company       |                        | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date 🔻                                    | 7   |  |  |  |  |  |  |  |
| Other (specify) ▼  |                        | 209.16  | P/R Deduction (\$23.24 Bi-Weekly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Silber, Irwin, , Mr.,     | dle Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 16 Green Hill Lane   |                        |   | 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |  |  |  |  |  |
| City<br>New Homostoad  | State<br>NY            | Zip Code<br>10977-1607                            | Transaction ID : PR7349418897   |  |  |  |  |  |  |  |
| New Hempstead  |                        | 10377-1007  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                      |   | 82.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                    | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| New York Life Insurance Company  | Vice                   | President & Actuary                               |   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate              | Year-to-Date ▼<br>369.00                          | P/R Deduction (\$41.00 Bi-Weekly)   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                     | al)                    |   | 359.26  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                  | mber only)             | ······  |   |  |  |  |  |  |  |  |

FOR LINE NUMBER: PAGE 137 OF 186

| IT                                  | EMIZED RECEIPTS   |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |  |  |  |  |
|-------------------------------------|---|-------------|---|---|--|--|--|--|--|--|--|
|                                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |             |   |   |  |  |  |  |  |  |  |
| $\left\langle \right\rangle$        | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politi   | tical Action Committee  |   |  |  |  |  |  |  |  |
| Α.                                  | Full Name of Individual (Last, First, Middle Initial Walsh, Richard M., , Mr.,                      | ) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |
|                                     | Mailing Address 32 Hilltop Road   | 1 -         |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |  |
|                                     | City<br>Waccabuc  | State<br>NY | Zip Code<br>10597-1003  | Transaction ID : PR7350318897 Amount of Each Receipt this Period    |  |  |  |  |  |  |  |
|                                     | FEC ID number of contributing federal political committee.  | С           |   | 50.00   |  |  |  |  |  |  |  |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | cupation (for Individual)<br>anaging Director                                 | Memo Item   |  |  |  |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>225.00  | P/R Deduction (\$25.00 Bi-Weekly)                                   |  |  |  |  |  |  |  |
| R                                   | Full Name of Individual (Last, First, Middle Initial Nguyen, Binh Q., , Mr.,                        | ) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |
| D.                                  | Mailing Address 1575 Laurelwood Crossing Place  | •           |   | 04 / 0 / Y Y Y Y<br>04 / 30 / 2018                                  |  |  |  |  |  |  |  |
|                                     | City<br>San Jose  | State<br>CA | Zip Code<br>95138-2753  | Transaction ID : PR7352318897<br>Amount of Each Receipt this Period |  |  |  |  |  |  |  |
|                                     | FEC ID number of contributing federal political committee.  | С           |   | Memo Item   |  |  |  |  |  |  |  |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                                |             | cupation (for Individual)<br>anaging Partner                                  |   |  |  |  |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>1423.06   | P/R Deduction (\$192.30 Bi-Weekly)                                  |  |  |  |  |  |  |  |
| C.                                  | Full Name of Individual (Last, First, Middle Initial Mostransky, Kyle, , Mr.,                       | ) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |
|                                     | Mailing Address 25 Sunnywoods Drive   |             |   | 04 30 2018  |  |  |  |  |  |  |  |
|                                     | City<br>Huntington Station  | State<br>NY | Zip Code<br>11746-4732  | Transaction ID : PR7418818897                                       |  |  |  |  |  |  |  |
|                                     | FEC ID number of contributing federal political committee.  | C           |   | Amount of Each Receipt this Period                                  |  |  |  |  |  |  |  |
| New York Life Insurance Company Age |   |             | cupation (for Individual)<br>ent  | Memo Item   |  |  |  |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | e Year-to-Date ▼<br>365.36  | P/R Deduction (\$91.34 Monthly)                                     |  |  |  |  |  |  |  |
| s                                   | UBTOTAL of Receipts This Page (optional)  |             |   | 525.94  |  |  |  |  |  |  |  |
| т                                   | OTAL This Period (last page this line number on   | ly)         | ►   |   |  |  |  |  |  |  |  |

#### ta schadula(s) 1.1.0.0

FOR LINE NUMBER:

PAGE 138 OF

| ITEMIZED RECEIPTS  |                       | for each category of the<br>Detailed Summary Page | (check only one)         X       11a         11b       11c         12         13       14         15       16         17 |  |  |  |  |  |  |  |
|--|-----------------------|---|--|--|--|--|--|--|--|--|
|  |                       |   | e to solicit contributions from such committee.  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Co                    | mpany Politi          | cal Action Committee                              |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. McAvinn, Peter J., , Mr.,   | le Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 30 Royalston Road  |                       |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City   | State                 | Zip Code  | Transaction ID : PR7418897   |  |  |  |  |  |  |  |
| Wellesley  | MA                    | 02481-1243  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | C                     |   | 230.78   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occi                  | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |
| New York Life Insurance Company  | Mar                   | naging Partner                                    |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate             | Year-to-Date V                                    |  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   |                       | 1038.51   | P/R Deduction (\$115.39 Bi-Weekly)   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Caminiti, Philip E., , Mr., | le Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 1 Laurel Court   |                       |   | 04 30 / Y Y Y Y<br>2018  |  |  |  |  |  |  |  |
| City   | State                 | Zip Code  | Transaction ID : PR7451018897  |  |  |  |  |  |  |  |
| Oakland  | NJ                    | 07436-2610  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                     |   | 76.94  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company         |                       | upation (for Individual)<br>e President           | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate             | Year-to-Date ▼                                    | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>   | L                     | , 346.23  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Oxenberg, Larry K., , Mr.,  | le Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 8302 Old York Road Apt                                       | . A23                 |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City   | State                 | Zip Code  | Transaction ID : PR74518897  |  |  |  |  |  |  |  |
| Elkins Park  | PA                    | 19027-1531  | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                     |   | 54.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Осси                  | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |
| New York Life Insurance Company  | Age                   | nt  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate             | Year-to-Date ▼<br>216.00                          | P/R Deduction (\$54.00 Monthly)  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                      | al)                   |   | 361.72   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                   |                       |   |  |  |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 139 OF

| IT.  | EMIZED RECEIPTS   | Use separate schedule(s)             |  | (ch                              | (check only one)                                    |                                  |                 |            |          |         |     |
|--|---|--------------------------------------|--|----------------------------------|---|----------------------------------|-----------------|------------|----------|---------|-----|
| 11   |   |                                      | for each category of the<br>Detailed Summary Page                      | ×                                | <b>′</b> 11a<br>13                                  |                                  | 11b<br>14       | 11c<br>15  |          | 2       | 17  |
| Ar<br>or   | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a           | ay not be sold or used by any pe<br>Iddress of any political committee | erson<br>to so                   | for the   | purp<br>ntrib                    | oose of         | soliciting | cont     | ributio | ons |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |                                      |  |                                  |   |                                  |                 |            |          |         |     |
|  | New York Life Insurance Compa   | any Politi                           | cal Action Committee   |                                  |   |                                  |                 |            |          |         |     |
| Full Name of Individual (Last, First, Middle Initial) or A. Carter, Lawrence, , Mr., |   |                                      | organization Name  |                                  | Date of   | Re                               | ceipt           |            |          |         |     |
|  | Mailing Address 1176 Monte De Luz Way   |                                      |  |                                  | <sup>M</sup> 04                                     | 1                                | D D<br>30       | / Y        | y<br>201 | 18      | Ŷ   |
|  | City<br>Henderson   | State<br>NV                          | Zip Code<br>89012-5730   | _                                |   |                                  |                 | PR7452     |          |         |     |
|  | FEC ID number of contributing federal political committee.                                    | С                                    |  |                                  | <u> </u>  |                                  |                 | - 7-       |          | 76.94   | 4   |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                          |                                      | upation (for Individual)<br>naging Partner                             |                                  | M   | emo                              | Item            |            |          |         |     |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>346.23   | F                                | P/R Ded   | uctio                            | on (\$38        | 47 Bi-We   | eekly)   |         |     |
| R  | Full Name of Individual (Last, First, Middle Ini<br>Angiulli, John M., , Mr.,                 | tial) or Full O                      | organization Name  |                                  | Date of   | Re                               | ceint           |            |          |         |     |
| 0.   | Mailing Address 1059 Old Orchard Drive  |                                      |  | Date of Receipt                  |   |                                  |                 |            |          |         |     |
|  | City  | State                                | Zip Code   |                                  | Trans   | acti                             | on ID :         | PR74818    | 3897     |         |     |
|  | Gibsonia  | PA                                   | 15044-6081   | _                                | Amount  | t of                             | Each R          | eceipt th  | is Pe    | riod    |     |
|  | FEC ID number of contributing federal political committee.                                    | С                                    |  |                                  |   |                                  |                 |            | 1        | 135.00  | 0   |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                          | Occupation (for Individual)<br>Agent |  |                                  | Memo Item   |                                  |                 |            |          |         |     |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | Aggregate Year-to-Date ▼<br>540.00                                     |                                  |   | P/R Deduction (\$135.00 Monthly) |                 |            |          |         |     |
| с.   | Full Name of Individual (Last, First, Middle Ini<br>Steele, Tema L., , Ms.,                   | tial) or Full O                      | organization Name  |                                  | Date of   | Re                               | ceipt           |            |          |         |     |
|  | Mailing Address 4 Paige Court   |                                      |  |                                  | <sup>M</sup> 04                                     | 1                                | <sup>D</sup> 30 | JL         | 201      |         | Ŷ   |
|  | City<br>Cherry Hill   | State<br>NJ                          | Zip Code<br>08002-2817   |                                  |   |                                  |                 | PR7641     |          | riod    |     |
|  | FEC ID number of contributing federal political committee.                                    | С                                    |  |                                  | Amount of Each Receipt this Period 416.66 Memo Item |                                  |                 |            |          |         |     |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                          | Occu<br>Ager                         | upation (for Individual)<br>nt   |                                  |   |                                  |                 |            |          |         |     |
| Receipt For:     Aggrega       Primary     General       Other (specify)             |   |                                      | Year-to-Date ▼<br>1666.64  | P/R Deduction (\$416.66 Monthly) |   |                                  |                 |            |          |         |     |
| s  | UBTOTAL of Receipts This Page (optional)  |                                      | •  | -                                |   | _                                | ,               | ,          | 6        | 628.60  |     |
| Т  | OTAL This Period (last page this line number  | only)                                | ••••••   |                                  | Li_   |                                  | _               |            |          |         |     |

#### to schodula(s) l leo

FOR LINE NUMBER:

PAGE 140 OF

| ITE  | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | (check only one)                                  |  |  |  |  |  |  |
|--|---|---------------|---|---|--|--|--|--|--|--|
|  | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                          |               |   | erson for the purpose of soliciting contributions |  |  |  |  |  |  |
| $\rangle$  | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar   | ny Politic    | al Action Committee                               |   |  |  |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initia<br>Piotrowicz, Michael T., , Mr.,<br>Mailing Address 347 Stenton Avenue | ) or Full Org | ganization Name                                   | Date of Receipt                                   |  |  |  |  |  |  |
|  |   |               |   | 04 30 2018  |  |  |  |  |  |  |
|  | City<br>Plymouth Meeting  | State<br>PA   | Zip Code<br>19462-1221                            | Transaction ID : PR77718897                       |  |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С             |   | Amount of Each Receipt this Period                |  |  |  |  |  |  |
|  | Name of Employer (for Individual)   | Occup         | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |
|  | New York Life Insurance Company   | Agen          | t   |   |  |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y   | /ear-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)                  |  |  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initia<br>Ingel, Tessa, , Ms.,   | ) or Full Org | ganization Name                                   | Date of Receipt                                   |  |  |  |  |  |  |
|  | Mailing Address 817 22nd Street   |               |   | 04 / D D / Y Y Y Y Y<br>2018                      |  |  |  |  |  |  |
|  | City  | State<br>CA   | Zip Code<br>90403-2008                            | Transaction ID : PR79118897                       |  |  |  |  |  |  |
|  | Santa Monica  |               | 90403-2008  | Amount of Each Receipt this Period                |  |  |  |  |  |  |
|  | FEC ID number of contributing<br>federal political committee.   | С             |   | 100.00  |  |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occup<br>Agen | pation (for Individual)<br>t                      | Memo Item   |  |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Y   | /ear-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)                  |  |  |  |  |  |  |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Morrison, Jeffrey A., , Mr.,   | ) or Full Org | ganization Name                                   | Date of Receipt                                   |  |  |  |  |  |  |
|  | Mailing Address 1451 Radbill Circle   |               |   | 04 30 / Y Y Y Y<br>04 30 2018                     |  |  |  |  |  |  |
|  | City  | State<br>PA   | Zip Code  | Transaction ID : PR79618897                       |  |  |  |  |  |  |
|  | Berwyn  | PA            | 19312-2502  | Amount of Each Receipt this Period                |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee. |   |               |   | 83.34   |  |  |  |  |  |  |
|  | Name of Employer (for Individual)   |               | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |
|  | New York Life Insurance Company Receipt For:  | Agent         |   |   |  |  |  |  |  |  |
|  | Primary General<br>Other (specify)  | Aggregate Y   | ′ear-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)                   |  |  |  |  |  |  |
| S  | JBTOTAL of Receipts This Page (optional)  |               |   | 433.34  |  |  |  |  |  |  |
| -  | OTAL This Period (last page this line number on   |               |   |   |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 141 OF

|  |   |   | Use separate schedule(s)   |                       |                                  | (check only one)                   |                      |                                       |        |          |     |  |  |
|--|---|---|--|-----------------------|----------------------------------|------------------------------------|----------------------|---------------------------------------|--------|----------|-----|--|--|
| 11   | EMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                    | ×                     | 11a<br>13                        |                                    | 11b<br>14            | 11c                                   |        | 12<br>16 | 17  |  |  |
| Ar<br>or   | y information copied from such Reports and St for commercial purposes, other than using the | tatements ma<br>name and a                | ay not be sold or used by any p<br>address of any political committe | erson fo<br>e to soli | or the<br>icit cor               | pur<br>ntrib                       | pose of<br>outions f | soliciting                            | g cont | tributio | ons |  |  |
| $\overline{\}$   | NAME OF COMMITTEE (In Full)   |   |  |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
| $ \rangle$   | New York Life Insurance Compa   | any Politi                                | cal Action Committee   |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Init<br>Auteri, Joseph A., , Mr.,              | ial) or Full O                            | Organization Name  |                       | Date of                          | f Do                               | coint                |                                       |        |          |     |  |  |
| A. Auteri, Joseph A., , Mr.,<br>Mailing Address 1833 Montgomery Avenue |   |   |  |                       |                                  |                                    |                      |                                       | V      | Y        | v   |  |  |
|  |   |   |  |                       | 04                               | ľ                                  | 30                   |                                       | 201    |          |     |  |  |
|  | City  | State<br>PA                               | Zip Code   |                       |                                  |                                    |                      | PR7971                                |        |          |     |  |  |
|  | Villanova   | FA  | 19085-1816   | A                     | mount                            | t of                               | Each R               | eceipt th                             | is Pe  | riod     |     |  |  |
|  | FEC ID number of contributing federal political committee.                                  | C   |  |                       | _                                | _                                  |                      |                                       | 2      | 250.00   | D   |  |  |
|  | Name of Employer (for Individual)   | Осси                                      | upation (for Individual)   |                       | M                                | emc                                | Item                 |                                       |        |          |     |  |  |
|  | New York Life Insurance Company   | Age                                       | ent  |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
|  | Receipt For:<br>Primary General   | Aggregate                                 | Year-to-Date ▼   |                       |                                  |                                    |                      | 0.00                                  |        |          |     |  |  |
|  | Other (specify) ▼   |   | 1000.00  |                       | R Dea                            | UCT                                | on (\$250            | 0.00 Mor                              | itniy) |          |     |  |  |
|  |   |   |  |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
| _  | Full Name of Individual (Last, First, Middle Init   | ial) or Full O                            | Organization Name  |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
| в.   | Rocco, John, , Mr.,<br>Mailing Address 16 Midland Road                                      |   |  |                       | Date of                          | t Re                               |                      |                                       |        |          |     |  |  |
|  | Maining Address 16 Midland Road   |   |  | 04 30 _2018 _         |                                  |                                    |                      |                                       |        |          |     |  |  |
|  | City  | State Zip Code                            |  |                       |                                  | Transaction ID : PR8018897         |                      |                                       |        |          |     |  |  |
|  | Lynnfield   | MA 01940-1265                             |  |                       |                                  | Amount of Each Receipt this Period |                      |                                       |        |          |     |  |  |
|  | FEC ID number of contributing federal political committee.                                  | C<br>Occupation (for Individual)<br>Agent |  |                       | 250.00                           |                                    |                      |                                       |        |          |     |  |  |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                        |   |  |                       | Memo Item                        |                                    |                      |                                       |        |          |     |  |  |
|  | Receipt For:  | Aggregate                                 | Aggregate Year-to-Date ▼   |                       |                                  |                                    | -                    |                                       |        |          |     |  |  |
|  | Primary     General       Other (specify) ▼   |   | , 1000.00  | P/I                   | P/R Deduction (\$250.00 Monthly) |                                    |                      |                                       |        |          |     |  |  |
| с.   | Full Name of Individual (Last, First, Middle Init<br>Wolf, Terrence L., , Mr.,              | ial) or Full O                            | Organization Name  |                       | Date of                          | f Re                               | ceipt                |                                       |        |          |     |  |  |
|  | Mailing Address 119 Great Circle Road   |   |  |                       | <sup>M</sup> 04                  | /                                  | 30                   | / Y                                   | 201    |          | Ŷ   |  |  |
|  | City  | State<br>PA                               | Zip Code   |                       |                                  |                                    |                      | PR8171                                |        |          |     |  |  |
|  | Landenberg  | FA  | 19350-9110   | A                     | mount                            | t of                               | Each R               | eceipt th                             | is Pe  | riod     |     |  |  |
|  | FEC ID number of contributing federal political committee.                                  | C   |  | 1Ŀ                    | 175.00<br>Memo Item              |                                    |                      |                                       |        |          |     |  |  |
|  | Name of Employer (for Individual)   | Оссі                                      | upation (for Individual)   |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
|  | New York Life Insurance Company   | Ager                                      | nt   |                       |                                  |                                    |                      |                                       |        |          |     |  |  |
|  | Receipt For:<br>Primary General   | Aggregate                                 | Year-to-Date ▼   | D/                    |                                  | lucti                              | on (¢17)             | 5.00 Mor                              | othly) |          |     |  |  |
|  | Other (specify)   |   | 700.00   |                       | K Deu                            | lucu                               | 011 (\$173           | 5.00 10101                            | iuny)  |          |     |  |  |
|  | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number of |   |  |                       | -                                |                                    | ,                    | , , , , , , , , , , , , , , , , , , , | 6      | 675.00   |     |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 142 OF

| ITE                          | EMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                    | Image: Check only one)       Image: The image: The image is a straight one image is a s |  |  |  |  |  |  |
|------------------------------|--|------------------------|--|---|--|--|--|--|--|--|
| An<br>or                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | ements ma<br>ame and a | y not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee.   |  |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politio             | cal Action Committee   |   |  |  |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial Jones, Ronald D., , Mr.,                      | ) or Full Oi           | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                              | Mailing Address 1261 Lake Vue Drive  | 04-4-                  | The Oak  | 04 / D D / Y Y Y Y<br>04 2018   |  |  |  |  |  |  |
|                              | City<br>Butler   | State<br>PA            | Zip Code<br>16002-7625   | Transaction ID : PR83818897 Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                      |  | 83.00   |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Agei           | ipation (for Individual)<br>ht                                       | Memo Item   |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>332.00   | P/R Deduction (\$83.00 Monthly)   |  |  |  |  |  |  |
|                              | Full Name of Individual (Last, First, Middle Initial Catlos, Larry, , Mr.,                         | ) or Full Oi           | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                              | Mailing Address 2718 Rebecca Street  |                        |  | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
|                              | City<br>Indiana  | State<br>PA            | Zip Code<br>15701-2337   | Transaction ID : PR83918897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                      |  | 83.34   |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Age            | upation (for Individual)<br>nt                                       | Memo Item   |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>, 333.36   | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| c.                           | Full Name of Individual (Last, First, Middle Initial Weatherford, Larry, , Mr.,                    | ) or Full Oi           | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                              | Mailing Address 106 S Norfolk Way  |                        |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
|                              | City<br>Goose Creek  | State<br>SC            | Zip Code<br>29445-7103   | Transaction ID : PR8421418897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                      |  |   |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Ager           | ipation (for Individual)<br>It                                       | Memo Item   |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate              | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| SI                           | JBTOTAL of Receipts This Page (optional)   |                        |  | 266.34  |  |  |  |  |  |  |
| т                            | OTAL This Period (last page this line number on  | ly)                    |  |   |  |  |  |  |  |  |

#### to schodula(s) l leo

FOR LINE NUMBER:

PAGE 143 OF

| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17  |  |  |  |  |  |  |
|---|--------------------|---|---|--|--|--|--|--|--|
|   |                    |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                      | npany Politi       | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Ducato, Robert P., , Mr.,       | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 10 Franklin Street  |                    |   | 04 30 Y Y Y Y Y<br>2018   |  |  |  |  |  |  |
| City  | State<br>NY        | Zip Code  | Transaction ID : PR84318897   |  |  |  |  |  |  |
| Westfield   |                    | 14787-1009  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | С                  |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ                | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| New York Life Insurance Company   | Age                | ent   |   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate          | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Zaleski, Bernard F., , Mr.,  | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 9461 E Cross Creek Circle                                       |                    |   | 04 30 2018  |  |  |  |  |  |  |
| City<br>Wichita   | State<br>KS        | Zip Code<br>67206-4063                            | Transaction ID : PR8491818897<br>Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | С                  |   | 100.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company            | Occ<br>Age         | supation (for Individual)<br>ent                  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate          | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Anderson, Michael S., , Mr., | Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 29002 Acanthus Court  |                    |   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Agoura  | State<br>CA        | Zip Code<br>91301-1629                            | Transaction ID : PR8492718897   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C                  |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company            | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate          | Year-to-Date ▼<br>300.00                          | P/R Deduction (\$75.00 Monthly)   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                       |                    |   | 275.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb                                     | per only)          |   |   |  |  |  |  |  |  |

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 144 OF

| IТ             |  |   | Use separate schedule(s)                          |                                    |             | (check only one) |                 |            |                |        |  |  |
|----------------|--|---|---|------------------------------------|-------------|------------------|-----------------|------------|----------------|--------|--|--|
| 1              |  |   | for each category of the<br>Detailed Summary Page | ×                                  | 11a<br>13   |                  | 11b             | 11c<br>15  | 12             | 17     |  |  |
|                | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r |   |   |                                    | for the     |                  | ose of          | soliciting | contribu       | utions |  |  |
| $\overline{\}$ | NAME OF COMMITTEE (In Full)  |   |   |                                    |             |                  |                 |            |                |        |  |  |
| $\rangle$      | New York Life Insurance Compa  | ny Politio  | cal Action Committee                              |                                    |             |                  |                 |            |                |        |  |  |
|                | Full Name of Individual (Last, First, Middle Initia<br>Mittelman, Hershey, , Mr.,                  | al) or Full Or  | ganization Name                                   |                                    | <b>D</b>    |                  |                 |            |                |        |  |  |
| Α.             | Mailing Address 1256 56th Street   |   |   |                                    | Date of     | Re               |                 |            | N X            | X      |  |  |
|                |  |   |   |                                    | 04          | <i>'</i>         | <sup>D</sup> 30 | / Y        | 2018           | - Y    |  |  |
|                | City   | State<br>NY   | Zip Code  |                                    |             |                  |                 | PR84930    |                |        |  |  |
|                | Brooklyn   |   | 11219-4505  |                                    | Amount      | of               | Each R          | eceipt th  | is Period      | t      |  |  |
|                | FEC ID number of contributing federal political committee.   | С   |   |                                    |             |                  | ,               | -          | 100            | .00    |  |  |
|                | Name of Employer (for Individual)  | Occu  | pation (for Individual)                           |                                    | Me          | emo              | Item            |            |                |        |  |  |
|                | New York Life Insurance Company  | Ager  | nt  |                                    |             |                  |                 |            |                |        |  |  |
|                | Receipt For:   | Aggregate   | Year-to-Date ▼                                    | _   _                              |             |                  | m (@100         | 00 Man     | <b>4</b> 61.4) |        |  |  |
|                | Other (specify) ▼  |   | 400.00  |                                    | /R Deu      | ucuc             | 511 (\$10C      | ).00 Mon   | uny)           |        |  |  |
|                |  |   | · · · · ·   |                                    |             |                  |                 |            |                |        |  |  |
| R              | Full Name of Individual (Last, First, Middle Initia<br>Vahl, Matthew E., , Mr.,                    | al) or Full Or  | ganization Name                                   |                                    | Date of     | Ro               | coint           |            |                |        |  |  |
| υ.             | Mailing Address 1419 Pine Cove Court   |   | _   |                                    | /           |                  | / Y             | Y Y        | Y              |        |  |  |
|                |  |   |   | 04 30 2018                         |             |                  |                 |            |                |        |  |  |
|                | City<br>Darien   | State<br>IL   |   | Transaction ID : PR8497618897      |             |                  |                 |            |                |        |  |  |
|                | FEC ID number of contributing  |   |   | Amount of Each Receipt this Period |             |                  |                 |            |                |        |  |  |
|                | federal political committee.   | С   |   | 230.78                             |             |                  |                 |            |                |        |  |  |
|                | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occupation (for Individual)<br>Corporate Vice President |   |                                    | Memo Item   |                  |                 |            |                |        |  |  |
|                | Receipt For:   | Aggregate   | Year-to-Date <b>V</b>                             |                                    | -           |                  |                 |            |                |        |  |  |
|                | Other (specify) ▼  | · · · ·   | 1038.51   | P                                  | /R Dedu     | uctio            | on (\$115       | 5.39 Bi-W  | eekly)         |        |  |  |
|                |  |   | ,           |                                    |             |                  |                 |            |                |        |  |  |
| C.             | Full Name of Individual (Last, First, Middle Initia<br>Mikell III, Jenkins, , Mr.,                 | al) or Full Or  | ganization Name                                   |                                    | Date of     | Re               | ceipt           |            |                |        |  |  |
|                | Mailing Address 8 Lord Nelson Court  |   |   |                                    | M           | /                | DDD             | / Y        | Y Y            | Y      |  |  |
|                | City   | State   | Zip Code  |                                    | 04<br>Trans | acti             | 30              | PR8531     | 2018           | _      |  |  |
|                | Columbia   | SC  | 29209-1910  |                                    |             |                  |                 | eceipt th  |                | d      |  |  |
|                | FEC ID number of contributing  | C   |   |                                    | -           |                  |                 |            | 02             | .34    |  |  |
|                | federal political committee.   | С   |   |                                    | <u></u>     | -                | 9               | . y        | 03             | .34    |  |  |
|                | Name of Employer (for Individual)  | Occu  | pation (for Individual)                           |                                    | M           | emo              | ltem            |            |                |        |  |  |
|                | New York Life Insurance Company  | Ager  | ıt  |                                    |             |                  |                 |            |                |        |  |  |
|                | Receipt For:   | Aggregate   | Year-to-Date 🔻                                    |                                    | P/R Ded     | uctio            | n (\$83         | 34 Montl   | (עור           |        |  |  |
|                | Other (specify)  |   | 333.36  |                                    | /IT Deu     | uono             | JII (400.       |            | iiy)           |        |  |  |
|                |  |   |   |                                    |             |                  |                 |            |                |        |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |   |   |                                    |             |                  | ,               | ,          | 414            | .12    |  |  |
| т              | OTAL This Period (last page this line number or  | nly)  |   |                                    |             |                  |                 |            |                |        |  |  |
|                |  | - /   | ,   | •                                  |             |                  | 7               | 7          |                |        |  |  |
## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 145 OF

|   |                                   | Use separate schedule(s)   | (check only one)   |  |  |  |  |  |  |  |
|---|-----------------------------------|--|--|--|--|--|--|--|--|--|
| ILEIVILLED KEGEIPIS   |                                   | for each category of the<br>Detailed Summary Page                        | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |  |  |
| Any information copied from such Reports an<br>or for commercial purposes, other than using             | d Statements ma<br>the name and a | I<br>ay not be sold or used by any p<br>ddress of any political committe | 13     14     15     16     17       version for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Con  |                                   |  |  |  |  |  |  |  |  |  |
| <ul> <li>Full Name of Individual (Last, First, Middle</li> <li>Mhitehead, Phillip R., , Mr.,</li> </ul> | Initial) or Full C                | organization Name  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 145 Woodland Greens Dri   | ve                                |  | 04 30 2018   |  |  |  |  |  |  |  |
| City<br>Brandon   | State<br>MS                       | Zip Code<br>39047-8773   | Transaction ID : PR8532518897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 75.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Occ<br>Age                        | upation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                         | Year-to-Date ▼<br>300.00   | P/R Deduction (\$75.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Richards, John T., , Mr.,                            | Initial) or Full C                | organization Name  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 9910 Osuna Road Northea   |                                   |  | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City<br>Albuquerque   | State<br>NM                       | Zip Code<br>87111-2200   | Transaction ID : PR8532618897<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 83.34  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Occ<br>Age                        | upation (for Individual)<br>ent  | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                         | Year-to-Date ▼<br>333.36   | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Winter, Brian J., , Mr.,                             | Initial) or Full C                | organization Name  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 1513 Oxford Road  | Chata                             | Zin Oode   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |  |  |  |
| City<br>Wantagh   | State<br>NY                       | Zip Code<br>11793-2445   | Transaction ID : PR8532718897           Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                                 |  | 50.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                    | Age                               |  | Memo Item  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify)  |                                   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                                   |  | 208.34   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb   | per only)                         |  |  |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X<br>ITEMIZED RECEIPTS                               | Use separate schedule(s)<br>for each category of the  | FOR LINE NUMBER: PAGE 146 OF 186<br>(check only one)  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
|  | Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
| or for commercial purposes, other than using                               | d Statements may not be sold or used by any pe<br>the name and address of any political committee |   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                 | npany Political Action Committee  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Lackey, Michael P., , Mr.,    | Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 25 Zaitz Farm Road   |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
| City<br>Princeton Junction   | StateZip CodeNJ08550-3314   | Transaction ID : PR8535018897           Amount of Each Receipt this Period                                |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.              | C   | 124.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company       | Occupation (for Individual)<br>Vice President   | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>558.00  | P/R Deduction (\$62.00 Bi-Weekly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Steinberg, Joel M., , Mr., | Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 44 Spruce Street   |   | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |  |
| City<br>Princeton Junction   | StateZip CodeNJ08550-2019   | Transaction ID : PR85518897<br>Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C   | 230.78  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company       | Occupation (for Individual)<br>Svp, Chief Risk Officer & Chief Actuar                             | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>1038.51   | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Walsh, David R., , Mr.,    | Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 150 Vista Grande   |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
| City<br>Greenbrae  | StateZip CodeCA94904-1135   | Transaction ID : PR8618897           Amount of Each Receipt this Period                                   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C   | 250.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company       | Occupation (for Individual)<br>Agent  | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |  |  |  |  |  |
|  | per only)   | 604.78  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 147 OF

| IT        | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | (check only one)                         |  |  |  |  |
|-----------|---|---------------|---|--|--|--|--|--|
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa                                    |               |   |  |  |  |  |  |
| Α.        |   | al) or Full ( | Drganization Name                                 | Date of Receipt                          |  |  |  |  |
|           | Mailing Address 27 Hedge Brook Lane   |               |   | 04 / D D / Y Y Y Y Y<br>04 30 2018       |  |  |  |  |
|           | City<br>Stamford  | State<br>CT   | Zip Code<br>06903-2029                            | Transaction ID : PR86318897              |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С             |   | Amount of Each Receipt this Period       |  |  |  |  |
|           | Name of Employer (for Individual)   | Occ           | cupation (for Individual)                         | Memo Item                                |  |  |  |  |
|           | New York Life Insurance Company   | Svp           | o, Deputy Gc & Chief Insurance Cou                |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | e Year-to-Date ▼<br>522.00                        | P/R Deduction (\$59.00 Bi-Weekly)        |  |  |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initia<br>Della Penna, Scott F., , Mr.,            | al) or Full ( | Drganization Name                                 | Date of Receipt                          |  |  |  |  |
|           | Mailing Address 9541 Purcell Drive  |               |   | 04 30 2018                               |  |  |  |  |
|           | City  | State         | Zip Code  | Transaction ID : PR86718897              |  |  |  |  |
|           | Potomac   | MD            | 20854-4500  | Amount of Each Receipt this Period       |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С             |   | 230.78                                   |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                            |               | cupation (for Individual)<br>anaging Partner      | Memo Item                                |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | e Year-to-Date ▼<br>1038.51                       | P/R Deduction (\$115.39 Bi-Weekly)       |  |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia<br>Dubrow, Michael G., , Mr.,               | al) or Full ( | Drganization Name                                 | Date of Receipt                          |  |  |  |  |
|           | Mailing Address 1000 the Parkway  |               |   | 04 / D D / Y Y Y Y<br>04 30 2018         |  |  |  |  |
|           | City<br>Mamaroneck  | State<br>NY   | Zip Code<br>10543-4233                            | Transaction ID : PR8710918897            |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                      | С             |   | Amount of Each Receipt this Period 65.40 |  |  |  |  |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                            |               | cupation (for Individual)<br>e President          | Memo Item                                |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | e Year-to-Date ▼<br>294.30                        | P/R Deduction (\$32.70 Bi-Weekly)        |  |  |  |  |
| ⊢         | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o      |               |   | 414.18                                   |  |  |  |  |

FOR LINE NUMBER: PAGE 148 OF 186

| ITEMIZED RECE  | IPTS   |  | for eac      | eparate schedule<br>ch category of th<br>ed Summary Pag | ne      | · ·                                | eck only<br>11a<br>13 | y on  | ie)<br>11b<br>14 |        | 11c<br>15               | 12    | _     | 17 |  |  |
|--|--|--|--------------|---|---------|------------------------------------|-----------------------|---|------------------|--------|-------------------------|-------|-------|----|--|--|
|  | om such Reports and State<br>es, other than using the na |  |              |   |         |                                    |                       |   |                  |        | liciting                |       |       | ns |  |  |
| NAME OF COMMITTI   | EE (In Full)<br>Insurance Company                        | y Politi   | cal Act      | tion Commit   | ttee    |                                    |                       |   |                  |        |                         |       |       |    |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Berry, Dale C., , Mr.,      |  |  |              |   |         |                                    |                       | Date of Receipt   |                  |        |                         |       |       |    |  |  |
| Mailing Address 2008   | Falls Forest Drive                                       |  |              |   |         | 04 / D D / Y Y Y Y Y<br>04 30 2018 |                       |   |                  |        |                         |       |       | ]  |  |  |
| City<br>Raleigh  |  | State<br>NC  | Zip (<br>276 | Code<br>615-1258  |         |                                    | Trans<br>Amount       |   |                  |        | <b>87120</b><br>eipt th |       |       |    |  |  |
| FEC ID number of co<br>federal political comm  | ů.   | С  |              |   |         |                                    |                       |   |                  |        |                         |       | 76.94 |    |  |  |
| Name of Employer (for<br>New York Life Insurand  | ,  |  | ipation (fo  | or Individual)<br>rtner                                 |         |                                    | M                     | emo   | Item             |        |                         |       |       |    |  |  |
| Receipt For:       Aggregate         Primary       General         Other (specify) ▼                           |  |  |              | ate ▼<br>346.2  | 23      | P                                  | /R Ded                | luctio  | on (\$3          | 8.47   | Bi-We                   | ekly) |       |    |  |  |
| Full Name of Individua<br>B. Jahng, Kyle W.,   | al (Last, First, Middle Initial)<br>Mr                   | or Full O  | rganizatio   | on Name   |         |                                    | Date of               | f Re  | ceipt            |        |                         |       |       |    |  |  |
| Mailing Address 190 Kyles Way  |  |  |              |   |         |                                    |                       |   |                  |        |                         |       |       | ]  |  |  |
| City State<br>Shelton CT   |  |  |              |   |         |                                    |                       | Transaction ID : PR8712418897<br>Amount of Each Receipt this Period |                  |        |                         |       |       |    |  |  |
| FEC ID number of co<br>federal political comm  | ů.   | C<br>Occupation (for Individual)<br>Managing Partner |              |   |         |                                    | 153.88                |   |                  |        |                         |       |       |    |  |  |
| Name of Employer (for<br>New York Life Insurand  |  |  |              |   |         |                                    | M                     | emo   | Item             |        |                         |       |       |    |  |  |
| Receipt For:<br>Primary<br>Other (specify)   | General  | oggregate  | Year-to-D    | eate ▼<br>692.  | 46      | P/R Deduction (\$76.94 Bi-Weekly)  |                       |   |                  |        |                         |       |       |    |  |  |
| Full Name of Individua<br>C. Topelsohn, Brya   | al (Last, First, Middle Initial)<br>an J., , Mr.,        | or Full O  | rganizatio   | on Name   |         |                                    | Date of               | f Re  | ceipt            |        |                         |       |       |    |  |  |
| Mailing Address 3204   | Hill Dale  |  |              |   |         |                                    | <sup>M</sup> 04       | /   | 3                | D<br>0 | / Y                     | 2018  |       | 1  |  |  |
| City<br>Highland Village   |  | State<br>TX  | Zip (<br>750 | Code<br>177-6460  |         |                                    | Trans<br>Amount       |   |                  |        | R87539                  |       |       |    |  |  |
| FEC ID number of co<br>federal political comm  |  |  |              |   |         | J                                  | need                  | ,   |                  | 76.94  |                         |       |       |    |  |  |
| New York Life Insurance Company Seni   |  |  |              | or Individual)<br>ate                                   |         |                                    | М                     | lemo  | Item             |        |                         |       |       |    |  |  |
| Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       346.23 |  |  |              |   |         | P/R Deduction (\$38.47 Bi-Weekly)  |                       |   |                  |        |                         |       |       |    |  |  |
| SUBTOTAL of Receipts   | This Page (optional)                                     |  |              |   | ····· ► |                                    |                       |   | , .              |        | 9                       | 30    | 07.76 |    |  |  |
| TOTAL This Period (las   | t page this line number only                             | /)   |              |   | ····· ► |                                    |                       |   |                  |        | -                       |       | -     |    |  |  |

## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 149 OF

| ITI      | EMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page                    | Check only one)                                   |  |  |  |  |  |
|----------|--|--------------------------|--|---|--|--|--|--|--|
| An<br>or | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | tements ma<br>ame and ad | y not be sold or used by any pe<br>ddress of any political committee | prson for the purpose of soliciting contributions |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politio               | cal Action Committee   |   |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initia<br>Micucci, Alison H., , Ms.,                  | rganization Name         | Date of Receipt  |   |  |  |  |  |  |
|          | Mailing Address 371 Channel Side Walk Way<br>Unit 604  | 1                        |  | 04 30 / Y Y Y Y<br>04 30 2018                     |  |  |  |  |  |
|          | City   | State                    | Zip Code   | Transaction ID : PR8755918897                     |  |  |  |  |  |
|          | Tampa  | FL                       | 33602-6772   | Amount of Each Receipt this Period                |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                        |  | 220.39  |  |  |  |  |  |
|          | Name of Employer (for Individual)  | Occu                     | pation (for Individual)  | Memo Item   |  |  |  |  |  |
|          | New York Life Insurance Company  | Seni                     | or Vice President  |   |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>955.39   | P/R Deduction (\$105.00 Bi-Weekly)                |  |  |  |  |  |
| D        | Full Name of Individual (Last, First, Middle Initia<br>Apolenis, Jason M., , Mr.,                  | l) or Full Or            | rganization Name   | Date of Receipt                                   |  |  |  |  |  |
| D.       | Mailing Address 9125 Kittery Lane  | 04 30 _2018 _            |  |   |  |  |  |  |  |
|          | City   | Zip Code                 | Transaction ID : PR8806318897  |   |  |  |  |  |  |
|          | Bethesda   | MD                       | 20817-2152   | Amount of Each Receipt this Period                |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                        |  | P/R Deduction (\$250.00 Monthly)                  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occu<br>Age              | upation (for Individual)<br>nt                                       |   |  |  |  |  |  |
|          |  | Aggregate                | Year-to-Date 🔻   |   |  |  |  |  |  |
|          | Other (specify) ▼  |                          | 1000,00  |   |  |  |  |  |  |
| с.       | Full Name of Individual (Last, First, Middle Initia<br>Schwartz, Richard C., , Mr.,                | l) or Full Or            | rganization Name   | Date of Receipt                                   |  |  |  |  |  |
|          | Mailing Address 109 Dune Road  |                          |  | 04 / D D / Y Y Y Y<br>04 30 2018                  |  |  |  |  |  |
|          | City<br>Westhampton Beach  | State<br>NY              | Zip Code<br>11978-3004   | Transaction ID : PR8806518897                     |  |  |  |  |  |
|          | FEC ID number of contributing  |                          |  | Amount of Each Receipt this Period                |  |  |  |  |  |
|          | federal political committee.   | С                        |  | 153.86  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                          | ipation (for Individual)<br>or Managing Director                     | Memo Item   |  |  |  |  |  |
|          | Peopint For:   | 1                        |  | _   |  |  |  |  |  |
|          | Other (specify)  | Primary General General  |  |   |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                          | •  | 624.25  |  |  |  |  |  |
| т        | OTAL This Period (last page this line number on  | ly)                      | •  |   |  |  |  |  |  |

## ta schadula(s)

FOR LINE NUMBER:

PAGE 150 OF

| ITEMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |  |  |  |
|--|--------------------------|---|---|--|--|--|--|--|--|
|  |                          |   | person for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance C   | Company Politi           | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Abadilla, Margarita, , Ms.,<br>Mailing Address 3308 Moncucco Court | ,                        | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
|  | L                        |   | 04 30 2018  |  |  |  |  |  |  |
| City   | State                    | Zip Code  | Transaction ID : PR8894718897   |  |  |  |  |  |  |
| San Jose   | CA                       | 95148-4348  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                        |   | 192.30  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                      | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| New York Life Insurance Company  | Ser                      | nior Partner                                      |   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>865.35                          | P/R Deduction (\$96.15 Bi-Weekly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Agee, David B., , Mr.,   | iddle Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 580 Twinwood Loop  | 04 30 2018               |   |   |  |  |  |  |  |  |
| City   | State                    | Zip Code  | Transaction ID : PR8903618897   |  |  |  |  |  |  |
| Roseville  | CA                       | 95678-5978  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                        |   | 63.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age               | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:   | Aggregate                | Year-to-Date 🔻                                    | -   |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   |                          | 252.00  | P/R Deduction (\$63.00 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>Azzati, David M., , Mr.,   | iddle Initial) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 38 Hillside Avenue   |                          |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Caldwell   | State<br>NJ              | Zip Code<br>07006-5206                            | Transaction ID : PR8952618897   |  |  |  |  |  |  |
|  |                          | 07000-3200  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | 76.94                    |   |   |  |  |  |  |  |  |
| Name of Employer (for Individual)  |                          | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| New York Life Insurance Company  |                          | ctor  |   |  |  |  |  |  |  |
| Primary General<br>Other (specify)   |                          |   |   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option   | onal)                    |   | 332.24  |  |  |  |  |  |  |
| TOTAL This Period (last page this line r   |                          |   |   |  |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 151 OF

|  |                           | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |  |
|--|---------------------------|---|---|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |  |  |
|  |                           |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                           |   |   |  |  |  |  |  |  |  |
| > New York Life Insurance Con  | npany Politi              | cal Action Committee                              |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Battersby, Christopher C., , Mr., | e Initial) or Full O      | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 51 Mitchell Road   |                           |   | M M / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |  |
| City<br>Holliston  | State<br>MA               | Zip Code<br>01746-2469                            | Transaction ID : PR8976618897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                         |   | 166.67  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                 | Occi<br>Age               | upation (for Individual)<br>nt                    | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate                 | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Berardi, Michael A., , Mr.,       | Initial) or Full O        | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 240 Barnsley Avenue  |                           |   | Max       /       D       D       /       Y |  |  |  |  |  |  |  |
| City<br>Huntingdon Valley  | State<br>PA               | Zip Code<br>19006-6504                            |   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                         |   | 125.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                 | Occ<br>Age                | upation (for Individual)<br>ent                   | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate                 | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$125.00 Monthly)  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Bishop, Toby, , Mr.,              | Initial) or Full O        | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 3850 Lone Cedar Lane   | 0                         |   | M M / D D / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |  |
| City<br>Chaska   | State<br>MN               | Zip Code<br>55318-9609                            | Transaction ID : PR9006518897 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                         |   | 230.76  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                 |                           | upation (for Individual)<br>aging Partner         | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                   | Year-to-Date ▼<br>1038.42 | P/R Deduction (\$115.38 Bi-Weekly)                |   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | )                         |   | 522.43  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num   | per only)                 |   |   |  |  |  |  |  |  |  |

## ta schadula(s)

FOR LINE NUMBER:

PAGE 152 OF

| T                            | EMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | (check only one)                                |  |  |  |  |  |  |
|------------------------------|---|-------------------|---|---|--|--|--|--|--|--|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                   |   | son for the purpose of soliciting contributions |  |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politio        | cal Action Committee                              |   |  |  |  |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial Blanton, Clayton, , Mr., Jr.                   | organization Name | Date of Receipt                                   |   |  |  |  |  |  |  |
|                              | Mailing Address 3775 Prescott Avenue  | 1                 |   | 04 30 2018                                      |  |  |  |  |  |  |
|                              | City  | State             | Zip Code  | Transaction ID : PR9012118897                   |  |  |  |  |  |  |
|                              | Clovis  | CA                | 93619-2030  | _ Amount of Each Receipt this Period            |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                 |   | 150.00  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)   | Occu              | upation (for Individual)                          | Memo Item                                       |  |  |  |  |  |  |
|                              | New York Life Insurance Company   | Agei              | ent   | _   |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>600.00                          | P/R Deduction (\$150.00 Monthly)                |  |  |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial Bobbitt, Edward H., , Mr.,                     | ) or Full Oi      | organization Name                                 | Date of Receipt                                 |  |  |  |  |  |  |
|                              | Mailing Address 2432 Southwest 33rd Circle  |                   | 04 30 2018  |   |  |  |  |  |  |  |
|                              | City  | State             | Zip Code  | Transaction ID : PR9016118897                   |  |  |  |  |  |  |
|                              | Okeechobee  | FL                | 34974-5724  | Amount of Each Receipt this Period              |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С                 |   | 83.34   |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occu<br>Age       | upation (for Individual)<br>ent                   | Memo Item                                       |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>333,36                          | P/R Deduction (\$83.34 Monthly)                 |  |  |  |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial Ostberg, Robert K., , Mr.,                     | ) or Full Oi      | rganization Name                                  | Date of Receipt                                 |  |  |  |  |  |  |
|                              | Mailing Address 48 Greenleaf Drive  |                   |   | 04 / D D / Y Y Y Y<br>04 30 2018                |  |  |  |  |  |  |
|                              | City  | State             | Zip Code  | Transaction ID : PR9018897                      |  |  |  |  |  |  |
|                              | Northampton   | MA                | 01062-9768  | _ Amount of Each Receipt this Period            |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | 250.00            |   |   |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)   | Occu              | upation (for Individual)                          | Memo Item                                       |  |  |  |  |  |  |
|                              | New York Life Insurance Company   | Ager              | nt  |   |  |  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)                |  |  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                   | <b>&gt;</b>                                       | 483.34  |  |  |  |  |  |  |
| т                            | OTAL This Period (last page this line number on   | ly)               | •   |   |  |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 153 OF

| ITEMIZED RECEIPTS |  |                            | Use separate schedule(s)   | (che                            | (check only one)                   |               |           |            |          |           |     |
|-------------------|--|----------------------------|--|---------------------------------|------------------------------------|---------------|-----------|------------|----------|-----------|-----|
|                   |  |                            | for each category of the<br>Detailed Summary Page                  | ×                               | 11a<br>13                          |               | 11b<br>14 | 11c        |          | 12<br>16  | 17  |
| Ar<br>or          | y information copied from such Reports and St<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay not be sold or used by any pendoness of any political committee | erson t<br>to so                | for the                            | purp<br>ntrib | oose of   | soliciting | cont     | tributio  | ons |
| $\backslash$      | NAME OF COMMITTEE (In Full)  |                            |  |                                 |                                    |               |           |            |          |           |     |
|                   | New York Life Insurance Compa  | any Politi                 | cal Action Committee   |                                 |                                    |               |           |            |          |           |     |
| <u> </u>          | Full Name of Individual (Last, First, Middle Init<br>Bond, Jesse, , Mr.,                       | rganization Name           |  | Date of                         | - Re                               | ceint         |           |            |          |           |     |
| Λ.                | Mailing Address 19234 15th Avenue Northwest  | Apt. C                     |  |                                 | 04                                 | /             | 30        | / Y        | y<br>201 | Y∎1<br>18 |     |
|                   | City   | State                      | Zip Code   |                                 | Trans                              | acti          | on ID :   | PR90218    | 1 - C    | 100       |     |
|                   | Shoreline  | WA                         | 98177-2785   |                                 | Amount                             | t of          | Each R    | eceipt th  | is Pe    | riod      |     |
|                   | FEC ID number of contributing federal political committee.                                     | С                          |  |                                 |                                    |               | -         |            | 2        | 250.00    | D   |
|                   | Name of Employer (for Individual)  | Осси                       | upation (for Individual)   | -                               | M                                  | emo           | Item      |            |          |           |     |
|                   | New York Life Insurance Company  | Age                        |  |                                 |                                    |               |           |            |          |           |     |
|                   | Receipt For:   | Aggregate                  | Year-to-Date <b>V</b>  |                                 |                                    |               |           |            |          |           |     |
|                   | Primary General  |                            | 1000.00  | P                               | P/R Ded                            | uctio         | on (\$250 | .00 Mon    | thly)    |           |     |
|                   | Other (specify) <b>v</b>   |                            |  |                                 |                                    |               |           |            |          |           |     |
|                   | Full Name of Individual (Last, First, Middle Init  | ial) or Full O             | rganization Name   |                                 |                                    |               |           |            |          |           |     |
| В.                | Bradford Jr., James C., , Mr.,   |                            |  |                                 | Date of                            | Re            | ceipt     |            |          |           |     |
|                   | Mailing Address 206 Harris Drive   | 01-1-                      |  |                                 | 04 / D D / Y Y Y Y<br>04 30 2018   |               |           |            |          |           |     |
|                   | City<br>Norfolk  | State<br>NE                | Zip Code<br>68701-3508   | -                               |                                    |               |           | PR90362    |          |           |     |
|                   |  |                            | 00701-3300   | - '                             | Amount of Each Receipt this Period |               |           |            |          |           |     |
|                   | FEC ID number of contributing federal political committee.                                     | C                          |  | 68.00                           |                                    |               |           |            |          |           |     |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                           | Occi<br>Age                | upation (for Individual)<br>ent                                    |                                 | Memo Item                          |               |           |            |          |           |     |
|                   | Receipt For:   | Aggregate                  | Year-to-Date 🔻   |                                 |                                    |               |           |            |          |           |     |
|                   | Primary     General       Other (specify) ▼  |                            | 272.00   | P/R Deduction (\$68.00 Monthly) |                                    |               |           |            |          |           |     |
| С.                | Full Name of Individual (Last, First, Middle Init<br>Campellone, Mark A., , Mr.,               | ial) or Full O             | rganization Name   |                                 | Date of Receipt                    |               |           |            |          |           |     |
|                   | Mailing Address 61 Reed Dr. S  |                            |  |                                 | 04 <sup>M</sup>                    | /             | D D 30    | / Y        | ý<br>201 | 8         |     |
|                   | City<br>Princeton Junction   | State<br>NJ                | Zip Code<br>08550-2014   |                                 |                                    |               |           | PR9089     |          |           |     |
|                   |  |                            | 00550-2014   |                                 | Amount                             | t of          | Each R    | eceipt th  | is Pe    | riod      |     |
|                   | FEC ID number of contributing federal political committee.                                     | C                          |  |                                 | Ľ.                                 | _             | ,         | 9          |          | 50.00     | 0   |
|                   | Name of Employer (for Individual)  | Оссі                       | upation (for Individual)   |                                 | M                                  | emc           | Item      |            |          |           |     |
|                   | New York Life Insurance Company  | Man                        | aging Director   |                                 |                                    |               |           |            |          |           |     |
|                   | Receipt For:   | Aggregate                  | Year-to-Date ▼   |                                 |                                    | ti            | on (¢05   |            |          |           |     |
|                   | Other (specify)  |                            | 225.00   |                                 | 7R Dea                             | ucti          | on (\$25. | 00 Bi-We   | эекіу)   |           |     |
|                   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number of    |                            | · · · · · · · · · · · · · · · · · · ·                              | -<br>-                          |                                    |               | ,         |            | 3        | 368.00    |     |

### ta schadula(s) 1.1.0.0

FOR LINE NUMBER:

PAGE 154 OF

| IT | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | (check only one)       Image: 11 a model       12 model       13 model       15 model       16 model       17 model |  |  |  |  |  |  |
|----|---|--------------|---|--|--|--|--|--|--|--|
|    | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |              |   | rson for the purpose of soliciting contributions   |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | y Politic    | cal Action Committee                              |  |  |  |  |  |  |  |
| A. | Full Name of Individual (Last, First, Middle Initial<br>Chu, Felix S., , Mr.,                       | ) or Full Or | ganization Name                                   | Date of Receipt  |  |  |  |  |  |  |
|    | Mailing Address 11 Mercury Court  |              | 7.0.1   | 04 / D D / Y Y Y Y<br>04 30 / 2018   |  |  |  |  |  |  |
|    | City<br>Pleasant Hill   | State<br>CA  | Zip Code<br>94523-2167                            | Transaction ID : PR9144218897  |  |  |  |  |  |  |
|    |   |              | 34323-2101  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                       | С            |   | 83.34  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)   | Occu         | pation (for Individual)                           | Memo Item  |  |  |  |  |  |  |
|    | New York Life Insurance Company   | Ager         | t   |  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate `  | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle Initial Gentile, Rosanne S., , Ms.,                    | ) or Full Or | ganization Name                                   | Data of Pagaint  |  |  |  |  |  |  |
| D. | Mailing Address 6631 Wakefield Drive Apt. 217   |              | Date of Receipt<br>04 30 2018                     |  |  |  |  |  |  |  |
|    | City  | State        | Zip Code  | Transaction ID : PR91718897  |  |  |  |  |  |  |
|    | Alexandria  | VA           | 22307-6844  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С            |   | 108.00   |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occu<br>Ager | pation (for Individual)<br>ht                     | Memo Item  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate `  | Year-to-Date ▼<br>432.00                          | P/R Deduction (\$108.00 Monthly)   |  |  |  |  |  |  |
| C. | Full Name of Individual (Last, First, Middle Initial Parker Jr., Gordon E., , Mr.,                  | ) or Full Or | ganization Name                                   | Date of Receipt  |  |  |  |  |  |  |
|    | Mailing Address 422 Discovery Road  |              |   | 04 / Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |
|    | City  | State        | Zip Code  | Transaction ID : PR91818897  |  |  |  |  |  |  |
|    | Virginia Beach  | VA           | 23451-2157  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                       | 166.67       |   |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occu<br>Agen | pation (for Individual)<br>t                      | Memo Item  |  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y  | Year-to-Date ▼<br>666.68                          | P/R Deduction (\$166.67 Monthly)   |  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |              | •   | 358.01   |  |  |  |  |  |  |
| т  | OTAL This Period (last page this line number on   | y)           | ····· •   |  |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 155 OF

| ITEMIZED RECEIPTS                    |  |                            | Use separate schedule(s)                          |                 | (check only one)                  |              |           |                      |          |          |     |  |
|--------------------------------------|--|----------------------------|---|-----------------|-----------------------------------|--------------|-----------|----------------------|----------|----------|-----|--|
|                                      |  |                            | for each category of the<br>Detailed Summary Page |                 | <b>K</b> 11a<br>13                |              | 11b       | 11c                  |          | 2<br>6 [ | 17  |  |
| Ar<br>or                             | y information copied from such Reports and St<br>for commercial purposes, other than using the | tatements ma<br>name and a | y not be sold or used by any political committee  | erson<br>e to s | for the                           | pur<br>ntrib | pose of   | soliciting           | conti    | ributic  | ons |  |
| $\setminus$                          | NAME OF COMMITTEE (In Full)  |                            |   |                 |                                   |              |           |                      |          |          |     |  |
|                                      | New York Life Insurance Compa  | any Politi                 | cal Action Committee                              |                 |                                   |              |           |                      |          |          |     |  |
| Α.                                   | Full Name of Individual (Last, First, Middle Init<br>Courtois, Chad C., , Mr.,                 | ial) or Full O             | rganization Name                                  |                 | Date of                           | f Re         | eceipt    |                      |          |          |     |  |
|                                      | Mailing Address 1409 Bonnet Street   |                            |   |                 | м м<br>04                         | 1            | D D<br>30 | / Y                  | y<br>201 | Y Y<br>8 |     |  |
|                                      | City<br>New Iberia   | State<br>LA                | Zip Code<br>70563-0627                            | _               |                                   |              |           | PR91852<br>eceipt th |          |          |     |  |
|                                      | FEC ID number of contributing federal political committee.                                     | С                          |   |                 | <u> </u>                          |              | -y 1      |                      |          | 58.00    | )   |  |
|                                      | Name of Employer (for Individual)<br>New York Life Insurance Company                           | Occu<br>Age                | ipation (for Individual)<br>nt                    |                 | M                                 | emc          | tem       |                      |          |          |     |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>232.00                          |                 | P/R Ded                           | ucti         | on (\$58. | 00 Month             | nly)     |          |     |  |
| в.                                   | Full Name of Individual (Last, First, Middle Init Cruz, David, , Mr.,                          | ial) or Full O             | rganization Name                                  |                 | Date of                           | f Re         | eceipt    |                      |          |          |     |  |
| Mailing Address 98 Thackeray Road    |  |                            |   |                 | 04 30 2018                        |              |           |                      |          |          |     |  |
|                                      | City   | State                      | Zip Code  |                 | Trans                             | acti         | on ID :   | PR91978              | 818897   | 7        |     |  |
|                                      | Oakland  | NJ                         | 07436-3319  |                 | Amount                            | t of         | Each R    | eceipt th            | is Per   | riod     |     |  |
|                                      | FEC ID number of contributing federal political committee.                                     | C                          |   |                 | 76.94                             |              |           |                      |          |          |     |  |
|                                      | Name of Employer (for Individual)<br>New York Life Insurance Company                           | Occi<br>Sen                |   | Memo Item       |                                   |              |           |                      |          |          |     |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | Year-to-Date ▼<br>, 346.23                        | l f             | P/R Deduction (\$38.47 Bi-Weekly) |              |           |                      |          |          |     |  |
| с.                                   | Full Name of Individual (Last, First, Middle Init<br>Curcio, Anthony D., , Mr.,                | ial) or Full O             | rganization Name                                  |                 | Date of                           | f Re         | eceipt    |                      |          |          |     |  |
|                                      | Mailing Address 6254 Addison Loomis  | 1                          |   |                 | 04                                | 1            | D D D 30  | / Y                  | 2018     |          |     |  |
|                                      | City<br>Cicero   | State<br>NY                | Zip Code<br>13039-8686                            |                 |                                   |              |           | PR92029<br>eceipt th |          |          |     |  |
| New York Life Insurance Company Seni |  |                            |   |                 | 80.00                             |              |           |                      |          |          |     |  |
|                                      |  |                            | ipation (for Individual)<br>or Partner            |                 | M                                 | emo          | ) Item    |                      |          |          |     |  |
|                                      | Receipt For:<br>Primary General<br>Other (specify)   | Year-to-Date ▼<br>360.00   |   | P/R Ded         | lucti                             | on (\$40.    | 00 Bi-We  | eekly)               |          |          |     |  |
| s                                    | UBTOTAL of Receipts This Page (optional)   |                            |   | - ·             |                                   |              | ,         | 9                    | 2        | 14.94    |     |  |
| т                                    | OTAL This Period (last page this line number of  | only)                      |   | •               | L                                 |              | -         | -                    |          | -        |     |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 156 OF

| ITEMIZED RECEIPTS   |                                   | for each category of the<br>Detailed Summary Page                   | (check only one)<br>11a 11b 11c 12<br>13 14 15 16 17 |  |  |  |  |  |
|---|-----------------------------------|---|--|--|--|--|--|--|
| Any information copied from such Reports an<br>or for commercial purposes, other than using | d Statements ma<br>the name and a | ay not be sold or used by any p<br>ddress of any political committe | e to solicit contributions from such committee.      |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Con                                  | npany Politi                      | cal Action Committee  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Curran, Debra, , Ms.,                    | e Initial) or Full O              | rganization Name  | Date of Receipt                                      |  |  |  |  |  |
| Mailing Address 160 Morgan Street<br>Apt. 1901  |                                   |   | M M / D D / Y Y Y Y<br>04 30 2018                    |  |  |  |  |  |
| City  | State                             | Zip Code  | Transaction ID : PR9203218897                        |  |  |  |  |  |
| Jersey City   | NJ                                | 07302-6246  | Amount of Each Receipt this Period                   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                                 |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)   | Осси                              | upation (for Individual)  | Memo Item  |  |  |  |  |  |
| New York Life Insurance Company   | Vice                              | President   |  |  |  |  |  |  |
| Receipt For:  | Aggregate                         | Year-to-Date V  |  |  |  |  |  |  |
| Primary General   | 33 - 3                            |   | P/R Deduction (\$38.47 Bi-Weekly)                    |  |  |  |  |  |
| Other (specify) <b>v</b>  |                                   | 346.23  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Damon, Michael T., , Mr.,                | e Initial) or Full O              | rganization Name  | Date of Receipt                                      |  |  |  |  |  |
| Mailing Address 3 Newton Lane   | 04 30 2018                        |   |  |  |  |  |  |  |
| City  | State                             | Zip Code  | Transaction ID : PR9211418897                        |  |  |  |  |  |
| Medway  | MA                                | 02053-6161  | Amount of Each Receipt this Period                   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                                 |   | 250.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occi<br>Age                       | upation (for Individual)<br>nt                                      | Memo Item  |  |  |  |  |  |
| Receipt For:  | Aggregate                         | Year-to-Date 🔻  |  |  |  |  |  |  |
| Other (specify) ▼   |                                   | 1000.00   | P/R Deduction (\$250.00 Monthly)                     |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>McGuire, Scott K., , Mr.,                   | Initial) or Full O                | rganization Name  | Date of Receipt                                      |  |  |  |  |  |
| Mailing Address 1983 Woodlake Drive   |                                   |   | 04 30 2018   |  |  |  |  |  |
| City  | State                             | Zip Code  | Transaction ID : PR92118897                          |  |  |  |  |  |
| Benton  | LA                                | 71006-9305  | Amount of Each Receipt this Period                   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | 100.00                            |   |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Осси                              | upation (for Individual)  | Memo Item  |  |  |  |  |  |
| New York Life Insurance Company   | Ager                              | nt  |  |  |  |  |  |  |
| Receipt For:  | Aggregate                         | Year-to-Date 🔻  |  |  |  |  |  |  |
| Other (specify)   |                                   | 400.00  | P/R Deduction (\$100.00 Monthly)                     |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | )                                 |   | 426.94   |  |  |  |  |  |
| TOTAL This Period (last page this line numb   |                                   |   |  |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 157 OF

| ITEMIZED RECEIPTS  |                           | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |
|--|---------------------------|---|---|--|--|--|--|--|
| II EIVIIZED KEGEIPIJ   |                           | for each category of the<br>Detailed Summary Page | ✗ 11a         11b         11c         12           13         14         15         16         17     |  |  |  |  |  |
|  |                           |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  | -                         |   |   |  |  |  |  |  |
| > New York Life Insurance (  | Company Politi            | cal Action Committee                              |   |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>A. Dean, Lee R., , Mr.,   | liddle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 10 Butler Road                                       |                           |   | 04 30 2018  |  |  |  |  |  |
| City   | State                     | Zip Code  | Transaction ID : PR9226218897   |  |  |  |  |  |
| Sudbury  | MA                        | 01776-1514  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                         |   | 83.34   |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Осси                      | upation (for Individual)                          | Memo Item   |  |  |  |  |  |
| New York Life Insurance Company                                      | Age                       | nt  |   |  |  |  |  |  |
| Receipt For:   | Aggregate                 | Year-to-Date ▼                                    |   |  |  |  |  |  |
| Primary General<br>Other (specify) ▼                                 |                           | 333.36  | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |
|  |                           |   | -   |  |  |  |  |  |
| Full Name of Individual (Last, First, N                              | liddle Initial) or Full O | rganization Name                                  |   |  |  |  |  |  |
| B. DeSanto, Craig L., , Mr.,   |                           |   | Date of Receipt   |  |  |  |  |  |
| Mailing Address 301 Elizabeth Street<br>Penthouse G                  |                           |   | 04 30 2018  |  |  |  |  |  |
| City   | State                     | Zip Code  | Transaction ID : PR9240818897   |  |  |  |  |  |
| New York   | NY                        | 10012-2854  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                         |   |   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company |                           | upation (for Individual)<br>ior Vice President    | Memo Item   |  |  |  |  |  |
| Receipt For:   | Aggregate                 | Year-to-Date <b>V</b>                             | P/R Deduction (\$38.50 Bi-Weekly)   |  |  |  |  |  |
| Primary General  |                           | 205 50  |   |  |  |  |  |  |
| Other (specify) ▼  |                           | 305.58  | 1   |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>C. Diamond, Dean, , Mr.,  | liddle Initial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 8201 Victoria Lake D                                 | rive                      |   | 04 30 2018  |  |  |  |  |  |
| City   | State                     | Zip Code  | Transaction ID : PR9245818897   |  |  |  |  |  |
| Waxhaw   | NC                        | 28173-9819  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.        | С                         |   | 76.92   |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Осси                      | upation (for Individual)                          | Memo Item   |  |  |  |  |  |
| New York Life Insurance Company                                      | Man                       | aging Partner                                     |   |  |  |  |  |  |
| Receipt For:   | Aggregate                 | Year-to-Date <b>V</b>                             |   |  |  |  |  |  |
| Other (specify)  |                           | 346.14  | P/R Deduction (\$38.46 Bi-Weekly)   |  |  |  |  |  |
| ··· ··   |                           |   |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opt                                  | ional)                    |   | 237.26  |  |  |  |  |  |
| TOTAL This Period (last page this line                               | number only)              |   |   |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 158 OF

| ITEMIZED RECEIPTS |  |                                      | Use separate schedule(s)  |                                  | (check only one) |               |           |                      |           |          |     |
|-------------------|--|--------------------------------------|---|----------------------------------|------------------|---------------|-----------|----------------------|-----------|----------|-----|
|                   |  |                                      | for each category of the<br>Detailed Summary Page               |                                  | ¥ 11a<br>13      |               | 11b       | 11c<br>15            |           | 2<br>6 [ | 17  |
| Ar<br>or          | y information copied from such Reports and S for commercial purposes, other than using the | tatements ma<br>name and a           | ay not be sold or used by any<br>address of any political commi | / persoi<br>ttee to              | n for the        | purp<br>ntrib | oose of   | soliciting           | contr     | ributic  | ons |
|                   | NAME OF COMMITTEE (In Full)  |                                      |   |                                  |                  |               |           |                      |           |          |     |
| $\rangle$         | New York Life Insurance Compa  | any Politi                           | cal Action Committee  | e                                |                  |               |           |                      |           |          |     |
| Α.                | Full Name of Individual (Last, First, Middle Init<br>Downey, Michael P., , Mr.,            | tial) or Full O                      | Organization Name   |                                  | Date o           | f Re          | ceipt     |                      |           |          |     |
|                   | Mailing Address 67 Haller Drive  |                                      |   |                                  | м м<br>04        | 1             | D D<br>30 | / Y                  | y<br>201  | Y Y<br>8 |     |
|                   | City<br>Cedar Grove  | State<br>NJ                          | Zip Code<br>07009-1704  |                                  |                  |               |           | PR92678<br>eceipt th |           |          |     |
|                   | FEC ID number of contributing federal political committee.                                 | С                                    |   |                                  |                  |               |           | - 7-                 |           | 76.94    | ł   |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       |                                      | upation (for Individual)<br>nior Associate                      |                                  | М                | emo           | ltem      |                      |           |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                            | Year-to-Date ▼<br>346.23  |                                  | P/R Ded          | luctio        | on (\$38  | 47 Bi-We             | ekly)     |          |     |
| В.                | Full Name of Individual (Last, First, Middle Init<br>Erickson, Gary A., , Mr.,             | tial) or Full O                      | Organization Name   |                                  | Date o           | f Re          | ceipt     |                      |           |          |     |
|                   | Mailing Address 242 W Fairview Way   |                                      |   |                                  | м м<br>04        | /             | D D D 30  | / Y                  | ې<br>2018 |          |     |
|                   | City   | State                                | Zip Code  |                                  | Trans            | acti          | on ID : I | PR93018              | 318897    | 7        |     |
|                   | Palatine   | IL                                   | 60067-7900  |                                  | Amoun            | t of          | Each R    | eceipt th            | is Per    | riod     |     |
|                   | FEC ID number of contributing federal political committee.                                 | С                                    |   |                                  |                  |               |           |                      | 1         | 00.00    | )   |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       | Occupation (for Individual)<br>Agent |   |                                  | Memo Item        |               |           |                      |           |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                            |   | P/R Deduction (\$100.00 Monthly) |                  |               |           |                      |           |          |     |
| с.                | Full Name of Individual (Last, First, Middle Init<br>Erland, Anthony D., , Mr.,            | tial) or Full O                      | Organization Name   |                                  | Date o           | f Re          | ceipt     |                      |           |          |     |
|                   | Mailing Address 23813 Northeast 27th Street  |                                      |   |                                  | <sup>M</sup> 04  |               | D D D 30  | JL                   | 2018      | 8        |     |
|                   | City<br>Sammamish  | State<br>WA                          | Zip Code<br>98074-5485  |                                  |                  |               |           | PR9301               |           |          |     |
|                   | FEC ID number of contributing federal political committee.                                 | С                                    |   |                                  | 153.86           |               |           |                      |           |          |     |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                       |                                      | Occupation (for Individual)<br>Senior Partner                   |                                  |                  | Memo Item     |           |                      |           |          |     |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                            | Year-to-Date ▼<br>692.37  |                                  | P/R Dec          | luctio        | on (\$76. | 93 Bi-We             | eekly)    |          |     |
| s                 | UBTOTAL of Receipts This Page (optional)   |                                      |   | • •                              | ļ.               |               | ,         | . ,                  | 3         | 30.80    |     |
| т                 | OTAL This Period (last page this line number   | only)                                |   | . 🕨                              |                  |               |           |                      |           | - 10     |     |

FOR LINE NUMBER:

PAGE 159 OF

|   | -                    | Use separate schedule(s)                                    | (check only one)  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page           | <b>X</b> 11a 11b 11c 12   |  |  |  |  |  |  |
|   |                      |   | 13     14     15     16     17       rerson for the purpose of soliciting contributions     to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |  |  |  |  |
| New York Life Insurance Col   | mpany Politi         | cal Action Committee  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br><b>A.</b> Felte, David, , Mr., | e Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 123 Keppel Way  |                      |   | 04 / D D / Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City<br>Cotati  | State<br>CA          | Zip Code<br>94931-5363                                      | Transaction ID : PR9321418897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | C                    |   | 83.34   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occi                 | upation (for Individual)<br>nt                              | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>333.36                                    | P/R Deduction (\$83.34 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Fenwick, Terry G., , Mr.,   | e Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 2309 Stannye Drive  | 1                    |   | 04 / D D / Y Y Y Y<br>04 30 2018  |  |  |  |  |  |  |
| City  | State<br>KY          | Zip Code  | Transaction ID : PR9321818897   |  |  |  |  |  |  |
|   | KI                   | 40222-6351  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | C                    |   | 83.33   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          | Occ<br>Age           | upation (for Individual)<br>ent                             | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate            | Year-to-Date ▼<br>333.32                                    | P/R Deduction (\$83.33 Monthly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Mathas, Theodore A., , Mr., | e Initial) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 8 Carriage Trail  |                      |   | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
| City<br>Tarrytown   | State<br>NY          | Zip Code<br>10591-6306                                      | Transaction ID : PR93218897           Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                    |   | 230.78  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company          |                      | upation (for Individual)<br>irman & Chief Executive Officer | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate            | Year-to-Date ▼<br>1038.51                                   | P/R Deduction (\$115.39 Bi-Weekly)  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                       | ۲<br>۱)              |   | 397.45  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                                    | ber only)            |   |   |  |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 160 OF

|                              |   |   | Use separate schedule(s)                          | (ch | (check only one)                  |  |   |                      |                           |       |  |
|------------------------------|---|---|---|-----|-----------------------------------|--|---|----------------------|---------------------------|-------|--|
|                              |   |   | for each category of the<br>Detailed Summary Page |     | 11a 13                            |  | 11b   | 11c                  | 12                        | 17    |  |
|                              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |   |   |     | for the                           |  | ose of  | soliciting           | contribu                  | tions |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa                                    | ny Politio  | cal Action Committee                              |     |                                   |  |   |                      |                           |       |  |
| A.                           | Full Name of Individual (Last, First, Middle Initia<br>Fox, Cynthia S., , Ms.,                  | al) or Full O   | rganization Name                                  |     | Date of                           | Ree  | ceipt   |                      |                           |       |  |
|                              | Mailing Address 1114 Sunset Drive   |   |   |     | м м<br>04                         | /  | D D D 30                                      | / Y                  | y y<br>2018               | Y     |  |
|                              | City<br>Kimberly  | State<br>WI   | Zip Code<br>54136-1234                            |     |                                   |  |   | PR93487<br>eceipt th | <b>18897</b><br>is Period |       |  |
|                              | FEC ID number of contributing federal political committee.                                      | С   |   |     |                                   |  | <u>, , , , , , , , , , , , , , , , , , , </u> | -                    | 175.                      | 00    |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occu<br>Agei  | ipation (for Individual)<br>nt                    |     | Me                                | emo  | Item  |                      |                           |       |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>700.00                          | ] F | P/R Deduction (\$175.00 Monthly)  |  |   |                      |                           |       |  |
| В.                           | Full Name of Individual (Last, First, Middle Initia<br>Hamrick, Jane L., , Ms.,                 | al) or Full Oi  | rganization Name                                  |     | Date of                           | Ree  | ceipt   |                      |                           |       |  |
|                              | Mailing Address 531 East 88th Street<br>Apt. 3C   |   |   |     | 04 / D D / Y Y Y Y Y<br>2018      |  |   |                      |                           |       |  |
|                              | City<br>New York  | State Zip Code<br>NY 10128-7737   |   |     |                                   | Transaction ID : PR93518897           Amount of Each Receipt this Period |   |                      |                           |       |  |
|                              | FEC ID number of contributing federal political committee.                                      | C   |   |     | 60.00                             |  |   |                      |                           |       |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                            |   | upation (for Individual)<br>President & Actuary   |     | Me                                | emo  | Item  |                      |                           |       |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>270.00                          | ] F | P/R Deduction (\$30.00 Bi-Weekly) |  |   |                      |                           |       |  |
| с.                           | Full Name of Individual (Last, First, Middle Initia<br>Garry, Nicholas A., , Mr.,               | al) or Full O   | rganization Name                                  |     | Date of                           | Ree  | ceipt   |                      |                           |       |  |
|                              | Mailing Address 4001 S Cliff Avenue   | Chata   | Zin Oode  |     | 04                                | ′  | 30  |                      | 2018                      | Y     |  |
|                              | City<br>Sioux Falls   | State<br>SD   | Zip Code<br>57103-4528                            |     |                                   |  |   | PR93782<br>eceipt th | is Period                 |       |  |
|                              | FEC ID number of contributing federal political committee.                                      | С   |   |     | <u> </u>                          |  | , .   | 9                    | 83.                       | 34    |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                            | Occupation (for Individual)       Agent       Aggregate Year-to-Date ▼       333.36 |   |     | Memo Item                         |  |   |                      |                           |       |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  |   |   |     | P/R Ded                           | uctic  | on (\$83.                                     | 34 Month             | ıly)                      |       |  |
|                              | UBTOTAL of Receipts This Page (optional)  |   |   | ▶   |                                   | _  | 5   |                      | 318.:                     | 34    |  |
| Т                            | OTAL This Period (last page this line number o  | nly)  |   |     | <u></u>                           |  | ,   | -                    |                           |       |  |

FOR LINE NUMBER: PAGE 161 OF 186

| ITI                          | EMIZED RECEIPTS  |              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)         ✗       11a       11b       11c       12         13       14       15       16       17 |  |  |  |
|------------------------------|--|--------------|---|--|--|--|--|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |   | erson for the purpose of soliciting contributions  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Politi    | cal Action Committee  |  |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial Hoge, F. Courtney, , Mr.,                     | ) or Full O  | rganization Name  | Date of Receipt  |  |  |  |
|                              | Mailing Address 3027 Golf Colony Drive   |              |   | 04 D D / Y Y Y Y<br>04 30 2018   |  |  |  |
|                              | City<br>Salem  | State<br>VA  | Zip Code<br>24153-6833  | Transaction ID : PR93818897  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | C            |   | Amount of Each Receipt this Period 83.34   |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occi<br>Age  | upation (for Individual)<br>nt  | Memo Item  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial<br>Prentice, Jerome C., , Mr.,                | ) or Full O  | rganization Name  | Date of Receipt  |  |  |  |
|                              | Mailing Address 6003 Wilmington Drive  |              |   | 04 / Y Y Y Y<br>04 30 / 2018   |  |  |  |
|                              | City<br>Burke  | State<br>VA  | Zip Code<br>22015-3823  | Transaction ID : PR94218897<br>Amount of Each Receipt this Period  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | C            |   | 92.00  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occ<br>Age   | upation (for Individual)<br>ent   | Memo Item  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>368.00  | P/R Deduction (\$92.00 Monthly)  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial Grozinger, Otto N., , Mr.,                    | ) or Full O  | rganization Name  | Date of Receipt  |  |  |  |
|                              | Mailing Address 10048 Heritage Drive   | 1            |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |
|                              | City<br>Shreveport   | State<br>LA  | Zip Code<br>71115-3412  | Transaction ID : PR9434218897  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | C            |   | Amount of Each Receipt this Period   |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occi<br>Agei | upation (for Individual)<br>nt  | Memo Item  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)   |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |              |   | 275.34   |  |  |  |
| т                            | OTAL This Period (last page this line number on  | ly)          | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |

# Ι...

FOR LINE NUMBER: PAGE 162 OF 186

| ITI                                 | EMIZED RECEIPTS  |             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |  |  |  |  |
|-------------------------------------|--|-------------|---|---|--|--|--|--|
|                                     | y information copied from such Reports and State<br>for commercial purposes, other than using the na |             |   |   |  |  |  |  |
| $\rangle$                           | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | ıy Politi   | cal Action Committee  |   |  |  |  |  |
| Α.                                  | Full Name of Individual (Last, First, Middle Initial<br>Halpern, Sidney G., , Mr.,                   | ) or Full C | rganization Name  | Date of Receipt   |  |  |  |  |
|                                     | Mailing Address 8 Pebblebrook Lane   | 04-4-       | Zie Oo de   | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |
|                                     | City<br>Moreland Hills   | State<br>OH | Zip Code<br>44022-2380  | Transaction ID : PR9450818897 Amount of Each Receipt this Period    |  |  |  |  |
|                                     | FEC ID number of contributing federal political committee.   | С           |   | 100.00  |  |  |  |  |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                                 | Occ<br>Age  | upation (for Individual)<br>ent   | Memo Item   |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>400.00  | P/R Deduction (\$100.00 Monthly)                                    |  |  |  |  |
| B.                                  | Full Name of Individual (Last, First, Middle Initial Hartranft II, Gordon D., , Mr.,                 | ) or Full C | organization Name   | Date of Receipt   |  |  |  |  |
|                                     | Mailing Address 109 N Delphia Avenue   | 1           | 1   | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |
|                                     | City<br>Park Ridge   | State<br>IL | Zip Code<br>60068-3240  | Transaction ID : PR9470418897<br>Amount of Each Receipt this Period |  |  |  |  |
|                                     | FEC ID number of contributing federal political committee.   | С           |   | 58.00   |  |  |  |  |
|                                     | Name of Employer (for Individual)<br>New York Life Insurance Company                                 | Occ<br>Age  | upation (for Individual)<br>ent   | Memo Item   |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Year-to-Date ▼<br>232.00  | P/R Deduction (\$58.00 Monthly)                                     |  |  |  |  |
| C.                                  | Full Name of Individual (Last, First, Middle Initial<br>Hoffmann, Eric S., , Mr.,                    | ) or Full C | organization Name   | Date of Receipt   |  |  |  |  |
|                                     | Mailing Address 245 E 19th Street<br>Apt. 2F<br>City   | State       | Zip Code  | 04 / 30 / 2018<br>Transaction ID : PR9510118897                     |  |  |  |  |
|                                     | New York   | NY          | 10003-2638  | Amount of Each Receipt this Period                                  |  |  |  |  |
| New York Life Insurance Company Vic |  |             |   | 58.00   |  |  |  |  |
|                                     |  |             | upation (for Individual)<br>President   | Memo Item   |  |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Year-to-Date ▼<br>261.00  | P/R Deduction (\$29.00 Bi-Weekly)                                   |  |  |  |  |
| s                                   | UBTOTAL of Receipts This Page (optional)   |             |   | 216.00  |  |  |  |  |
| т                                   | OTAL This Period (last page this line number onl   | y)          | ▶   |   |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 163 OF

| ITEMIZED RECEIPTS |   |                           | Use separate schedule(s)   | (check only one)  |  |  |  |  |  |  |
|-------------------|---|---------------------------|--|---|--|--|--|--|--|--|
|                   |   |                           | for each category of the<br>Detailed Summary Page                    | ✗         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
| Ar<br>or          | y information copied from such Reports and St for commercial purposes, other than using the | atements ma<br>name and a | ay not be sold or used by any p<br>ddress of any political committee | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |
|                   | NAME OF COMMITTEE (In Full)   |                           |  |   |  |  |  |  |  |  |
| $\rangle$         | New York Life Insurance Compa   | any Politi                | cal Action Committee   |   |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Hughes, David R., , Mr.,              | al) or Full O             | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 1480 Cole Lane  |                           |  | 04 30 / Y Y Y Y Y<br>04 30 2018   |  |  |  |  |  |  |
|                   | City<br>Upland  | State<br>CA               | Zip Code<br>91784-8066   | Transaction ID : PR9531618897           Amount of Each Receipt this Period                                |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |  | 153.86  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        |                           | upation (for Individual)<br>aging Partner                            | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>692.37   | P/R Deduction (\$76.93 Bi-Weekly)   |  |  |  |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Initi<br>Hutt, Brian M., , Mr.,                | al) or Full O             | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 9612 Pinkney Court  |                           |  | 04 / D D / Y Y Y Y Y<br>2018  |  |  |  |  |  |  |
|                   | City  | State                     | Zip Code   | Transaction ID : PR9540018897   |  |  |  |  |  |  |
|                   | Potomac   | MD                        | 20854-4332   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |  | 150.00  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age                | upation (for Individual)<br>ent                                      | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate                 | Year-to-Date ▼<br>575.00   | P/R Deduction (\$150.00 Monthly)  |  |  |  |  |  |  |
| <br>C.            | Full Name of Individual (Last, First, Middle Initi<br>Jackson, Gerald S., , Mr.,            | al) or Full O             | rganization Name   | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 2629 Northwest Three Sisters  |                           |  | 04 / D D / Y Y Y Y<br>2018  |  |  |  |  |  |  |
|                   | City<br>Bend  | State<br>OR               | Zip Code<br>97703-5608   | Transaction ID : PR9552018897 Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С                         |  | 100.00  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occu<br>Agei              | upation (for Individual)<br>nt                                       | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                 | Year-to-Date ▼<br>400.00   | P/R Deduction (\$100.00 Monthly)  |  |  |  |  |  |  |
|                   | UBTOTAL of Receipts This Page (optional)  |                           |  | 403.86  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)  |                | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 164 OF 186<br>(check only one)  |
|---|----------------|---|---|
| ITEMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the |                |   |   |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compa  | any Politi     | cal Action Committee                              |   |
| Full Name of Individual (Last, First, Middle Initi<br>Johnson, Bradley D., , Mr.,                   | ial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 5855 Elkhorn Lane   | State          | Zip Code  | 04 / D D / Y Y Y Y<br>04 30 2018<br>Transaction ID : PR9572918897   |
| Santa Maria   | CA             | 93455-6000  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С              |   | 125.00  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occi           | upation (for Individual)<br>ent                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  |                | Year-to-Date ▼<br>500.00                          | P/R Deduction (\$125.00 Monthly)  |
| Full Name of Individual (Last, First, Middle Initi<br><b>B. Kaneski, Kelly D.</b> , , Ms.,          | ial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 37 Saratoga Circle  |                |   | 04 30 Y Y Y Y<br>2018   |
| City<br>Sacramento  | State<br>CA    | Zip Code<br>95864-7110                            | Transaction ID : PR9599918897<br>Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.  | С              |   | 41.67   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occ            | upation (for Individual)<br>ent                   | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>375.01                          | P/R Deduction (\$41.67 Monthly)   |
| Full Name of Individual (Last, First, Middle Initi<br>C. Keane, Brian, , Mr.,                       | ial) or Full O | rganization Name                                  | Date of Receipt   |
| Mailing Address 30 Northrup Drive   |                |   | 04 / D D / Y Y Y Y Y<br>2018  |
| City<br>Brentwood   | State<br>NH    | Zip Code<br>03833-6220                            | Transaction ID : PR9610018897           Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.  | С              |   | 83.34   |
| Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occi<br>Agei   | upation (for Individual)<br>nt                    | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)   |
| SUBTOTAL of Receipts This Page (optional)   |                | •   | 250.01  |
| TOTAL This Period (last page this line number c   | only)          | •   |   |

FOR LINE NUMBER:

PAGE 165 OF

| ITEMIZED RECEIPTS   | -                  | Use separate schedule(s)                          | (check only one)   |    |  |  |  |  |
|---|--------------------|---|--|----|--|--|--|--|
|   |                    | for each category of the<br>Detailed Summary Page | ✗         11a         11b         11c         12           13         14         15         16         Γ | 17 |  |  |  |  |
| Any information copied from such Reports an<br>or for commercial purposes, other than using |                    |   | erson for the purpose of soliciting contribution   |    |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                    |   |  |    |  |  |  |  |
| New York Life Insurance Con   | npany Politi       | cal Action Committee                              |  |    |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Keefe, David F., , Mr.,                  | Initial) or Full C | rganization Name                                  | Date of Receipt  | _  |  |  |  |  |
| Mailing Address 116 Mill Street   |                    |   | 04 D D / Y Y Y Y Y<br>04 30 2018   | ]  |  |  |  |  |
| City<br>Newton Center   | State<br>MA        | Zip Code<br>02459-1127                            | Transaction ID : PR9611418897<br>Amount of Each Receipt this Period                                      |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   | 100.00   |    |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item  |    |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>400.00                          | P/R Deduction (\$100.00 Monthly)   |    |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Kelly, Richard G., , Mr.,                | Initial) or Full C | rganization Name                                  | Date of Receipt  |    |  |  |  |  |
| Mailing Address 32 Marlboro Street  |                    |   | 04 / D D / Y Y Y Y Y<br>2018   |    |  |  |  |  |
| City<br>Norwood   | State<br>MA        | Zip Code<br>02062-1212                            | Transaction ID : PR9615618897<br>Amount of Each Receipt this Period                                      |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | C                  |   | 83.34  |    |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>ent                   | Memo Item  |    |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>333.36                          | P/R Deduction (\$83.34 Monthly)  |    |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Kendrick, David Q., , Mr.,               | Initial) or Full C | rganization Name                                  | Date of Receipt  |    |  |  |  |  |
| Mailing Address 9548 Rochel Drive   | 1                  |   | 04 / D D / Y Y Y Y<br>04 30 2018   | ]  |  |  |  |  |
| City<br>Shreveport  | State<br>LA        | Zip Code<br>71115-3854                            | Transaction ID : PR9617318897<br>Amount of Each Receipt this Period                                      |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   | 200.00   |    |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age         | upation (for Individual)<br>nt                    | Memo Item  |    |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | Year-to-Date ▼<br>800.00                          | P/R Deduction (\$200.00 Monthly)   |    |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                    |   | 383.34   |    |  |  |  |  |
| TOTAL This Period (last page this line numb   | er only)           |   |  |    |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 166 OF

|           |   |                                      | Use separate schedule(s)                          | (check only one) |                 |       |          |                       |                          |    |
|-----------|---|--------------------------------------|---|------------------|-----------------|-------|----------|-----------------------|--------------------------|----|
| 11        | EMIZED RECEIPTS   |                                      | for each category of the<br>Detailed Summary Page |                  |                 |       | 11b      | 11c                   | 12                       |    |
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                                      |   |                  |                 |       |          |                       |                          |    |
|           | NAME OF COMMITTEE (In Full)   |                                      |   |                  |                 |       |          |                       |                          |    |
| $\rangle$ | New York Life Insurance Compar  | ny Politio                           | cal Action Committee                              |                  |                 |       |          |                       |                          |    |
| A.        | Full Name of Individual (Last, First, Middle Initia<br>Hall, Gerald F., , Mr.,                    | l) or Full O                         | rganization Name                                  |                  | Date of         | Re    | ceipt    |                       |                          |    |
|           | Mailing Address 15 Fieldstone Drive   |                                      |   |                  | 04              | 1     | D 30     |                       | Y Y<br>2018              | Ŷ  |
|           | City<br>Westport  | State<br>MA                          | Zip Code<br>02790-2634                            | _                |                 |       |          | PR96188<br>Receipt th | <b>897</b><br>iis Period |    |
|           | FEC ID number of contributing federal political committee.  | С                                    |   |                  |                 |       |          |                       | 91.                      | 34 |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occu<br>Age                          | upation (for Individual)<br>nt                    |                  | Me              | emo   | Item     |                       |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | Year-to-Date ▼<br>365.36                          | F                | 9/R Dedu        | uctio | on (\$91 | .34 Montł             | nly)                     |    |
| B.        | Full Name of Individual (Last, First, Middle Initia Kline, Mark B., , Mr.,                        | l) or Full O                         | rganization Name                                  |                  | Date of         | Re    | ceipt    |                       |                          |    |
|           | Mailing Address 145 Robert E Lee Blvd. Ste. 310   |                                      |   |                  | <sup>M</sup> 04 | /     | 30       |                       | ү ү<br>2018              | Y  |
|           | City  | State<br>LA                          | Zip Code  | -                |                 |       | -        | PR96377               |                          |    |
|           | New Orleans   | LA 70124-2574                        |   |                  |                 | of    | Each F   | Receipt th            | is Period                | _  |
|           | FEC ID number of contributing federal political committee.  | С                                    |   |                  |                 | 250.  | 00       |                       |                          |    |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                              | Occupation (for Individual)<br>Agent |   |                  | Memo Item       |       |          |                       |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                            | P/R Deduction (\$250.00 Monthly)                  |                  |                 |       |          |                       |                          |    |
| C.        | Full Name of Individual (Last, First, Middle Initia<br>Kortkamp, Dominick M., , Mr.,              | l) or Full O                         | rganization Name                                  |                  | Date of         | Re    | ceipt    |                       |                          |    |
|           | Mailing Address 31 Hill Lane  |                                      |   |                  | 04              | /     | 30       | J L                   | 2018                     | Y  |
|           | City<br>Roslyn Heights  | State<br>NY                          | Zip Code<br>11577-2611                            |                  |                 |       | -        | PR9649                | 318897<br>iis Period     |    |
|           | FEC ID number of contributing federal political committee.  | С                                    |   |                  | 230.78          |       |          | 78                    |                          |    |
|           | Name of Employer (for Individual)<br>New York Life Insurance Company                              |                                      | upation (for Individual)<br>aging Partner         |                  | Me              | emc   | ltem     |                       |                          |    |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                            | Year-to-Date ▼<br>1038.51                         | F                | P/R Ded         | ucti  | on (\$11 | 5.39 Bi-V             | Veekly)                  |    |
| s         | UBTOTAL of Receipts This Page (optional)  |                                      |   |                  |                 |       | , ,      |                       | 572.                     | 12 |
| т         | OTAL This Period (last page this line number or   | ıly)                                 | · · · · · · · · · · · · · · · · · · ·             |                  |                 |       |          |                       |                          |    |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 167 OF

| ITI                          | EMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page                     | Image: Check only one)       Image: Mark one) |
|------------------------------|---|------------------------|---|---|
| An<br>or                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na | ements ma<br>ame and a | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                       | ny Politie             | cal Action Committee  |   |
| Α.                           | Full Name of Individual (Last, First, Middle Initial Adkins Jr., James E., , Mr.,                   | ) or Full O            | rganization Name  | Date of Receipt   |
|                              | Mailing Address 10200 Wendover Drive  | Otat -                 | Zin Onda  | 04 / D D / Y Y Y Y<br>2018  |
|                              | City<br>Vienna  | State<br>VA            | Zip Code<br>22181-2960  | Transaction ID : PR96518897 Amount of Each Receipt this Period  |
|                              | FEC ID number of contributing federal political committee.  | С                      |   |   |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occu<br>Agei           | upation (for Individual)<br>nt  | Memo Item   |
|                              | Descipt For:  |                        | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |
| B.                           | Full Name of Individual (Last, First, Middle Initial Lam, Agnes, , Ms.,                             | ) or Full O            | rganization Name  | Date of Receipt   |
|                              | Mailing Address 437 Green Hills Drive   |                        | 04 / D D / Y Y Y Y<br>04 30 2018                                      |   |
|                              | City<br>Millbrae  | State<br>CA            | Zip Code<br>94030-1663  | Transaction ID : PR9668318897<br>Amount of Each Receipt this Period   |
|                              | FEC ID number of contributing federal political committee.  | С                      |   | 115.38  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                |                        | upation (for Individual)<br>ior Partner                               | Memo Item   |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>519.21  | P/R Deduction (\$57.69 Bi-Weekly)   |
| с.                           | Full Name of Individual (Last, First, Middle Initial Langley, Edward D., , Mr.,                     | ) or Full O            | rganization Name  | Date of Receipt   |
|                              | Mailing Address 11133 Copper Hill Drive   | 1                      |   | 04 / D D / Y Y Y Y<br>04 30 2018  |
|                              | City<br>Hammond   | State<br>LA            | Zip Code<br>70403-8613  | Transaction ID : PR9674418897 Amount of Each Receipt this Period  |
|                              | FEC ID number of contributing federal political committee.  | С                      |   | 250.00  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                                | Occu<br>Ager           | upation (for Individual)<br>nt  | Memo Item   |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate              | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                        |   | 615.38  |
| т                            | OTAL This Period (last page this line number on   | ly)                    | ······  |   |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 168 OF

| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page | X       11a       11b       11c       12         13       14       15       16       17            |  |  |  |  |
|---|--------------------|---|--|--|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using                        |                    |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Corr   | npany Polit        | ical Action Committee                             |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle         Leonard, Jason P., , Mr.,         Mailing Address 9 Kings View | Initial) or Full C | Organization Name                                 | Date of Receipt  |  |  |  |  |
| City  | State              | Zip Code  | 04 30 2018<br>Transaction ID : PR9704818897  |  |  |  |  |
| San Antonio   | TX                 | 78257-1718  | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                  |   | 384.60   |  |  |  |  |
| Name of Employer (for Individual)   | Occ                | cupation (for Individual)                         | Memo Item  |  |  |  |  |
| New York Life Insurance Company   | Ma                 | naging Partner                                    |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>1730.70                         | P/R Deduction (\$192.30 Bi-Weekly)   |  |  |  |  |
| Full Name of Individual (Last, First, Middle <b>B.</b> Lewis, Paul A., , Mr.,                                       | Initial) or Full C | Drganization Name                                 | Date of Receipt  |  |  |  |  |
| Mailing Address PO Box 581  |                    |   | 04 04 Y Y Y Y Y<br>04 30 2018  |  |  |  |  |
| City  | State              | Zip Code  | Transaction ID : PR9712618897  |  |  |  |  |
| Lockeford   | CA                 | 95237-0581  | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                  |   | 83.34  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occ<br>Ag          | cupation (for Individual)<br>ent                  | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>, 333.36                        | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Kunhardt Jr., Daniel, , Mr.,                                     | Initial) or Full C | Drganization Name                                 | Date of Receipt  |  |  |  |  |
| Mailing Address 11 Madison Circle   |                    |   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |
| City<br>Greenfield  | State<br>MA        | Zip Code<br>01301-2703                            | Transaction ID : PR9718897   |  |  |  |  |
|   |                    | 01301-2703  | Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                  |   | 250.00   |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company  | Occ<br>Age         | supation (for Individual)<br>ent                  | Memo Item  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | Year-to-Date ▼<br>1000.00                         | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                    | •   | 717.94   |  |  |  |  |
| TOTAL This Period (last page this line numb   | er only)           | •   |  |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 169 OF

| ITEMIZED RECEIPTS                            |  |                | Use separate schedule(s)                          | (che | (check only one)                   |       |           |                     |             |        |
|--|--|----------------|---|------|------------------------------------|-------|-----------|---------------------|-------------|--------|
|  |  |                | for each category of the<br>Detailed Summary Page | ×    | 11a<br>13                          |       | 11b       | 11c                 | 12          | 17     |
|  | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r |                |   |      | or the p                           | ourp  | ose of    | soliciting          | contribu    | itions |
| $\overline{\}$                               | NAME OF COMMITTEE (In Full)  |                |   |      |                                    |       |           |                     |             |        |
|  | New York Life Insurance Compare  | ny Politio     | cal Action Committee                              |      |                                    |       |           |                     |             |        |
| /  | Full Name of Individual (Last, First, Middle Initia  | al) or Full Or | rganization Name                                  |      |                                    |       |           |                     |             |        |
| Α.   | Hopkins, Gillian L., , Ms.,  |                |   |      | Date of Receipt                    |       |           |                     |             |        |
|  | Mailing Address PO Box 2075  |                |   |      | м м<br>04                          | /     | 30        | / Y                 | 2018        | Y      |
|  | City   | State          | Zip Code  |      | Transaction ID : PR9740918897      |       |           |                     |             |        |
|  | Westminster  | MD             | 21158-7063  | A    | Amount                             | of E  | Each R    | eceipt th           | is Perioc   | l      |
|  | FEC ID number of contributing federal political committee.   | С              |   |      |                                    |       | y         | -                   | 58          | .00    |
|  | Name of Employer (for Individual)  | Occu           | pation (for Individual)                           | -    | Me                                 | mo    | Item      |                     |             |        |
|  | New York Life Insurance Company  | Ager           | nt  |      |                                    |       |           |                     |             |        |
|  | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |      |                                    |       |           |                     |             |        |
|  | Other (specify) ▼  |                | 232.00  | P/   | R Dedu                             | ictio | n (\$58.0 | 00 Month            | ıly)        |        |
|  |  |                |   |      |                                    |       |           |                     |             |        |
| D  | Full Name of Individual (Last, First, Middle Initia<br>Lu, Minde, , Mr.,                           | al) or Full Or | rganization Name                                  |      | Jota of                            | Dec   | agint     |                     |             |        |
| D.   | Mailing Address 86-06 Avon Street  |                |   |      | Date of                            |       | D D       | / 7                 | YY          | Y      |
|  |  |                | Zip Code  |      | 04                                 | ľ     | 30        |                     | 2018        |        |
|  | City<br>Jamaica Estates  | State<br>NY    |   |      |                                    |       | PR97447   |                     |             |        |
|  | FEC ID number of contributing  |                | 11432-3135  | A    | Amount                             | of E  | ach R     | eceipt th           | is Perioc   |        |
|  | federal political committee.   | С              |   |      | _                                  |       | y         | -                   | 76          | .92    |
|  | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                | upation (for Individual)<br>cutive Partner        |      | Me                                 | mo    | Item      |                     |             |        |
|  | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |      | 1                                  |       |           |                     |             |        |
|  | Primary General<br>Other (specify) ▼   |                | 346.14  | P/   | P/R Deduction (\$38.46 Bi-Weekly)  |       |           |                     |             |        |
|  |  |                |   |      |                                    |       |           |                     |             |        |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Lutz, Eugene R., , Mr.,                     | al) or Full Or | rganization Name                                  |      | Date of                            | Rec   | ceipt     |                     |             |        |
|  | Mailing Address 112 Brook Street   |                |   |      | м м<br>04                          | /     | D D D 30  | / Y                 | y y<br>2018 | Y      |
|  | City   | State          | Zip Code  | - 1  | -                                  | actio | - 1 - C   | PR9750 <sup>-</sup> | 1           |        |
|  | Garden City  | NY             | 11530-6404  | A    |                                    |       |           |                     | is Period   |        |
|  | FEC ID number of contributing  | С              |   |      |                                    |       |           |                     | 230         | .78    |
|  | federal political committee.   | 0              |   |      | -                                  |       | 9         | 9                   |             |        |
|  | Name of Employer (for Individual)  |                | pation (for Individual)                           |      | Me                                 | emo   | Item      |                     |             |        |
| New York Life Insurance Company Receipt For: |  |                | aging Partner<br>Year-to-Date ▼                   | _    |                                    |       |           |                     |             |        |
|  | Primary General  | Aggregate      |   | P    | P/R Deduction (\$115.39 Bi-Weekly) |       |           |                     |             |        |
|  | Other (specify)  |                | 1038.51   |      |                                    |       |           |                     |             |        |
| s  | UBTOTAL of Receipts This Page (optional)   |                |   |      |                                    |       |           |                     | 365.        | 70     |
|  | OTAL This Period (last page this line number or  |                |   | ī    | -                                  |       | ,         | 7                   |             |        |
| <b>1</b>                                     | The mist choo has page this line number of   | ···y/·····     |   | - I. |                                    |       | ,         | -                   |             |        |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 170 OF

| ITEMIZED RECEIPTS   | -                    | Use separate schedule(s)  | (check only one)   |  |  |  |  |  |
|---|----------------------|---|--|--|--|--|--|--|
| ILEIVIIZED KEGEIFIJ   |                      | for each category of the<br>Detailed Summary Page                         | <b>X</b> 11a 11b 11c 12  |  |  |  |  |  |
| Any information copied from such Reports ar<br>or for commercial purposes, other than using | nd Statements ma     | l<br>ay not be sold or used by any p<br>Iddress of any political committe | 13     14     15     16     1       berson for the purpose of soliciting contributions       e to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Cor                                  | mpany Politi         | cal Action Committee  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Madgett, Brian G., , Mr.,                      | e Initial) or Full C | rganization Name  | Date of Receipt  |  |  |  |  |  |
| Mailing Address 4607 102nd Lane Northea   | ast                  |   | 04 30 Y Y Y Y Y<br>04 30 2018  |  |  |  |  |  |
| City<br>Kirkland  | State<br>WA          | Zip Code<br>98033-7646  | Transaction ID : PR9757218897<br>Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 76.94  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        |                      | upation (for Individual)<br>President                                     | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>346.23  | P/R Deduction (\$38.47 Bi-Weekly)  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Mauceri, Maria J., , Ms.,                | e Initial) or Full C | rganization Name  | Date of Receipt  |  |  |  |  |  |
| Mailing Address 152 E 94th Street<br>Apt. 5G  |                      |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |
| City<br>New York  | State<br>NY          | Zip Code<br>10128-2575  | Transaction ID : PR9797418897<br>Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 230.76   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        |                      | upation (for Individual)<br>e President & Actuary                         | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>1038.42   | P/R Deduction (\$115.38 Bi-Weekly)   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Maus, Richard C., , Mr.,                 | e Initial) or Full C | rganization Name  | Date of Receipt  |  |  |  |  |  |
| Mailing Address 5762 Berkshire Lane   |                      |   | 04 / D D / Y Y Y Y<br>2018   |  |  |  |  |  |
| City<br>Dallas  | State<br>TX          | Zip Code<br>75209-2402  | Transaction ID : PR9798018897           Amount of Each Receipt this Period   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                    |   | 200.00   |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                        | Occ<br>Age           | upation (for Individual)<br>nt  | Memo Item  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>800.00  | P/R Deduction (\$200.00 Monthly)   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                    |   | 507.70   |  |  |  |  |  |
| TOTAL This Period (last page this line num  | ber only)            | ······  |  |  |  |  |  |  |

## Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 171 OF

| ITI      | EMIZED RECEIPTS   |                                 | for each category of the<br>Detailed Summary Page                     | (Check only one)       Image: Mark 11 a mark       12 a mark |  |  |  |  |
|----------|---|---------------------------------|---|--|--|--|--|--|
| An<br>or | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                         | tements ma<br>ame and a         | ay not be sold or used by any pe<br>ddress of any political committee | rson for the purpose of soliciting contributions   |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar   | ny Politi                       | cal Action Committee  |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initia<br>McFadden, Chauvon, , Mr.,<br>Mailing Address 41589 Wakehurst Place | l) or Full O                    | rganization Name  | Date of Receipt  |  |  |  |  |
|          | City  | State                           | Zip Code  | Transaction ID : PR9802918897  |  |  |  |  |
|          | Leesburg  | VA                              | 20176-5876  | Amount of Each Receipt this Period   |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                               |   | 55.00  |  |  |  |  |
|          | Name of Employer (for Individual)   | Occi                            | upation (for Individual)  | Memo Item  |  |  |  |  |
|          | New York Life Insurance Company   | Age                             | nt  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                       | Year-to-Date ▼<br>220.00  | P/R Deduction (\$55.00 Monthly)  |  |  |  |  |
| в.       | Full Name of Individual (Last, First, Middle Initia McCarthy, Brendan, , Mr.,   | l) or Full O                    | rganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 21 Hillside Road  |                                 | 04 / D D / Y Y Y Y<br>04 30 2018                                      |  |  |  |  |  |
|          | City  | State<br>MA                     | Zip Code  | Transaction ID : PR9807618897  |  |  |  |  |
|          | Wellesley   | IVIA                            | 02481-3215  | Amount of Each Receipt this Period   |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | С                               |   | 58.00  |  |  |  |  |
|          | Name of Employer (for Individual)<br>New York Life Insurance Company  | Occ<br>Age                      | upation (for Individual)<br>ent                                       | Memo Item  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                       | Year-to-Date ▼<br>232.00  | P/R Deduction (\$58.00 Monthly)  |  |  |  |  |
| с.       | Full Name of Individual (Last, First, Middle Initia<br>McGee, Henry, , Mr.,   | l) or Full O                    | rganization Name  | Date of Receipt  |  |  |  |  |
|          | Mailing Address 447 Henderson Road  | 1                               |   | 04 / D D / Y Y Y Y Y<br>2018   |  |  |  |  |
|          | City<br>Greenville  | State<br>SC                     | Zip Code<br>29607-3047  | Transaction ID : PR9818418897  |  |  |  |  |
|          |   |                                 | 29007-3047  | Amount of Each Receipt this Period   |  |  |  |  |
|          | FEC ID number of contributing federal political committee.  | °                               |   |  |  |  |  |  |
|          | Name of Employer (for Individual)   |                                 | upation (for Individual)  | Memo Item  |  |  |  |  |
|          | New York Life Insurance Company   | nt<br>Year-to-Date ▼            | _   |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify)  | P/R Deduction (\$58.33 Monthly) |   |  |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                                 |   | 171.33   |  |  |  |  |
|          | OTAL This Period (last page this line number on   |                                 |   |  |  |  |  |  |

# Ι...

FOR LINE NUMBER: PAGE 172 OF 186

| IT                           | EMIZED RECEIPTS  |                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)   |  |  |  |  |
|------------------------------|--|-----------------|---|--|--|--|--|--|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                       |                 |   |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar  | ny Politi       | ical Action Committee   |  |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>McKenna, Meghann P., , Ms.,<br>Mailing Address 3151 Lily Drive   | ) or Full C     | Drganization Name   | Date of Receipt  |  |  |  |  |
|                              | City   | State           | Zip Code  | 04 30 2018<br>Transaction ID : PR9822418897                                |  |  |  |  |
|                              | Bozeman<br>FEC ID number of contributing<br>federal political committee.   | С               | 59718-6088  | Amount of Each Receipt this Period   |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age      | cupation (for Individual)<br>ent  | Memo Item  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>1000.00   | P/R Deduction (\$250.00 Monthly)   |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial<br>Miller, Gary J., , Mr.,<br>Mailing Address 1211 E Nicolet Avenue | Date of Receipt |   |  |  |  |  |  |
|                              | City<br>Phoenix  | State<br>AZ     | Zip Code<br>85020-5118  | Transaction ID : PR9854118897<br>Amount of Each Receipt this Period        |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С               |   | 70.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company   | Occ<br>Age      | cupation (for Individual)<br>ent  | Memo Item  |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date ▼<br>, 280.00  | P/R Deduction (\$70.00 Monthly)  |  |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial Miller, Jay P., , Mr.,  | ) or Full C     | Drganization Name   | Date of Receipt  |  |  |  |  |
|                              | Mailing Address 5407 Landon Circle   | Chata           | Zip Code  | 04 / 0 D D / Y Y Y Y Y<br>2018   |  |  |  |  |
|                              | City<br>Boynton Beach  | State<br>FL     | 33437-1677  | Transaction ID : PR9855218897           Amount of Each Receipt this Period |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | 83.34           |   |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company<br>Receipt For:                                     | Age             |   | Memo Item  |  |  |  |  |
|                              | Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>333.36  | P/R Deduction (\$83.34 Monthly)  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |                 |   | 403.34   |  |  |  |  |
| т                            | OTAL This Period (last page this line number on  | ly)             | •   |  |  |  |  |  |

FOR LINE NUMBER: PAGE 173 OF 186

| IT                           | EMIZED RECEIPTS  |                       |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | `                          | eck only one)<br>11a 11b 11c 12<br>13 14 15 16 17                   |  |  |  |  |
|------------------------------|--|-----------------------|----------------------------|---|----------------------------|---|--|--|--|--|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |                       |                            |   |                            |   |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compar                                      | ny Polit              | lica                       | I Action Committee  |                            |   |  |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial Moro, Robert A., , Mr.,                       | [                     | Date of Receipt            |   |                            |   |  |  |  |  |
|                              | Mailing Address 50 Wenwood Drive   |                       |                            |   | 04 / D D / Y Y Y Y<br>2018 |   |  |  |  |  |
|                              | City<br>Hauppauge  | State<br>NY           |                            | Zip Code<br>11788-4321  |                            | Transaction ID : PR9886518897<br>Amount of Each Receipt this Period |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                     |                            |   |                            | 250.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | tion (for Individual) |                            | Memo Item   |                            |   |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | e Yea                      | ar-to-Date ▼<br>1000.00   | P                          | P/R Deduction (\$250.00 Monthly)                                    |  |  |  |  |
| B                            | Full Name of Individual (Last, First, Middle Initial Bergeron, James W., , Mr.,                    | ) or Full (           | Orga                       | nization Name   |                            | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 1954 Greenspring Drive Suite 70  |                       | 04 / D D / Y Y Y Y<br>2018 |   |                            |   |  |  |  |  |
|                              | City State<br>Timonium MD  |                       |                            | Zip Code<br>21093-4134  |                            | Transaction ID : PR99218897<br>Amount of Each Receipt this Period   |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                     |                            |   |                            | 100.00  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               |                       | cupa<br>jent               | ation (for Individual)  |                            | Memo Item   |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | e Yea                      | ar-to-Date ▼<br>, 400.00  | P/                         | /R Deduction (\$100.00 Monthly)                                     |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial Oestreicher, David, , Mr.,                    | ) or Full (           | Orga                       | nization Name   | [                          | Date of Receipt   |  |  |  |  |
|                              | Mailing Address 10 Timberlane Drive  |                       |                            |   |                            | 04 30 / Y Y Y Y<br>2018   |  |  |  |  |
|                              | City<br>Williamsville  | State<br>NY           |                            | Zip Code<br>14221-1422  |                            | Transaction ID : PR9950218897 Amount of Each Receipt this Period    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   |                       | 65.00                      |   |                            |   |  |  |  |  |
|                              | Name of Employer (for Individual)<br>New York Life Insurance Company                               | Occ<br>Age            | •                          | tion (for Individual)   |                            | Memo Item   |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate             | e Yea                      | ar-to-Date ▼<br>260.00  | P                          | P/R Deduction (\$65.00 Monthly)                                     |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |                       |                            | •   |                            | 415.00  |  |  |  |  |
| т                            | OTAL This Period (last page this line number on  | ly)                   |                            |   | j                          |   |  |  |  |  |

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 174 OF

| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)                          | (check only one)  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|
| II EIVIIZED KEGEIF13   |                    | for each category of the<br>Detailed Summary Page |   |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using |                    |   | 13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>New York Life Insurance Com                                   | npany Politi       | cal Action Committee                              |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Pearce, William E., , Mr.,                   | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 5021 Corinthian Bay Drive  |                    |   | 04 0 2018   |  |  |  |  |  |  |
| City<br>Frisco   | State<br>TX        | Zip Code<br>75034-2163                            | Transaction ID : PR9998318897<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   | 76.94   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>New York Life Insurance Company                         |                    | upation (for Individual)<br>cutive Partner        | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>346.23                          | P/R Deduction (\$38.47 Bi-Weekly)   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B.   | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address  |                    |   |   |  |  |  |  |  |  |
| City   | State              | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | C                  |   |   |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date V                                    | ]   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle C.  | Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address  |                    |   | M = M / D = D / Y = Y = Y = Y   |  |  |  |  |  |  |
| City   | State              | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   |   |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date V                                    | ]   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 76.94   |  |  |  |  |  |  |
| TOTAL This Period (last page this line numb  | er only)           |   | 70121.32  |  |  |  |  |  |  |

FOR LINE NUMBER:

PAGE 175 OF

|   |                              | Use separate schedule(s)<br>for each category of the                | (check only one)  |  |  |  |  |
|---|------------------------------|---|---|--|--|--|--|
|   |                              | Detailed Summary Page   | 11a         11b         11c         12           13         14         15         X         16         17 |  |  |  |  |
| Any information copied from such Reports and a<br>or for commercial purposes, other than using th | Statements ma                | y not be sold or used by any p<br>ddress of any political committee | e to solicit contributions from such committee.   |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                              |   |   |  |  |  |  |
| > New York Life Insurance Comp  | pany Politie                 | cal Action Committee  |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir   | nitial) or Full O            | rganization Name  |   |  |  |  |  |
| A. Ryan Costello For Congress   |                              |   | Date of Receipt   |  |  |  |  |
| Mailing Address PO Box 3154   |                              |   | 04 / D D / Y Y Y Y Y<br>04 26 2018  |  |  |  |  |
| City<br>West Chaster  | State<br>PA                  | Zip Code  | Transaction ID : 12709427   |  |  |  |  |
| West Chester  |                              | 19381   | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C coo                        | 554899  | 2500.00   |  |  |  |  |
| Name of Employer (for Individual)   | Occi                         | pation (for Individual)   | Memo Item   |  |  |  |  |
| Receipt For: 2018   | Aggregate                    | Year-to-Date ▼  | -   |  |  |  |  |
| Primary X General   |                              |   | Contribution itemized in 2017 Nov Monthly & 2018 J  |  |  |  |  |
| Other (specify) <b>v</b>  |                              | 2500.00   | 31 Year End   |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir   | itial) or Full O             | ragnization Namo  |   |  |  |  |  |
| B.  |                              | ganization Name   | Date of Receipt   |  |  |  |  |
| Mailing Address   |                              |   | M = M / D = D / Y = Y = Y = Y   |  |  |  |  |
| City  | State                        | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing   |                              |   |   |  |  |  |  |
| federal political committee.  | federal political committee. |   |   |  |  |  |  |
| Name of Employer (for Individual)   | upation (for Individual)     | Memo Item   |   |  |  |  |  |
| Receipt For:  | —                            |   |   |  |  |  |  |
| Primary General   | Aggregate                    | Year-to-Date ▼  | 1   |  |  |  |  |
| Other (specify) V   |                              |   |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir   | nitial) or Full O            | rganization Name  | Date of Receipt   |  |  |  |  |
| Mailing Address   |                              |   |   |  |  |  |  |
| City  | State                        | Zip Code  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing   |                              |   |   |  |  |  |  |
| federal political committee.  | С                            |   |   |  |  |  |  |
| Name of Employer (for Individual)   | Occi                         | pation (for Individual)   | Memo Item   |  |  |  |  |
| Receipt For:  | Aggregate                    | Year-to-Date ▼  |   |  |  |  |  |
| Primary General   | Aggregate                    |   | 1   |  |  |  |  |
| Other (specify)   |                              |   | 1   |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                              |   | 2500.00   |  |  |  |  |
|   |                              |   |   |  |  |  |  |
| TOTAL This Period (last page this line number   | only)                        |   | 2500.00   |  |  |  |  |

| SC                     | CHEDULE B (FEC Form 3X)   |   |                   | F                 | OR I  | LINE N        | UMBER                                    | :  |                            | PA                                      | GE       | 176 OF 186    |
|------------------------|---|---|-------------------|-------------------|---|---------------|--|--|----------------------------|---|----------|---------------|
| ITEMIZED DISBURSEMENTS |   | Use separate schedule(s) for each category of the |                   |                   |   | c only<br>21b | / one)                                   |  |                            |   |          |               |
|                        |   |   | Summary Page      |                   | $\left  - \right $                            | 210<br>28a    | 22<br>28b                                | -  | 23<br>28c                  | 26                                      | $\vdash$ | 30b           |
|                        | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |   |                   |                   |   |               |  |  |                            |   |          |               |
| $\left \right\rangle$  | NAME OF COMMITTEE (In Full)   |   |                   |                   |   |               |  |  |                            |   |          |               |
|                        | New York Life Insurance Compan  | y Politica  | Action Con        | nmit              | tee   | <del>}</del>  |  |  |                            |   |          |               |
| Α.                     | Full Name (Last, First, Middle Initial)<br>Reasonable Independent Constructive  | and Effect  | ive PAC (RICI     | E PA              | C)  |               | Date of Disbursement                     |  |                            |   |          |               |
|                        | Mailing Address PO Box 744  |   |                   |                   |   |               | 04                                       |  | 02                         |   |          | 2018          |
|                        | City<br>Mineola   | State<br>NY                                       | Zip Code<br>11501 |                   |   |               | FEC Id                                   | lentifi  | catior                     | Numbe                                   | r        |               |
|                        | Purpose of Disbursement<br>Contribution   |   |                   | C                 | )11   | ٦             | С  | 1. Ale   | 57204                      | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |          |               |
|                        | Candidate Name<br>Reasonable Independent Constructive and Effe  | ective PAC (                                      | (RICE PAC)        |                   | egor<br>ype                                   | y/            |  |  |                            | ID : 126<br>Disburse                    |          | t this Period |
|                        | ·   | ement For:<br>Primary                             | General           |                   | ypo   |               |  |  |                            |   |          | 5000.00       |
|                        | State: District:  | Other (spec                                       |                   |                   |   |               | Me                                       | emo I  |                            | Contribut                               | ion      |               |
| В.                     | Full Name (Last, First, Middle Initial)<br>Kurt Schrader For Congress   |   |                   |                   |   |               | Date o                                   | f Disl   |                            |   |          |               |
|                        | Mailing Address PO Box 3314   |   |                   |                   |   |               |  |  | 04 / D D / Y Y Y Y<br>2018 |   |          |               |
|                        | CityStateZip CodeOregon CityOR97045   |   |                   |                   |   |               | FEC Id                                   | lentifi  | catior                     | Numbe                                   | r        |               |
|                        | Purpose of Disbursement<br>Contribution   |   | 011               |                   |   |               | C C00446906<br>Transaction ID : 12685467 |  |                            | 7                                       |          |               |
|                        | Candidate Name<br>Schrader, Kurt, , ,   |   |                   | Category/<br>Type |   |               | Amount of Each Disbursement this Period  |  |                            |   |          |               |
|                        | Office Sought: 🖌 House Disburse   | ment For: 2                                       |                   |                   | <u>, , , , , , , , , , , , , , , , , , , </u> |               | L  |  |                            |   |          | 1000.00       |
|                        | State: OR District: 05  | Primary<br>Other (spec                            | Cify) General     |                   |   |               | Me                                       | emo I  |                            | Contribut                               | ion      |               |
| _                      | Full Name (Last, First, Middle Initial)   |   |                   |                   |   |               | Data a                                   | f Dial   | buroo                      | mont                                    |          |               |
| 0.                     | Perlmutter For Congress   |   |                   |                   |   |               | Date of Disbursement                     |  |                            |   |          |               |
|                        | Mailing Address 3440 Youngfield Street<br>#264  |   |                   |                   |   |               | 04                                       |  | 18                         | 3                                       | 2        | 018           |
|                        | City<br>Wheat Ridge   | State<br>CO                                       | Zip Code<br>80033 |                   |   |               | FEC Id                                   | lentifi  | catior                     | Numbe                                   | r        |               |
|                        | Purpose of Disbursement<br>Contribution   |   |                   |                   | 11  |               | С  | C00  | 41063                      | 39                                      |          |               |
|                        | Candidate Name Category/  |   |                   |                   |   |               |  | Transaction ID : 12685476<br>Amount of Each Disbursement this Period |                            |   |          |               |
|                        | Perlmutter, Edwin, G., ,         Office Sought:       Image: Advance of the second |   |                   |                   |   |               | ne 1500.00                               |  |                            |   |          | 1500.00       |
|                        | Senate X  | 🗶 Primary 🛛 Ger                                   |                   |                   |   |               | Contribution                             |  |                            |   |          |               |
|                        | State: CO District: 07  |   | - J) <b>-</b>     |                   |   |               | Me                                       | emo I  | tem                        |   |          |               |
| ⊢                      | UBTOTAL of Disbursements This Page (optional).  |   |                   |                   |   |               | F  |  | ,                          |   | -        | 7500.00       |
| L ''                   | OTAL This Period (last page this line number only   | ()  |                   |                   |   |               |  | 1  | ,                          |   | 1.1      | 1 1 1 1 1 1   |

|    | CHEDULE B (FEC Form 3X)   |  | Jse separate schedule(s)  |                       |  |   | NUMBER: PAGE 177 OF 186   |  |  |  |  |
|----|---|--|---------------------------|-----------------------|--|---|---|--|--|--|--|
| IT | EMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page |                           | only (<br>21b<br>28a  | one)<br>22 <b>X</b> 23 26 27<br>28b 28c 29 30b |   |   |  |  |  |  |
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na                                    |  |                           |                       |  |   |   |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Company  | y Politica                                     | I Action Com              | nmit                  | tee  |   |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Friends Of Cheri Bustos<br>Mailing Address 1050 17th St Nw Ste 590                           |  |                           |                       |  |   | Date of Disbursement  |  |  |  |  |
|    | City<br>Washington  | State Zip Code                                 |                           |                       |  |   |   |  |  |  |  |
|    | Purpose of Disbursement<br>Contribution   |  | 20000                     | 0                     | 11   | 1 | C C00498568<br>Transaction ID : 12685477  |  |  |  |  |
|    | Candidate Name Bustos, Cheri, , , Office Sought: x House Disburse   | ment For: 2                                    | 2018                      |                       | egory<br>/pe                                   | / | Amount of Each Disbursement this Period 2500.00   |  |  |  |  |
|    | State: IL District: 17  | Primary<br>Other (spec                         | X General                 |                       | Contribution<br>Memo Item                      |   |   |  |  |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>Mike Thompson For Congress   |  |                           |                       |  |   | Date of Disbursement  |  |  |  |  |
|    | Mailing Address 5429 Madison Avenue   |  | 04 18 2018                |                       |  |   |   |  |  |  |  |
|    | City<br>Sacramento<br>Purpose of Disbursement<br>Contribution<br>Candidate Name   | StateZip CodeCA95841                           |                           | e<br>011<br>Category/ |  |   | FEC Identification Number<br>C C00326363<br>Transaction ID : 12685478<br>Amount of Each Disbursement this Period  |  |  |  |  |
|    |   | ment For:<br>Primary<br>Other (spec            | General                   |                       | /pe  | , | Amount of Each Disbursement this Period<br>2000.00<br>Contribution<br>Memo Item   |  |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>Beatty For Congress  |  |                           |                       |  |   | Date of Disbursement  |  |  |  |  |
|    | Mailing Address 222 East Town Street  |  |                           |                       |  |   | M         M         /         D         D         /         Y |  |  |  |  |
|    | City<br>Columbus<br>Purpose of Disbursement<br>Contribution   | -  | FEC Identification Number |                       |  |   |   |  |  |  |  |
|    | Candidate Name     011       Beatty, Joyce, , ,     Category/<br>Type       Office Sought:     x       House     Disbursement For: 2018 |  |                           |                       |  |   | Transaction ID : 12685481<br>Amount of Each Disbursement this Period<br>1500.00   |  |  |  |  |
|    | State: OH District: 03  | Primary<br>Other (spe                          | General<br>cify) ▼        |                       |  |   | Contribution<br>Memo Item   |  |  |  |  |
| s  | UBTOTAL of Disbursements This Page (optional).  |  |                           |                       |  |   | 6000.00   |  |  |  |  |
| ⊢  | OTAL This Period (last page this line number only   |  |                           |                       |  | _ |   |  |  |  |  |

|    | CHEDULE B (FEC Form 3X)  |                                     |  | FC  | OR LINE  | NUMBER: PAGE 178 OF 186                        |  |  |  |  |
|----|--|-------------------------------------|--|---|--|--|--|--|--|--|
| IT | EMIZED DISBURSEMENTS   | for each                            | arate schedule(s)<br>category of the<br>Summary Page | (cł   | neck on<br>21b<br>28a  | 22 🗶 23 🗌 26 🗌 27                              |  |  |  |  |
|    | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                                     |  |   |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>New York Life Insurance Compan  | y Politica                          | al Action Cor  | nmit  | tee  |  |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>Beatty For Congress                                       |                                     |  |   |  | Date of Disbursement                           |  |  |  |  |
|    | Mailing Address 222 East Town Street   |                                     |  |   |  | 04 18 2018                                     |  |  |  |  |
|    | City<br>Columbus   | State<br>OH                         | Zip Code<br>43215                                    |   |  | FEC Identification Number                      |  |  |  |  |
|    | Purpose of Disbursement<br>Contribution  |                                     |  | 0   | 11   | C C00507368<br>Transaction ID : 12685482       |  |  |  |  |
|    | Beatty, Joyce, , ,   | ement For:                          | 2018   |   | egory/<br>/pe  | Amount of Each Disbursement this Period 500.00 |  |  |  |  |
|    | Office Sought:     x     House     Disburse       Senate     President                               | Primary<br>Other (spe               | X General  |   |  | Contribution<br>Memo Item                      |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>New Democrat Coalition PAC                                |                                     |  |   |  | Date of Disbursement                           |  |  |  |  |
|    | Mailing Address 700 13th Street NW<br>Suite 600  |                                     |  | 04 18 2018  |  |  |  |  |  |  |
|    | City<br>Washington<br>Purpose of Disbursement<br>Contribution  |                                     | FEC Identification Number                            |   |  |  |  |  |  |  |
|    | Candidate Name<br>New Democrat Coalition PAC   |                                     | 011<br>Category/<br>Type                             |   | Transaction ID : 12685483<br>Amount of Each Disbursement this Period |  |  |  |  |  |
|    | Office Sought: House Disburse<br>Senate President State: District:                                   | ement For:<br>Primary<br>Other (spe | General Cify)  |   |  | 5000.00<br>Contribution<br>Memo Item           |  |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>At The Table!   |                                     |  |   |  | Date of Disbursement                           |  |  |  |  |
|    | Mailing Address P.O. Box 650496  |                                     |  |   |  | 04 / D D / Y Y Y Y<br>04 18 2018               |  |  |  |  |
|    | City<br>Fresh Meadows  | State<br>NY                         | Zip Code<br>11365                                    |   |  | FEC Identification Number                      |  |  |  |  |
|    | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>At The Table!                           | Cate                                | 11<br>egory/<br>/pe                                  | C C00552489<br>Transaction ID : 12685486<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
|    | Office Sought: House Disburse<br>Senate President State: District:                                   | ement For:<br>Primary<br>Other (spe | General<br>cify) ▼                                   |   |  | Contribution Memo Item                         |  |  |  |  |
| s  | UBTOTAL of Disbursements This Page (optional).   |                                     |  |   | ····· <b>Þ</b>   | 10500.00                                       |  |  |  |  |
| т  | OTAL This Period (last page this line number only  | /)                                  |  |   | ····· <b>Þ</b>   |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   |  |   | FOR                   | LINE I                | NUMBER: PAGE 179 OF 186  |  |  |
|--|--|---|-----------------------|-----------------------|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each   | rate schedule(s)<br>category of the<br>Summary Page |                       | ck only<br>21b<br>28a | •  |  |  |
| Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the nan      |  |   |                       |                       |  |  |  |
| NAME OF COMMITTEE (In Full) New York Life Insurance Company  | / Politica   | I Action Com  | mitte                 | е                     |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Making America Prosperous PAC<br>Mailing Address P.O. Box 2485     |  |   |                       |                       | Date of Disbursement<br>04 / D D / Y Y Y Y<br>04 2018  |  |  |
| City<br>Springfield<br>Purpose of Disbursement   | State<br>VA  | Zip Code<br>22152                                   |                       |                       | FEC Identification Number  |  |  |
| Contribution Candidate Name Making America Prosperous PAC Office Sought: House Senate President State: District: | ment For:<br>Primary<br>Other (spec                  | General   | 011<br>Catego<br>Type | ory/                  | Transaction ID : 12685487<br>Amount of Each Disbursement this Period<br>5000.00<br>Contribution<br>Memo Item                           |  |  |
| Full Name (Last, First, Middle Initial) B. New Energy PAC Mailing Address P.O. Box 2998                          |  |   |                       |                       | Date of Disbursement<br>04 / D D / Y Y Y Y Y<br>18 2018  |  |  |
| Dublin Purpose of Disbursement Contribution Candidate Name New Energy PAC  | State<br>CA  | Zip Code<br>94568<br>011<br>Category/<br>Type       |                       |                       | FEC Identification Number<br>C C00566059<br>Transaction ID : 12685488<br>Amount of Each Disbursement this Period                       |  |  |
| Office Sought: House Disburser<br>Senate President District:   | nent For:<br>Primary<br>Other (spec                  | General<br>cify)                                    |                       |                       | 5000.00<br>Contribution<br>Memo Item   |  |  |
| Full Name (Last, First, Middle Initial)<br>C. Klobuchar For Minnesota<br>Mailing Address PO Box 4146             |  |   |                       |                       | Date of Disbursement<br>04 18 2018   |  |  |
| St Paul<br>Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Klobuchar, Amy, J., ,                    | State<br>MN<br>ment For: 2<br>Primary<br>Other (spec | 2018<br>General                                     | 011<br>Catego<br>Type | ory/                  | FEC Identification Number C C00431353 Transaction ID : 12685489 Amount of Each Disbursement this Period 2500.00 Contribution Memo Item |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |  |   |                       |                       | 12500.00   |  |  |

L 1.1

| SCHEDULE B (FEC Form 3X)   |   |   | FOR LINE                 | NUMBER: PAGE 180 OF 186  |
|--|---|---|--------------------------|--|
| ITEMIZED DISBURSEMENTS   | for each  | parate schedule(s)<br>n category of the<br>I Summary Page   | (check onl<br>21b<br>28a | 22 🗶 23 🗌 26 🗌 27  |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the |   |   |                          |  |
| NAME OF COMMITTEE (In Full)  |   |   | •                        |  |
| New York Life Insurance Comp   | any Politic   | al Action Cor   | nmittee                  |  |
| Full Name (Last, First, Middle Initial)<br>A. Martin Heinrich For Senate                           |   |   |                          | Date of Disbursement   |
| Mailing Address P.O. Box 25763   |   |   |                          | 04 20 2018   |
| City   | State   | Zip Code  |                          | FEC Identification Number  |
| Albuquerque<br>Purpose of Disbursement<br>Contribution   | NM  | 87125   | 011                      | C C00434563  |
| Candidate Name   |   |   | Category/                | Transaction ID : 12699318<br>Amount of Each Disbursement this Period |
| Heinrich, Martin, Trevor, ,  |   |   | Туре                     | 500.00   |
| X Senate<br>President  | ursement For:           x         Primary           Other (specified) | General   |                          | Contribution<br>Memo Item  |
| State: NM District:  |   |   |                          |  |
| Full Name (Last, First, Middle Initial) B. Martin Heinrich For Senate                              |   |   |                          | Date of Disbursement   |
| Mailing Address P.O. Box 25763   | 04 20 2018  |   |                          |  |
| City<br>Albuquerque  | State<br>NM   | Zip Code<br>87125   |                          | FEC Identification Number  |
| Purpose of Disbursement<br>Contribution  |   |   | 011                      | C C00434563<br>Transaction ID : 12699319                             |
| Candidate Name   |   |   | Category/                | Amount of Each Disbursement this Period                              |
| Heinrich, Martin, Trevor, ,<br>Office Sought: House Disb   | ursement For:   | 2018  | Туре                     | 5000.00  |
| × Senate   | Primary   | General   |                          | Contribution   |
| State: NM District:  | Other (spe  |   |                          | Memo Item  |
| Full Name (Last, First, Middle Initial)<br>C. Sean Patrick Maloney For Cong                        | gress   |   |                          | Date of Disbursement   |
| Mailing Address PO Box 270   |   |   |                          | 04 20 Y Y Y Y Y<br>20 2018   |
| City<br>Newburgh   | State<br>NY   | Zip Code<br>12550   |                          | FEC Identification Number  |
| Purpose of Disbursement<br>Contribution  | ŀ   |   | 011                      | C C00512426<br>Transaction ID : 12699562                             |
| Candidate Name<br>Maloney, Sean, Patrick, ,  |   |   | Category/<br>Type        | Amount of Each Disbursement this Period                              |
|  | ursement For:   | 2018  | .)[                      | 5000.00  |
| State: NV District: 40   | Primary<br>Other (spe   | General (Control of the second secon |                          | Contribution<br>Memo Item  |
| State: NY District: 18   |   |   |                          |  |
| SUBTOTAL of Disbursements This Page (option  | nal)  |   | •••••                    | 10500.00   |
| TOTAL This Period (last page this line number  | only)   |   | ••••••                   | , ,  |

| SCHEDULE           | E B (FEC Form 3X)  |              |                                 | F         | OR          |           | UMBER   |            |                      | PA            | AGE                  | 181 OF    | 186   |  |  |  |  |  |
|--------------------|--|--------------|---------------------------------|-----------|-------------|-----------|---|------------|----------------------|---------------|----------------------|-----------|-------|--|--|--|--|--|
| ITEMIZED I         | DISBURSEMENTS  | Use sepa     |                                 |           | k only      |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    |  |              | category of the<br>Summary Page |           |             | 21b       | 22  |            | 23                   | 26            |                      | 27        |       |  |  |  |  |  |
|                    |  |              | , ,                             |           |             | 28a       | 28b   |            | 28c                  | 29            |                      | 30b       |       |  |  |  |  |  |
|                    | copied from such Reports and State<br>al purposes, other than using the na |              |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | OMMITTEE (In Full)   |              |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| /                  | k Life Insurance Compan  | y Politica   | al Action Con                   | nmit      | tee         | e         |   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | ast, First, Middle Initial)  |              |                                 |           |             |           | Data a  | 4 Diek     |                      |               |                      |           |       |  |  |  |  |  |
| A. Iom Ree         | Tom Reed For Congress  |              |                                 |           |             |           |   |            |                      |               | Date of Disbursement |           |       |  |  |  |  |  |
| Mailing Addre      | ess PO Box 10847   |              |                                 |           |             |           | 04  | /          | 20                   |               |                      | 018       |       |  |  |  |  |  |
| City<br>Rochester  |  | State<br>NY  | Zip Code<br>14610               |           |             |           | FEC Id  | lentific   | cation               | Numbe         | er                   |           |       |  |  |  |  |  |
| Purpose of D       | isbursement  |              |                                 | _         | _           |           | С   | C004       | 16403                | 2             |                      |           |       |  |  |  |  |  |
| Contribution       |  |              |                                 | 0         | )11         |           |   | 1          |                      | -<br>ID : 126 | 0056                 | 3         |       |  |  |  |  |  |
| Candidate Na       |  |              |                                 | Cate      | egor        | ry/       |   |            |                      |               |                      | t this Pe | eriod |  |  |  |  |  |
|                    | omas, W., ,  |              |                                 |           | ype         |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| Office Sought      |  | ement For: 2 |                                 |           |             |           | 2000.00   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | Senate X   |              | General                         |           |             |           | -   |            | tion                 |               |                      |           |       |  |  |  |  |  |
| State: NY          | District: 23   | Other (spec  | city) 🔻                         |           |             |           | Memo Item   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | ast, First, Middle Initial)  |              |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| _ ,                | ed For Congress  |              |                                 |           |             |           | Date o  | f Disk     |                      |               |                      |           | _     |  |  |  |  |  |
| Mailing Addre      | Mailing Address PO Box 10847   |              |                                 |           |             |           |   |            |                      | 04 20 2018    |                      |           |       |  |  |  |  |  |
| City               |  | State        | Zip Code                        |           |             |           | FEC Id  | lentific   | cation               | Numbe         | ۹r                   |           |       |  |  |  |  |  |
| Rochester          | Rochester         NY         14610           Purpose of Disbursement       |              |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| Contribution       | Isbursement  |              |                                 |           | )11         |           | C C00464032   |            |                      |               |                      |           |       |  |  |  |  |  |
| Candidate Na       | ame  |              |                                 |           |             | _         | Transaction ID : 12699564<br>Amount of Each Disbursement this Period<br>3000.00<br>Contribution |            |                      |               |                      |           |       |  |  |  |  |  |
| Reed. Th           | nomas, W., ,   |              |                                 | Cate<br>T | egor<br>ype | ry/       |   |            |                      |               |                      |           |       |  |  |  |  |  |
| Office Sought      |  | ement For:   | 2018                            |           | 71          |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | Senate   | Primary      | 🗙 General                       |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
|                    | President  | Other (spec  |                                 |           |             | Memo Item |   |            |                      |               |                      |           |       |  |  |  |  |  |
| State: NY          | District: 23   |              |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| ,                  | Full Name (Last, First, Middle Initial)<br>Friends Of Dave Brat Inc.       |              |                                 |           |             |           |   |            | Date of Disbursement |               |                      |           |       |  |  |  |  |  |
|                    | Mailing Address PO Box 5094  |              |                                 |           |             |           |   | 04 20 2018 |                      |               |                      |           |       |  |  |  |  |  |
|                    |  | Ctata        | Zip Cada                        |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |
| City<br>Glen Allen |  | State<br>VA  | Zip Code<br>23058               |           |             |           | FEC Id  | lentific   | cation               | Numbe         | er                   |           |       |  |  |  |  |  |
| Purpose of D       | isbursement  |              |                                 | _         | _           |           | С   | C005       | 55494                | 9             |                      |           |       |  |  |  |  |  |
| Contribution       |  |              |                                 | 0         | 11          |           |   | 1          |                      | ID : 126      | 9956                 | 5         |       |  |  |  |  |  |
| Candidate Na       |  |              |                                 | Cate      | egor        | ry/       |   |            |                      |               |                      | t this Pe | eriod |  |  |  |  |  |
|                    | vid, Alan, ,   |              |                                 |           | ype         |           |   |            |                      |               |                      | 050.03    | - 1   |  |  |  |  |  |
| Office Sought      | Office Sought: X House Disbursement For: 2018                              |              |                                 |           |             |           |   |            |                      |               |                      | 250.00    | _     |  |  |  |  |  |
|                    | Senate <b>x</b><br>President   | Primary      | General                         |           |             |           | - C   |            | (                    | Contribu      | tion                 |           |       |  |  |  |  |  |
| State: VA          | District: 07   | Other (spec  | uiy) ▼                          |           |             |           | Me  | emo It     | tem                  |               |                      |           |       |  |  |  |  |  |
|                    |  |              |                                 |           |             |           | _   |            |                      |               |                      |           |       |  |  |  |  |  |
| SUBTOTAL of        | Disbursements This Page (optional)   |              |                                 |           |             |           |   |            |                      |               |                      | 5250.00   |       |  |  |  |  |  |
| TOTAL This Pe      | eriod (last page this line number only                                     | y)           |                                 |           |             |           |   |            |                      |               |                      |           |       |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   |                        |                         | FO      | RLIN      | NE NUMBER: PAGE 182 OF 186   |  |  |  |  |  |  |
|--|------------------------|-------------------------|---------|-----------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use sepa<br>for each   |                         |         | only one) |  |  |  |  |  |  |  |
|  | Detailed               | Summary Page            |         | 28        |  |  |  |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the nar |                        |                         |         |           |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                        |                         |         |           |  |  |  |  |  |  |  |
| New York Life Insurance Company  | y Politica             | Il Action Con           | nmitt   | ee        |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Vern Buchanan For Congress                                   |                        |                         |         |           | Date of Disbursement   |  |  |  |  |  |  |
|  |                        |                         |         |           | M M / D D / Y Y Y Y  |  |  |  |  |  |  |
| Mailing Address P. O. Box 48928  |                        |                         |         |           | 04 20 2018   |  |  |  |  |  |  |
| City<br>Sarasota   | State<br>FL            | Zip Code<br>34230       |         |           | FEC Identification Number  |  |  |  |  |  |  |
| Purpose of Disbursement  |                        | 34230                   | _       | _         | C C00412759  |  |  |  |  |  |  |
| Contriution  |                        |                         | 01      | 1         | Transaction ID : 12699566  |  |  |  |  |  |  |
| Candidate Name   |                        |                         | Cate    |           | Amount of Each Disbursement this Period                              |  |  |  |  |  |  |
| Buchanan, Vernon, , ,<br>Office Sought: x House Disburse   | ment For: 2            | 2018                    | Ту      | pe        | 2500.00  |  |  |  |  |  |  |
| Senate   | Primary                | General                 |         |           |  |  |  |  |  |  |  |
| President  | Other (spec            | cify) 🔻                 |         |           | Contriution<br>Memo Item   |  |  |  |  |  |  |
| State: FL District: 16   |                        |                         |         |           |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Bill Foster For Congress</b>                              |                        |                         |         |           | Date of Disbursement   |  |  |  |  |  |  |
|  |                        |                         |         |           | M M / D D / Y Y Y Y  |  |  |  |  |  |  |
| Mailing Address P.O. Box 9104  |                        |                         |         |           | 04 20 2018   |  |  |  |  |  |  |
| City<br>Aurora   | State<br>IL            | Zip Code<br>60598       |         |           | FEC Identification Number  |  |  |  |  |  |  |
| Purpose of Disbursement  | urpose of Disbursement |                         |         |           |  |  |  |  |  |  |  |
| Contribution   |                        |                         | 01      | 11        | C C00435099<br>Transaction ID : 12699567                             |  |  |  |  |  |  |
| Candidate Name<br>Foster, G. William (Bill), , ,   |                        |                         | Cate    |           | Amount of Each Disbursement this Period                              |  |  |  |  |  |  |
|  | ment For:              | 2018                    | Ту      | þe        | 1000.00  |  |  |  |  |  |  |
| Senate   | Primary                | <b>x</b> General        |         |           | Contribution   |  |  |  |  |  |  |
| President  | Other (spec            |                         |         |           | Memo Item  |  |  |  |  |  |  |
| State: IL District: 11<br>Full Name (Last, First, Middle Initial)  |                        |                         |         |           |  |  |  |  |  |  |  |
| C. Kay Granger Campaign Fund   | Date of Disbursement   |                         |         |           |  |  |  |  |  |  |  |
| Mailing Address 1701 River Run<br>Ste 308  | 04 20 Y Y Y Y<br>2018  |                         |         |           |  |  |  |  |  |  |  |
|  | State                  | Zip Code                |         |           | FEC Identification Number  |  |  |  |  |  |  |
| Fort Worth Purpose of Disbursement   | ТХ                     | 76107                   |         |           |  |  |  |  |  |  |  |
| Contribution   |                        |                         | 01      | 1         | C C00310532  |  |  |  |  |  |  |
| Candidate Name   |                        |                         |         | 1         | Transaction ID : 12699568<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Granger, Kay, , ,  |                        |                         |         |           |  |  |  |  |  |  |  |
| Office Sought: X House Disburse  |                        |                         | 1000.00 |           |  |  |  |  |  |  |  |
| President  | Primary<br>Other (spe  | Cify) ▼                 |         |           | Contribution   |  |  |  |  |  |  |
| State: TX District: 12   |                        | <i>J</i> / <del>T</del> |         |           | Memo Item  |  |  |  |  |  |  |
|  |                        |                         |         |           |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |                        |                         |         | •••• •    | 4500.00  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only   | )                      |                         |         | 🕨         |  |  |  |  |  |  |  |

. . . . . . .

| SCHEDULE B (FEC Form 3X)   |  |   | FC   | DR L                      | INE N      | IUMBER  | :            |                      | F                             | AGE         | 183 OF 18     |  |  |  |  |  |  |
|--|--|---|------|---------------------------|------------|---|--------------|----------------------|-------------------------------|-------------|---------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use sep<br>for each  | (cl                                     |      | only                      |            | <b>.</b>  | 00           |                      |                               |             |               |  |  |  |  |  |  |
|  |  | Summary Page                            |      |                           | 21b<br>28a | 22<br>28b   |              | 23<br>28c            | 26                            | $\vdash$    | 27<br>30b     |  |  |  |  |  |  |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na |  |   |      | any                       | perso      | n for the   | purp         | ose c                | f solicit                     |             | ontributions  |  |  |  |  |  |  |
|  |  |   |      |                           |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
| New York Life Insurance Compar   | y Politica   | al Action Corr                          | nmit | tee                       |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Friends for Gregory Meeks                                  |  | Date of Disbursement                    |      |                           |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
|  |  |   |      |                           |            | MM  | /            | D                    | D /                           | Y           | YYY           |  |  |  |  |  |  |
| Mailing Address 153-01 Jamaica Avenue Suite 53   | 85   |   |      |                           |            | 04  |              | 20                   | )                             | 2           | 2018          |  |  |  |  |  |  |
| City<br>Jamaica  | State<br>NY  | Zip Code<br>11432                       |      |                           |            | FEC lo  | lentifi      | catior               | Numb                          | er          |               |  |  |  |  |  |  |
| Purpose of Disbursement  |  | 11102                                   | _    | _                         |            | С   | C004         | 43099                | 91                            |             | - T           |  |  |  |  |  |  |
| Contribution   |  |   | 0    | 11                        | 11         |   | 1            |                      | ID : 120                      | i9956       | 39            |  |  |  |  |  |  |
| Candidate Name   |  |   |      | egory/                    | /          |   |              |                      |                               |             | t this Period |  |  |  |  |  |  |
| Meeks, Gregory, W., ,<br>Office Sought: x House Disburs  | ement For:   | 2018                                    | Ту   | ype                       |            | <b></b>   |              |                      |                               |             | 1000.00       |  |  |  |  |  |  |
| Senate   | Primary  | General                                 |      |                           |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
| President  | Other (spe   |   |      |                           |            | Contribution<br>Memo Item   |              |                      |                               |             |               |  |  |  |  |  |  |
| State: NY District: 05   |  |   |      |                           |            |   |              | -                    |                               |             |               |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |  |   |      |                           |            | Date o  | f Diel       | hurso                | mont                          |             |               |  |  |  |  |  |  |
| B. Tom Rice For Congress   |  | Date of Disbursement                    |      |                           |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
| Mailing Address P.O. Box 70098   | Vailing Address P.O. Box 70098                                       |   |      |                           |            |   |              |                      | 04 20 2018                    |             |               |  |  |  |  |  |  |
| City<br>Myrtle Beach   | State<br>SC  | Zip Code<br>29572                       |      |                           |            | FEC lo  | lentifi      | catior               | Numb                          | er          |               |  |  |  |  |  |  |
| Purpose of Disbursement  | Purpose of Disbursement  |   |      |                           |            |   |              |                      |                               | C C00506048 |               |  |  |  |  |  |  |
| Contribution   |  |   | 0    | )11                       |            | Transaction ID : 12699570<br>Amount of Each Disbursement this Period<br>2500.00 |              |                      |                               |             |               |  |  |  |  |  |  |
| Candidate Name   |  |   |      | egory                     | /          |   |              |                      |                               |             |               |  |  |  |  |  |  |
| Rice, Tom, , ,<br>Office Sought: x House Disburs   | ement For:   | 2018                                    | IJ   | /pe                       |            |   |              |                      |                               |             |               |  |  |  |  |  |  |
| Senate   | Primary  |   |      |                           |            |   |              |                      | Contribu                      | ution       | 1 495         |  |  |  |  |  |  |
| President  | Other (spe   |   |      |                           |            |   | mo l         |                      |                               |             |               |  |  |  |  |  |  |
| State: SC District: 07   |  |   |      |                           |            |   |              | Memo Item            |                               |             |               |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. Adrian Smith For Congress                                  | Full Name (Last, First, Middle Initial)<br>Adrian Smith For Congress |   |      |                           |            |   |              | Date of Disbursement |                               |             |               |  |  |  |  |  |  |
| Mailing Address 3321 Avenue I  |  |   |      |                           |            |   |              |                      | 04 / D D / Y Y Y Y<br>20 2018 |             |               |  |  |  |  |  |  |
| Suite 6<br>City  | State  | Zip Code                                |      |                           |            | <b>FF</b> 0 :   |              |                      |                               |             |               |  |  |  |  |  |  |
| Scottsbluff  | NE   | 69361                                   |      | FEC Identification Number |            |   |              |                      |                               |             | _             |  |  |  |  |  |  |
| Purpose of Disbursement<br>Contribution  |  |   | 0    | 4.4                       |            | С   | C004         | 41289                | 90                            |             |               |  |  |  |  |  |  |
| Candidate Name   |  |   |      | 11                        |            | Transaction ID : 12699571<br>Amount of Each Disbursement this Perio             |              |                      |                               |             |               |  |  |  |  |  |  |
| Smith, Adrian, , ,   |  |   |      | egory<br>/pe              | /          |   |              |                      |                               |             |               |  |  |  |  |  |  |
| Office Sought: X House Disburs   |  | , |      |                           |            |   |              |                      | 500.00                        |             |               |  |  |  |  |  |  |
| Senate   |  |   |      |                           |            |   | Contribution |                      |                               |             |               |  |  |  |  |  |  |
| State: NE District: 03   | Other (spe   | ecify) 🔻                                |      |                           |            | Me  | emo l        | tem                  |                               |             |               |  |  |  |  |  |  |
| State: NE District: 03   |  |   |      |                           |            | _   | _            | _                    |                               |             |               |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |  |   |      |                           |            |   |              | ,                    |                               |             | 4000.00       |  |  |  |  |  |  |
| TOTAL This Period (last page this line number onl  | y)   |   |      |                           |            |   |              |                      |                               |             |               |  |  |  |  |  |  |

. . . . . . .

| S            | CHEDULE B (FEC Form 3X)  |             |                                 | F                                       | )R                        |           |                      |  |                           | P           | AGE  | 184 OF         | - 186 |  |  |  |  |
|--------------|--|-------------|---------------------------------|---|---------------------------|-----------|----------------------|--|---------------------------|-------------|------|----------------|-------|--|--|--|--|
| IT           | EMIZED DISBURSEMENTS   | Use sepa    |                                 |   | k only                    |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              |  |             | category of the<br>Summary Page |   |                           | 21b       | 22                   | ×  | 23                        | 26          |      | 27             |       |  |  |  |  |
| _            |  |             |                                 |   |                           | 28a       | 28b                  |  | 28c                       | 29          |      | 30b            |       |  |  |  |  |
|              | y information copied from such Reports and States<br>for commercial purposes, other than using the nar |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| $\square$    | New York Life Insurance Company  | / Politica  | I Action Com                    | nmit                                    | tee                       | e         |                      |  |                           |             |      |                |       |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)  |             | Dete of Diskur                  |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| А.           | Darren Soto For Congress   |             | Date of Disbursement            |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | Mailing Address P.O. Box 420239  |             | 04 / D D / Y Y Y Y<br>20 2018   |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | City<br>Kissimmee  | State<br>FL | Zip Code<br>34742               |   |                           |           | FEC Id               | entifi   | icatior                   | Numbe       | ər   |                |       |  |  |  |  |
|              | Purpose of Disbursement  |             |                                 | _                                       | _                         |           | С                    | C00  | 58107                     | 4           |      |                |       |  |  |  |  |
|              | Contribution   |             |                                 | 0                                       | 11                        |           |                      |  | - 1 - C                   | -<br>ID:126 | 0057 | 2              |       |  |  |  |  |
|              | Candidate Name   |             |                                 | Cate                                    | egor                      | rv/       |                      |  |                           |             |      | z<br>t this Pe | eriod |  |  |  |  |
|              | Soto, Darren, , ,  |             |                                 |   | /pe                       | ·         | _                    |  |                           |             |      |                | 1     |  |  |  |  |
|              |  | ment For: 2 |                                 |   |                           |           | 1000.00              |  |                           |             |      |                |       |  |  |  |  |
|              | Senate   | Primary     | General                         |   |                           |           | _                    |  |                           |             |      |                |       |  |  |  |  |
|              | State: FL District: 09   | Other (spec | city) 🔻                         |   |                           |           | Memo Item            |  |                           |             |      |                |       |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)  |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| В.           | Elise For Congress   |             |                                 |   |                           |           | Date of Disbursement |  |                           |             |      |                |       |  |  |  |  |
|              | Mailing Address DO Day 500   |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | Mailing Address PO Box 500   |             | 04 20 2018                      |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | City<br>Glens Falls  | State<br>NY | Zip Code<br>12801               |   | FEC Identification Number |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | Purpose of Disbursement  |             |                                 |   |                           |           |                      |  | <b>C</b> C00547893        |             |      |                |       |  |  |  |  |
|              | Contribution   |             | 011                             |   |                           |           |                      |  | Transaction ID : 12699573 |             |      |                |       |  |  |  |  |
|              | Candidate Name   |             |                                 | Cate                                    | aor                       | rv/       |                      |  | eriod                     |             |      |                |       |  |  |  |  |
|              | Stefanik, Elise, M., ,   |             |                                 | Amount of Each Disbursement this Period |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | ••   |             | ent For: 2018                   |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              |  | Primary     |                                 |   |                           |           | Contribution         |  |                           |             |      |                |       |  |  |  |  |
|              | President  | Other (spec |                                 |   |                           | Memo Item |                      |  |                           |             |      |                |       |  |  |  |  |
| _            | State: NY District: 21   |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| C.           | Full Name (Last, First, Middle Initial)<br>Elise For Congress  |             |                                 |   |                           |           |                      | Date of Disbursement   |                           |             |      |                |       |  |  |  |  |
|              | Mailing Address PO Box 500   |             | 04 / 20 / Y Y Y Y Y<br>2018     |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | City   | State       | Zip Code                        |   |                           |           | <b>FFA 1 1</b>       |  |                           | NI .        |      |                |       |  |  |  |  |
|              | Glens Falls  | NY          | 12801                           |   |                           |           | FEC Id               | entifi   | icatior                   | Numbe       | ər   | _              |       |  |  |  |  |
|              | Purpose of Disbursement<br>Contribution  |             |                                 | 0                                       | 11                        |           | С С00547893          |  |                           |             |      |                |       |  |  |  |  |
|              | Candidate Name Category/   |             |                                 |   |                           |           |                      | Transaction ID : 12699574<br>Amount of Each Disbursement this Pe |                           |             |      |                |       |  |  |  |  |
|              | Stefanik, Elise, M., , Type  |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
|              | Office Sought: K House Disburse  |             |                                 |   |                           |           | <u> </u>             |  |                           | 1500.00     |      |                |       |  |  |  |  |
|              | Senate   |             |                                 |   |                           |           |                      | Contribution   |                           |             |      |                |       |  |  |  |  |
|              | State: NX District: 24   |             |                                 |   |                           |           |                      | Memo Item  |                           |             |      |                |       |  |  |  |  |
| _            | State: NY District: 21   |             |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional)  |             |                                 |   |                           |           |                      |  | ,                         |             |      | 5500.00        | )     |  |  |  |  |
| Т            | OTAL This Period (last page this line number only  | )           |                                 |   |                           |           |                      |  |                           |             |      |                |       |  |  |  |  |

| S         | CHEDULE B (FEC Form 3X)  |                         |  |  |              |                           | NUMBER: PAGE 185 OF 186  |  |  |  |  |  |  |  |
|-----------|--|-------------------------|--|--|--------------|---------------------------|--|--|--|--|--|--|--|--|
| IT        | EMIZED DISBURSEMENTS   | for each                | arate schedule(s)<br>category of the<br>Summary Page   | (c   |              | only<br>21b<br>28a        | one)<br>22 X 23 26 27<br>28b 28c 29 30b                              |  |  |  |  |  |  |  |
|           | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                         |  |  |              |                           |  |  |  |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)  |                         |  |  |              |                           |  |  |  |  |  |  |  |  |
|           | New York Life Insurance Compan   | y Politica              | al Action Cor  | nmit   | tee          |                           |  |  |  |  |  |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Vargas For Congress                                       |                         |  |  |              |                           | Date of Disbursement   |  |  |  |  |  |  |  |
|           | Mailing Address 330 Encinitas Blvd   |                         | M = M         /         D = D         /         Y = Y = Y = Y         Y           04         20         2018 |  |              |                           |  |  |  |  |  |  |  |  |
|           | Suite 101 City   | State                   | Zip Code   |  |              |                           |  |  |  |  |  |  |  |  |
|           | Encinitas  | CA                      | 92024  |  |              | FEC Identification Number |  |  |  |  |  |  |  |  |
|           | Purpose of Disbursement<br>Contribution  |                         |  | 0  | )11          | ٦                         | C C00497321<br>Transaction ID : 12699575                             |  |  |  |  |  |  |  |
|           | Candidate Name   |                         |  |  |              |                           | Amount of Each Disbursement this Period                              |  |  |  |  |  |  |  |
|           | Vargas, Juan, Carlos, ,<br>Office Sought: x House Disburse   | ement For: 2            | 0040   | T  | уре          |                           | 250.00   |  |  |  |  |  |  |  |
|           | Office Sought: X House Disburse<br>Senate X  |                         | General  |  |              |                           |  |  |  |  |  |  |  |  |
|           | State: CA District: 51   | Other (spe              | cify) ▼  |  |              |                           | Contribution Memo Item   |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)  |                         |  |  |              |                           |  |  |  |  |  |  |  |  |
| Β.        | Vargas For Congress  |                         |  |  |              |                           | Date of Disbursement   |  |  |  |  |  |  |  |
|           | Mailing Address 330 Encinitas Blvd<br>Suite 101  |                         | 04 / D D / Y Y Y Y Y<br>20 2018  |  |              |                           |  |  |  |  |  |  |  |  |
|           | City<br>Encinitas  | State<br>CA             | Zip Code<br>92024  |  |              |                           | FEC Identification Number  |  |  |  |  |  |  |  |
|           | Purpose of Disbursement<br>Contribution  | ٦                       | C C00497321  |  |              |                           |  |  |  |  |  |  |  |  |
|           | Candidate Name   |                         |  | la de la compañía de | )11<br>egory | /                         | Transaction ID : 12699576<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |  |
|           | Vargas, Juan, Carlos, ,  |                         |  |  | ype          |                           | 5000.00  |  |  |  |  |  |  |  |
|           | Office Sought: X House Disburse Senate   | ement For: ;<br>Primary | 2010   |  |              |                           | 5000.00  |  |  |  |  |  |  |  |
|           | President  | Other (spec             | ••   |  |              |                           | Contribution   |  |  |  |  |  |  |  |
|           | State: CA District: 51   | 1                       |  |  |              |                           | Memo Item  |  |  |  |  |  |  |  |
| C.        | Full Name (Last, First, Middle Initial)<br>Walorski For Congress Inc                                 |                         | Date of Disbursement   |  |              |                           |  |  |  |  |  |  |  |  |
|           | Mailing Address PO Box 954   |                         |  |  |              |                           |  |  |  |  |  |  |  |  |
|           | City   | State                   | Zip Code   |  |              |                           |  |  |  |  |  |  |  |  |
|           | Mishawaka  | IN                      | 46546  |  |              |                           | FEC Identification Number  |  |  |  |  |  |  |  |
|           | Purpose of Disbursement<br>Contribution  | 011                     | ٦  | C C00468579<br>Transaction ID : 12699577   |              |                           |  |  |  |  |  |  |  |  |
|           | Candidate Name   | //                      | Amount of Each Disbursement this Period  |  |              |                           |  |  |  |  |  |  |  |  |
|           | Walorski Swihart, Jackie, , ,<br>Office Sought: <b>x</b> House Disburse                              | ype                     |  | 2000.00  |              |                           |  |  |  |  |  |  |  |  |
|           | Office Sought: K House Disburse Senate K   |                         |  |  | Contribution |                           |  |  |  |  |  |  |  |  |
|           | State: IN District: 02   | Other (spe              | cify) ▼  |  |              |                           | Memo Item  |  |  |  |  |  |  |  |
|           |  |                         |  |  |              |                           |  |  |  |  |  |  |  |  |
| s         | UBTOTAL of Disbursements This Page (optional).   |                         |  |  |              |                           | 7250.00  |  |  |  |  |  |  |  |
| т         | OTAL This Period (last page this line number only  | /)                      |  |  |              |                           |  |  |  |  |  |  |  |  |

. . . . . . . .

| SC           | HEDULE B (FEC Form 3X)   |                        |                                   | F    | DR      |            | NUMBER:                                  | PAGE          | 186 OF     | 186  |  |  |  |  |  |
|--------------|--|------------------------|-----------------------------------|------|---------|------------|--|---------------|------------|------|--|--|--|--|--|
| ITE          | EMIZED DISBURSEMENTS   |                        | arate schedule(s) category of the |      |         | k only     | one)                                     |               | 7          |      |  |  |  |  |  |
|              |  |                        | Summary Page                      |      |         | 21b<br>28a | 22 <b>X</b> 23<br>28b 28c                | 26            | 27<br>30b  |      |  |  |  |  |  |
|              | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar |                        |                                   |      |         | perso      | n for the purpose of                     | soliciting co | ntributior |      |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
|              | New York Life Insurance Company  | y Politica             | I Action Com                      | mit  | tee     | 9          |  |               |            |      |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)<br>Walorski For Congress Inc                                   |                        | Date of Disbursement              |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Waldiski For Congress Inc  |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Mailing Address PO Box 954   |                        |                                   |      |         |            | 04 20                                    | 2             | 018        |      |  |  |  |  |  |
|              | City<br>Mishawaka  | State<br>IN            | Zip Code<br>46546                 |      |         |            | FEC Identification                       | Number        |            |      |  |  |  |  |  |
|              | Purpose of Disbursement  | _                      | C C00468579                       |      | - T     |            |  |               |            |      |  |  |  |  |  |
|              | Contribution   |                        |                                   | 0    | 11      |            | Transaction II                           | D : 12699578  | 3          |      |  |  |  |  |  |
|              | <sup>Candidate Name</sup><br>Walorski Swihart, Jackie, , ,   |                        |                                   | Cate |         | ry/        | Amount of Each D                         | isbursement   | this Per   | riod |  |  |  |  |  |
|              |  | ment For: 2            | 2018                              | 13   | /pe     |            |  |               | 500.00     | П.   |  |  |  |  |  |
|              | Senate   | Primary                | <b>x</b> General                  |      |         |            |  |               |            |      |  |  |  |  |  |
|              | President  | Other (spec            | cify) ▼                           |      |         |            | Contribution<br>Memo Item                |               |            |      |  |  |  |  |  |
|              | State: IN District: 02   |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial) Walters For Congress   |                        |                                   |      |         |            | Date of Disbursement                     |               |            |      |  |  |  |  |  |
|              | Mailing Address 9070 Irvine Center Drive #150  |                        | 04 20 Y Y Y Y Y<br>2018           |      |         |            |  |               |            |      |  |  |  |  |  |
|              | City   |                        | FEC Identification Number         |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Purpose of Disbursement  |                        | C C00546853                       |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Contribution   |                        |                                   | 0    | 11      |            | Transaction ID                           | )             |            |      |  |  |  |  |  |
|              | Candidate Name   |                        |                                   | Cate |         | ry/        | Amount of Each D                         | this Per      | riod       |      |  |  |  |  |  |
|              | Walters, Mimi, , ,<br>Office Sought: x House Disburser   | ment For: 2            | 2018                              | IJ   | /pe     |            | 4000.00<br>Contribution                  |               |            |      |  |  |  |  |  |
|              | ~ <b>~</b>   | Primary                | General                           |      |         |            |  |               |            |      |  |  |  |  |  |
|              | President  | Other (specify)        |                                   |      |         |            | Memo Item                                |               |            |      |  |  |  |  |  |
|              | State: CA District: 45   |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)<br>Walters For Congress  |                        | Date of Disbursement              |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Mailing Address 9070 Irvine Center Drive #150  |                        | 04 / D D / Y Y Y Y<br>20 2018     |      |         |            |  |               |            |      |  |  |  |  |  |
|              | City   | State                  | Zip Code                          |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Irvine   |                        | FEC Identification Number         |      |         |            |  |               |            |      |  |  |  |  |  |
|              | Purpose of Disbursement<br>Contribution  |                        |                                   | 0    | 11      |            | C C00546853<br>Transaction ID : 12699580 |               |            |      |  |  |  |  |  |
|              | Candidate Name   | ry/                    | Amount of Each D                  |      | riod    |            |  |               |            |      |  |  |  |  |  |
|              | Walters, Mimi, , ,   | /pe                    |                                   |      | 1000.00 | <u>п</u> . |  |               |            |      |  |  |  |  |  |
|              | Office Sought: House Disburse  |                        |                                   |      | 1000.00 | <u>.</u>   |  |               |            |      |  |  |  |  |  |
|              | President  | Primary<br>Other (spec | <b>x</b> General<br>cify) ▼       |      |         |            | Memo Item                                | ontribution   |            |      |  |  |  |  |  |
|              |  |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
| _            | State: CA District: 45   |                        |                                   |      |         |            |  |               |            |      |  |  |  |  |  |
|              | State: CA District: 45 JBTOTAL of Disbursements This Page (optional)                                   |                        |                                   |      |         | •          |  |               | 5500.00    |      |  |  |  |  |  |