

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 New York Life Insurance Company Political Action Committee

ADDRESS (number and street) 51 Madison Avenue Room 1109 New York NY 10010 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00158881 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 04 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Stagias, Helen, , ,

Signature of Treasurer Stagias, Helen, , , [Electronically Filed] 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="586785.54"/>	<input type="text" value="586785.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="406799.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="115259.09"/>	<input type="text" value="479572.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="522058.46"/>	<input type="text" value="1066358.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79000.00"/>	<input type="text" value="623300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="443058.46"/>	<input type="text" value="443058.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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

**DETAILED SUMMARY PAGE**  
of Disbursements

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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	112759.09	472072.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112759.09	472072.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Perry, Valerie L., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51-19 Overbrook Street  
 City Douglaston State NY Zip Code 11362-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10009518897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Phillips, Sid, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3505 Pasture Lane  
 City Virginia Beach State VA Zip Code 23453-8534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10020818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Pope, Rudy, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Eagle Ridge Drive  
 City Savannah State GA Zip Code 31406-8420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10037118897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Quaccia, Lucas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10728 Satin Nickel Drive

City Fresno	State CA	Zip Code 93730-3591
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10053518897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**B. Quinn, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Mayall Road

City Waltham	State MA	Zip Code 02453-8267
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10056318897**

Amount of Each Receipt this Period  
58.00

Memo Item

P/R Deduction (\$58.00 Monthly)

**C. Rioux, Daniel, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Sunview Road

City The Hills	State TX	Zip Code 78738-1528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10092418897**

Amount of Each Receipt this Period  
76.92

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Robinson, Darin J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Portland Place  
 City Saint Louis State MO Zip Code 63108-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10100618897**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
 P/R Deduction (\$208.34 Monthly)

**B. Rogers, Walton W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 Pinefield Drive  
 City Severna Park State MD Zip Code 21146-2320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10110718897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Roig, Antonia A., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 5th Street  
 City Wood-Ridge State NJ Zip Code 07075-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10111518897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	368.62
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rosales, Ricardo, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7023 Northwest 113th Place

City Doral	State FL	Zip Code 33178-4543
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10115918897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Rupp, David P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 671878

City Chugiak	State AK	Zip Code 99567-1878
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10132318897**

Amount of Each Receipt this Period  
150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

**C. Russo, Scott M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5846 Greenshire Avenue

City Baton Rouge	State LA	Zip Code 70817-1423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR10135018897**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sandifer, Gary W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47106 Hidden Lane  
 City Hammond State LA Zip Code 70401-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10150118897**  
 Amount of Each Receipt this Period 83.00  
 Memo Item  
 P/R Deduction (\$83.00 Monthly)

**B. Sause, Brett M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13474 Rustling Oaks Drive  
 City Wye Mills State MD Zip Code 21679-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10157718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Schaefer, Marc L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10912 Lamplighter Lane  
 City Potomac State MD Zip Code 20854-2783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10161118897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Scrivner, Charles E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11925 Southeast 231st Place  
 City Kent State WA Zip Code 98031-3688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10180418897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

**B. Seligstein, Sidney L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1568 Massey Pointe Lane  
 City Memphis State TN Zip Code 38120-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10184318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Smiley, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Glengary Place  
 City Kennebunk State ME Zip Code 04043-6718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10229318897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Tinovsky, Serge, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 284 Garretson Avenue

City Staten Island	State NY	Zip Code 10305-1236
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR10327518897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Watson, Billy J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3435 Indian Lake Trail

City Pelham	State AL	Zip Code 35124-2718
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR103718897**

Amount of Each Receipt this Period  
91.34

Memo Item

P/R Deduction (\$91.34 Monthly)

**C. Wilson, David R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7257 2nd Avenue W

City Oneonta	State AL	Zip Code 35121-1667
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR10442618897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Spivey, Jerry L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 North Thomas Street  
PO Box 6493

City Elberton State GA Zip Code 30635-2467

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR104818897**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**B. Herwig, Julie E., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6520 78th Street

City Cabin John State MD Zip Code 20818-1309

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR10501218897**

Amount of Each Receipt this Period 320.00

Memo Item

P/R Deduction (\$160.00 Bi-Weekly)

**C. Budd Jr., Warren C., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Woodbine Circle

City Newnan State GA Zip Code 30263-2618

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 365.32

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR105018897**

Amount of Each Receipt this Period 91.33

Memo Item

P/R Deduction (\$91.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	496.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Friedman, Samuel Y., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Whisper Lane

City Suffern	State NY	Zip Code 10901-4023
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR10605018897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Vandre, James R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17335 Robinson Road

City Marysville	State OH	Zip Code 43040-9029
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR10616718897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Harrison, Wayne W., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14527 Locust Street

City Omaha	State NE	Zip Code 68116-8179
---------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR10630218897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Basmadjyan, Tigran, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1026 Bramford Drive  
 City Glendale State CA Zip Code 91207-1102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR10630318897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. Griner Jr., Kermit, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Crestfield Drive  
 City Columbus State GA Zip Code 31904-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR106818897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

**C. Ginn III, John A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Prince Road  
 City Saint Augustine State FL Zip Code 32086-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR108218897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Baumgarten, Gary T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W Reading Way  
 City Winter Park State FL Zip Code 32789-6052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR108418897**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. Sedita, Reginald S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10908 Whitecap Drive  
 City Riverview State FL Zip Code 33579-7157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR108618897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Dolph III, Frank B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 631 Intracoastal Drive  
 City Fort Lauderdale State FL Zip Code 33304-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR109818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Eskew Jr., Curtis L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1680 Keely Lane  
 City Sarasota State FL Zip Code 34232-3061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.68

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR110118897**  
 Amount of Each Receipt this Period 174.67  
 Memo Item  
 P/R Deduction (\$174.67 Monthly)

**B. Bailey, Mark F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Plantation Island Dr. South, Ste. 2  
 City Saint Augustine State FL Zip Code 32080-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR110618897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Krach, Thomas G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3580 Southwest 146 Terrace  
 City Miramar State FL Zip Code 33027-3741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR111118897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	524.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lyon, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3084 Crooked Stick Court  
 City Cincinnati State OH Zip Code 45244-2586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR111418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Burton, Mark I., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22781 Foxridge  
 City Mission Viejo State CA Zip Code 92692-4703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR111718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Bork, James K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7370 Manatee Court  
 City Maumee State OH Zip Code 43537-8684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR112218897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. King, Kim D., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8037 Lea Court  
 City Holland State OH Zip Code 43528-8042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR112818897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Beebe, Larry E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Stone Wall Road  
 City Maumee State OH Zip Code 43537-9593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR113418897**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

**C. Hensel, Willard L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1103 Sequoia Drive Northwest  
 City Strasburg State OH Zip Code 44680-9519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR113918897**  
 Amount of Each Receipt this Period 91.33  
 Memo Item  
 P/R Deduction (\$91.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	349.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. King, Jeffery D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8037 Lea Court  
 City Holland State OH Zip Code 43528-8042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR114318897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Bieber, Roderick J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 485 Winthrop Lane  
 City Saginaw State MI Zip Code 48638-6260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR114818897**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

**C. Quilter, Michael C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1053 Edinburgh Cove PO Box 443  
 City London State OH Zip Code 43140-2167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR115518897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Halus, Thomas M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4405 Turnberry Crescent

City Pueblo	State CO	Zip Code 81001-1162
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR116418897**

Amount of Each Receipt this Period  
68.00

Memo Item

P/R Deduction (\$68.00 Monthly)

**B. Staebler, Thomas H., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7303 Red Bank Road

City Westerville	State OH	Zip Code 43082-8241
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR116518897**

Amount of Each Receipt this Period  
70.00

Memo Item

P/R Deduction (\$70.00 Monthly)

**C. Moyer, Paul E., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8281 Shawnee Forest Drive

City Findlay	State OH	Zip Code 45840-8695
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR117018897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Feldman, Wendy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20202 E Superstition Drive

City Queen Creek	State AZ	Zip Code 85142-9760
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR117218897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Meier, Steven D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4575 Lanercost Way

City Columbus	State OH	Zip Code 43220-2916
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR118018897**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

**C. Vahala, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Cedar Elm Court

City Irving	State TX	Zip Code 75063-8467
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR120618897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Perry, Steven C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6402 County Road 1480  
 City Lubbock State TX Zip Code 79407-1129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR12071818897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. Sethna, Zarir, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Crescent Palm Lane  
 City Houston State TX Zip Code 77077-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR121218897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

**C. Levee, David E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4509 White Cedar Lane  
 City Delray Beach State FL Zip Code 33445-7036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR122918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	414.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schultz, Curtis T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2204 Cherokee Circle  
 City Valparaiso State IN Zip Code 46383-2284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR125218897**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 P/R Deduction (\$416.66 Monthly)

**B. Lee Sr., Joseph H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15921 Fairway Lake  
 City Chesterfield State MO Zip Code 63017-7381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR125418897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Massey, Larry D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3761 Mountain Way Cove  
 City Snellville State GA Zip Code 30039-8413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR126618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gavin, Thomas N., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 449 Vista Court  
 City Benicia State CA Zip Code 94510-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR126818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Mittal, Amrit L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Rugeley Road  
 City Western Springs State IL Zip Code 60558-1954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR127918897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Heussner, Steven J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 Pecan Hollow Trail  
 City McKinney State TX Zip Code 75070-9060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR130718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Duchene, David J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Kingsview Lane N  
 City Plymouth State MN Zip Code 55447-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR131518897**  
 Amount of Each Receipt this Period 95.00  
 Memo Item  
 P/R Deduction (\$95.00 Monthly)

**B. Pasman, Jr., G. Joseph, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7397 Heather Ridge Court Southeast  
 City Caledonia State MI Zip Code 49316-9010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.68

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR133018897**  
 Amount of Each Receipt this Period 174.67  
 Memo Item  
 P/R Deduction (\$174.67 Monthly)

**C. Nowak, Brian T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Eagle Point Drive  
 City Lyndhurst State OH Zip Code 44124-3794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR133418897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fink, Varda N., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13325 Old Forge Road  
 City Silver Spring State MD Zip Code 20904-6328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR133518897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Heiting, William D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1612 Luther Court  
 City Marshfield State WI Zip Code 54449-6014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR133918897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Jungen, Michael J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N81W23285 Five Iron Way  
 City Sussex State WI Zip Code 53089-1558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR134618897**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 P/R Deduction (\$108.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	291.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Scheer, Scott, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 E Wayfarer Lane

City Appleton	State WI	Zip Code 54913-6353
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR135018897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Ridings, George N., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 887 West Main Street  
PO Box 1750

City Richmond	State KY	Zip Code 40475-1169
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR136218897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Nichols, III, George, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10010 Gary Road

City Potomac	State MD	Zip Code 20854-4149
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Evp in Charge of the Off of Gov Affair
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR137218897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	426.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Naive, James F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6256 Bell Road Court  
 City Montgomery State AL Zip Code 36117-4357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR139018897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Wilson Sr., Lloyd R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3148 Pine Ridge Road  
 City Mountain Brk State AL Zip Code 35213-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR141618897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Debuys, John F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 Country Club Circle  
 City Mountain Brk State AL Zip Code 35223-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR142418897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	366.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ellen, Timothy M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Highland Pointe Drive

City Lagrange	State GA	Zip Code 30240-3791
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR142818897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Donaldson, Joseph W., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 711 Forestdale Drive

City Montgomery	State AL	Zip Code 36109-4403
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR143718897**

Amount of Each Receipt this Period  
150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

**C. Coats, Jerry D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 Pebble Beach Drive

City Little Rock	State AR	Zip Code 72212-2645
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR145618897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Welch-Blair, Sharon, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2120 Louisiana Street  
 City Little Rock State AR Zip Code 72206-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR146618897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**B. McConathy, Thomas L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9908 Highway 965  
 City St. Francisville State LA Zip Code 70775-4116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.91

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR146918897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Davenport, Kathleen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1337 Huron Avenue  
 City Metairie State LA Zip Code 70005-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR147618897**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 P/R Deduction (\$108.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fitzgerald, Tim C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12086 Ellerbe Road  
 City Shreveport State LA Zip Code 71115-9568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR149418897**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 P/R Deduction (\$416.66 Monthly)

**B. Dandry Mayes, Tina, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Oak Forest Boulevard  
 City Marrero State LA Zip Code 70072-6642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR150618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Stagg, John B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5409 East 80th Place  
 City Tulsa State OK Zip Code 74136-8443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR150718897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Norris, Bryan S., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 Loyola Avenue  
Suite 1900

City New Orleans State LA Zip Code 70113-3188

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR151018897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**B. Smith, Lionel A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3922 Patterson Drive

City New Orleans State LA Zip Code 70114-1809

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR151518897**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

**C. Triche, Sidney A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 159

City Larose State LA Zip Code 70373-0159

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.32

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR151618897**

Amount of Each Receipt this Period  
91.33

Memo Item

P/R Deduction (\$91.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	447.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ellis, Daryl R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Settlers Circle

City Baton Rouge	State LA	Zip Code 70810-2096
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR152818897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Prudhomme, Christopher J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Huntington Court

City Newport Beach	State CA	Zip Code 92660-4217
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR153818897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

**C. Hebert, Samuel L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3307 Henderson Bayou Road

City Lake Charles	State LA	Zip Code 70605-2248
----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR154018897**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ellis Jr., Gordon D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11410 Sugar Lane  
 City Baton Rouge State LA Zip Code 70810-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR154618897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Delahaye, Michael T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7515 Jefferson Highway # 175  
 City Baton Rouge State LA Zip Code 70806-8308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR154718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Noland, Michael R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5933 S Knoxville Avenue  
 City Tulsa State OK Zip Code 74135-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR156918897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bangasser, Fred D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 Crestway Road Apt. 1220  
 City San Antonio State TX Zip Code 78239-3097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR157918897**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 P/R Deduction (\$416.66 Monthly)

**B. Bernard, Lawrence J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 San Felipe Street Unit 181E  
 City Houston State TX Zip Code 77056-3687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR158018897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Vitek Jr., Raymond, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 San Marino Street  
 City Sugar Land State TX Zip Code 77478-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR158218897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Morgan, Michael G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2791 Nightwind Court  
 City Frisco State TX Zip Code 75034-4669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.72

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR159718897**  
 Amount of Each Receipt this Period 54.16  
 Memo Item  
 P/R Deduction (\$27.08 Bi-Weekly)

**B. Surlles, Gib, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 434 Westminster Drive  
 City Houston State TX Zip Code 77024-5609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR160118897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Ball, Thomas H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 Westlake Drive  
 City Austin State TX Zip Code 78746-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR160818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	554.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Saenz, Aurora, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2002 S Westgate Drive

City Weslaco	State TX	Zip Code 78596-9310
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR164018897**

Amount of Each Receipt this Period  
166.00

Memo Item

P/R Deduction (\$166.00 Monthly)

**B. Lewis, Trenton D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3717 Eck Lane

City Austin	State TX	Zip Code 78734-1610
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR164218897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. Isgur, Stuart J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Main Street Suite 3800

City Fort Worth	State TX	Zip Code 76102-5319
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR167818897**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	521.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Frey, Marcel R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1703 S Medio River Circle

City Sugar Land	State TX	Zip Code 77478-5315
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR168218897**

Amount of Each Receipt this Period  
84.00

Memo Item

P/R Deduction (\$84.00 Monthly)

**B. Johnson, Rodger K., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 910 N Houston Street

City Bullard	State TX	Zip Code 75757-5128
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR168818897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Maus, Stephen N., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 952 Private Road 5927

City Emory	State TX	Zip Code 75440-0000
---------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR170218897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Pai Panandiker, Mangala K., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Vine Ridge Road  
 City Excelsior State MN Zip Code 55331-9173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR172218897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Johnson, James H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1635 Cliff Avenue  
 City Duluth State MN Zip Code 55811-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR172618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Lewis, Terry K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5612 Dale Avenue  
 City Edina State MN Zip Code 55436-2469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR173418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roslien, Craig H., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4210 Queens Way

City Minnetonka	State MN	Zip Code 55345-3033
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR174218897**

Amount of Each Receipt this Period  
65.00

Memo Item

P/R Deduction (\$65.00 Monthly)

**B. Mc Clain, Marlyn, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Parkwild Drive

City Council Blfs	State IA	Zip Code 51503-1759
----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR175418897**

Amount of Each Receipt this Period  
166.67

Memo Item

P/R Deduction (\$166.67 Monthly)

**C. Bell, Dennis J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10576 Sunset Terrace

City Clive	State IA	Zip Code 50325-6554
---------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR175718897**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	316.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McConnell, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11818 E 83rd Place N  
 City Owasso State OK Zip Code 74055-2170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR177518897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

**B. Dody, Galen D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 David Drive  
 City Clinton State MO Zip Code 64735-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR179318897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Lyons, David A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Barrett Road  
 City Lawrence State NY Zip Code 11559-2702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR180418897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blanchard, Joel P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7424 South Homan Place  
 Unit 13  
 City Sioux Falls State SD Zip Code 57108-8490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Zone Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR182218897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Blanchard, Greg, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 W 127th Place  
 City Broomfield State CO Zip Code 80020-5737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR182318897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Garry, Richard J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 S Nature Run Place  
 City Sioux Falls State SD Zip Code 57108-5240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR182918897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	397.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Garry, Steven J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 N Phillips Avenue

City Sioux Falls	State SD	Zip Code 57104-5988
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR183018897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Quaschnick, Kirk G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2977 Horseshoe Trail

City Frisco	State TX	Zip Code 75033-7391
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR183118897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Burckhard, Andrea V., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 E Broad Street Suite 1A

City Cookeville	State TN	Zip Code 38501-3382
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR183264518897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kruse, Joseph D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 854 E Pinehurst Trail  
 City State Zip Code  
 Dakota Dunes SD 57049-5479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New York Life Insurance Company Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR184218897**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**B. Norman, Michael A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 Caughlin Crossing  
 City State Zip Code  
 Reno NV 89519-0647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New York Life Insurance Company Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR184618897**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. May, Walter C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2009 Royal Club Court  
 City State Zip Code  
 Arlington TX 76017-4434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 New York Life Insurance Company Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR186218897**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Meigs, C. L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20040 Southeast Grandview Avenue  
 City Pratt State KS Zip Code 67124-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR188718897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**B. Mc Kenna Jr., John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Churn Creek Drive  
 City Bozeman State MT Zip Code 59715-7872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR189118897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Bansal, Rakesh R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Horseshoe Court  
 City Monroe State NJ Zip Code 08831-2368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR18918897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	591.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sell, David S., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 Sasapequan Road

City Fairfield	State CT	Zip Code 06824-7205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
443.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR189273118897**

Amount of Each Receipt this Period  
100.00

Memo Item

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

**B. Schwan, John P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 W Perry Lane

City Mina	State SD	Zip Code 57451-3014
--------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR189718897**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$416.66 Monthly)

**C. Marsh, Jeffrey S., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1749 W 15th Avenue

City Torrington	State WY	Zip Code 82240-3706
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR191718897**

Amount of Each Receipt this Period  
83.33

Memo Item

P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	599.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Somerville Jr., David R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 Rosarita Drive  
 City Fullerton State CA Zip Code 92835-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR192618897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

**B. Tigert, Joseph L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8620 Brentmoor Street  
 City Wichita State KS Zip Code 67206-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 557.76

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR194318897**  
 Amount of Each Receipt this Period 38.48  
 Memo Item  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Enders, Kap S., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11569 Discovery View Drive  
 City Anchorage State AK Zip Code 99515-2752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR195018897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.81
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mindak, Steven T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8702 E San Martin Drive  
 City Scottsdale State AZ Zip Code 85258-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR195218897**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

**B. Hall, Carrie L., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5628 E Monterosa Street  
 City Phoenix State AZ Zip Code 85018-4646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR195318897**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$300.00 Monthly)

**C. Glass, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6174 N Paradise View Drive  
 City Paradise Valley State AZ Zip Code 85253-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR195718897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christensen, Jan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2356 E Bear Hills Drive

City Draper	State UT	Zip Code 84020-9672
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR197118897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Wallace, Michael J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1654 Wheatgrass Court

City Reno	State NV	Zip Code 89509-6912
--------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR198018897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Hall, Robert D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 Evergreen Court

City Yakima	State WA	Zip Code 98902-1200
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR198618897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Call, Dennis B., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2612 Ashwood Lane

City Bedford	State TX	Zip Code 76021-2622
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR199218897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Austin, Rick G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6510 Claret

City Parkville	State MO	Zip Code 64152-6086
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR199418897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Wright, Allen O., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 143rd Place Southwest

City Lynnwood	State WA	Zip Code 98087-5945
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR200018897**

Amount of Each Receipt this Period  
75.00

Memo Item

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Henker, John K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2741 Lapierre Canyon Drive  
 City Kennewick State WA Zip Code 99338-7307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR202118897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Whitehead, John W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20782 Southwest Hillboro Hy  
 City Newberg State OR Zip Code 97132-9412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR203518897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

**C. Cannon III, Robert L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30700 19th Avenue S  
 City Federal Way State WA Zip Code 98003-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR203918897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 186  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**New York Life Insurance Company Political Action Committee**

**A. Cole, Barbara L., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 3531 E Baron Court

City Orange	State CA	Zip Code 92869-2584
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR206118897**

Amount of Each Receipt this Period  
83.33

Memo Item

P/R Deduction (\$83.33 Monthly)

**B. Huebert, Katherine H., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 294 Robinwood Circle

City Reedley	State CA	Zip Code 93654-2767
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR207018897**

Amount of Each Receipt this Period  
83.33

Memo Item

P/R Deduction (\$83.33 Monthly)

**C. Brody, William V., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 19 Corte Miguel

City San Rafael	State CA	Zip Code 94903-1810
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR207818897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Goodin, Stan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6117 Carriage House Way  
 City Reno State NV Zip Code 89519-7324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR208218897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**B. Mueller, Christie S., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6841 Ripley Lane North  
 City Renton State WA Zip Code 98056-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR209918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Dill, Stephen C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4082 Prestwick Lane  
 City Palmdale State CA Zip Code 93551-5381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR210218897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Murray Jr., Louis L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Manthorne Road  
 City Boston State MA Zip Code 02132-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2114418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Lewis, Deborah, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4280 Country Squire Lane  
 City Fairfax State VA Zip Code 22032-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2117318897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Lewis, Everton M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 774 Bartholdi Street  
 City Bronx State NY Zip Code 10467-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2117518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Forte, John A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chandler Drive  
 City Ballston Lake State NY Zip Code 12019-1335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2119218897**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. Owen, Mitchell R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 Preston Road  
 City Erdenheim State PA Zip Code 19038-7327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2119318897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

**C. Brown, David P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 Terrace Avenue  
 City Garden City State NY Zip Code 11530-5442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2119418897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kuehne, Otto A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6213 Ranch View Dr. N  
 City East Amherst State NY Zip Code 14051-2094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2119918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Baumbach, Eric, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Holly Dr. W  
 City Sayville State NY Zip Code 11782-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2120018897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

**C. Weller, Ronnie D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 723 Whig Hill Road  
 City Tionesta State PA Zip Code 16353-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 834.67

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2121318897**  
 Amount of Each Receipt this Period 220.00  
 Memo Item  
 P/R Deduction (\$220.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	395.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Horstmann, John E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7684 N Kincaid Avenue  
 City Fresno State CA Zip Code 93711-0363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR212218897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Mathas, Thomas E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1336 Cornwall Place  
 City Norfolk State VA Zip Code 23508-1108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2122818897**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$62.50 Monthly)

**C. Olig, Todd, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1006 Dewey Street  
 City Kiel State WI Zip Code 53042-1242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2127318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Anzaldo, Oscar A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2644 W Benjamin Holt Drive  
 City Stockton State CA Zip Code 95207-3214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR212818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Littlejohn, Joseph W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Robert E Lee Place  
 City Bossier City State LA Zip Code 71111-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2129518897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Zwiener, Susan K., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10630 Dodge Mower Road  
 City Blmng Prairie State MN Zip Code 55917-6934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2132418897**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$70.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wiskus, Mark A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1005 Edgewater Drive

City Pella	State IA	Zip Code 50219-7669
---------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR2133418897**

Amount of Each Receipt this Period  
110.00

Memo Item

P/R Deduction (\$110.00 Monthly)

**B. Brown, Michael R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8976 Northeast Patton Road

City Hamilton	State MO	Zip Code 64644-9166
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR2134118897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Freckleton, Brian K., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3830 Saddleback Road

City Park City	State UT	Zip Code 84098-4808
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
232.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR2135518897**

Amount of Each Receipt this Period  
58.00

Memo Item

P/R Deduction (\$58.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bond, E. Jay, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6670 E Green Lake Way N

City Seattle	State WA	Zip Code 98103-5419
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR2135718897**

Amount of Each Receipt this Period  
166.67

Memo Item

P/R Deduction (\$166.67 Monthly)

**B. Werner, Richard J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2154 Crespi Lane

City Westlake Village	State CA	Zip Code 91361-1722
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
698.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR213618897**

Amount of Each Receipt this Period  
174.67

Memo Item

P/R Deduction (\$174.67 Monthly)

**C. Hong, Joe L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Cedar Lane

City San Jose	State CA	Zip Code 95127-2313
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR2136718897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Takao, Eric K., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 752 Pahumele Place

City Kailua	State HI	Zip Code 96734-3513
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR2138618897**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$416.66 Monthly)

**B. Haddad, Angelo, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1816 Embarcadero Lane

City Bakersfield	State CA	Zip Code 93311-3151
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR214518897**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$416.66 Monthly)

**C. Miller, Patrick D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2703 Starpine Drive

City Duarte	State CA	Zip Code 91010-1314
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR214718897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	933.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Choi, Kevin H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1160 Mission Street #1201  
 City San Francisco State CA Zip Code 94103-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2153118897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Stivers, Richard K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 Cove Tower Drive Apt. 1204  
 City Naples State FL Zip Code 34110-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR215418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Abramo, Stephen J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Willow Road  
 City Old Bethpage State NY Zip Code 11804-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.44

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2154318897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bronzo, Debra A., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Marsh Hill Road  
 City Putnam Valley State NY Zip Code 10579-3117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2155518897**  
 Amount of Each Receipt this Period 61.54  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

**B. Triplett, Raymond J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16171 Hillvale Avenue  
 City Monte Sereno State CA Zip Code 95030-4159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR217218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Grinnon, Michael R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5728 Meadowhaven Drive  
 City Plano State TX Zip Code 75093-8555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR218672218897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	542.30
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 65 OF 186  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ameli Jr., Nick, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4113 Coal Heritage Road  
 City Bluefield State WV Zip Code 24701-9193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2188118897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

**B. Timmerman, Jerome, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Windsor Lane  
 City Breese State IL Zip Code 62230-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2188518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Buzzard, Bryan T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 E Dartmouth Street  
 City Mesa State AZ Zip Code 85213-7046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2189218897**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 413.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Aguirre, David L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7518 South 240 E  
 City Midvale State UT Zip Code 84047-2169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR2189318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Paulsen, Richard R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6280 Crooked Stick Circle  
 City Stockton State CA Zip Code 95219-1859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR222518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Rosenberg, Mitch, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Camino El Carrizo  
 City Thousand Oaks State CA Zip Code 91360-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR223618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bedard, David G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 192 Kingswood Drive  
 City Avon State CT Zip Code 06001-3180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR224798218897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Spickler, Scott V., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10754 Horizon Drive  
 City Juneau State AK Zip Code 99801-7625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR225918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Urling, Curtis L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 Botanical Circle  
 City Anchorage State AK Zip Code 99515-3680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR226118897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doverspike, Jack L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 159  
 City Larose State LA Zip Code 70373-0159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR228718897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**B. Senethavilay, Chanh, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5247 Sangara Drive  
 City North Las Vegas State NV Zip Code 89031-7801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR230018897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Prolman, Earl S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Wood Street  
 City Nashua State NH Zip Code 03064-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2318897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	424.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Altman, Charles J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1829 Barry Avenue  
 City Los Angeles State CA Zip Code 90025-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR232118897**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$70.00 Monthly)

**B. Miller, Thomas J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 River Ridge Boulevard  
 City Spokane State WA Zip Code 99224-7060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR238096618897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Rivera, John M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6706 E Magill Street  
 City Wichita State KS Zip Code 67206-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR238097518897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hart, Philip C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1624 Harvest Grove Court  
 City Valrico State FL Zip Code 33596-5687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR238126518897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Welzien, Dirk, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 533 Silver Oak Lane  
 City Danville State CA Zip Code 94506-4647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR240559918897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Kameoka, Yosuke, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Vashon Key  
 City Bellevue State WA Zip Code 98006-1029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR240582518897**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vanderstreet, Jason C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Morse Avenue  
 City Dedham State MA Zip Code 02026-3123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR243502918897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**B. Mulqueen, Kevin J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Silo Lane  
 City Middletown State NY Zip Code 10940-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR26918897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**C. Righthand, Penny K., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 565 Bellevue Avenue Apt. 1002  
 City Oakland State CA Zip Code 94610-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR27518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rooney, Walden J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Mountain View Boulevard  
 City South Burlington State VT Zip Code 05403-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR2818897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

**B. Kim, John Y., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 E 22nd Street Unit 24A  
 City New York State NY Zip Code 10010-5304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR282425618897**  
 Amount of Each Receipt this Period 104.00  
 Memo Item  
 P/R Deduction (\$52.00 Bi-Weekly)

**C. Mollah, Monzur A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2462 Hollow Rock Court  
 City Las Vegas State NV Zip Code 89135-1510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR285413418897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	279.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kho, Jenny O., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Cumberland Drive  
 City Yonkers State NY Zip Code 10704-3525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR29118897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Fisher, Michael G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1919 N Meryls Terrace  
 City Palatine State IL Zip Code 60074-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR292943918897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. Fisher, Kimberly E., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Dekalb Avenue Apt. 505  
 City White Plains State NY Zip Code 10605-6452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR292946718897**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	557.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Shapiro, Joel A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 Eagleton Cove Trace  
 City Palm Beach Gardens State FL Zip Code 33418-8496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR29318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Goodyear, Samuel S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9204 Citrus Glen Lane  
 City Orangevale State CA Zip Code 95662-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR296756818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Ford, Vickie L., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3910 S Sandusky Avenue  
 City Tulsa State OK Zip Code 74135-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR298513318897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gould, Gabriel L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 735 Coleman Boulevard  
Apt. 322

City Mount Pleasant State SC Zip Code 29464-4093

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR300186318897**

Amount of Each Receipt this Period 76.94

Memo Item

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

**B. Berning, Erica T., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 593 S Stratford Avenue

City Elmhurst State IL Zip Code 60126-4149

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR302151718897**

Amount of Each Receipt this Period 76.92

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**C. Albright, Michelle R., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2006 Sea Palms Drive West

City St. Simons Island State GA Zip Code 31522-5294

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 832.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR316092018897**

Amount of Each Receipt this Period 208.00

Memo Item

P/R Deduction (\$208.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 361.86

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wion, Matthew D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Dykers Farm Road  
 City North Haledon State NJ Zip Code 07508-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR340952518897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Bonk, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 57387  
 City Oklahoma City State OK Zip Code 73157-7387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR340956118897**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 P/R Deduction (\$54.00 Bi-Weekly)

**C. Kenyon, Michelle M., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4253 Colton Drive  
 City Carrollton State TX Zip Code 75010-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 209.16

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR342588618897**  
 Amount of Each Receipt this Period 46.48  
 Memo Item  
 P/R Deduction (\$23.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tyler, Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 High Oak Court

City Huntington	State NY	Zip Code 11743-4208
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR342593018897**

Amount of Each Receipt this Period  
90.00

Memo Item

P/R Deduction (\$90.00 Monthly)

**B. Molinaro, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 First Avenue # 13B

City New York	State NY	Zip Code 10010-4917
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR343392518897**

Amount of Each Receipt this Period  
60.00

Memo Item

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

**C. Pineda, Jesus, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21984 N 104th Lane

City Peoria	State AZ	Zip Code 85383-2674
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR343433618897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Holm, Jeanmarie, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4325 Cobblers Circle  
 City Dallas State TX Zip Code 75287-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR344564818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Rocchi, Gerard A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Drive South Broadway  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR35118897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Lebovits, Moshe, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Israel Zupnick Drive Unit 201  
 City Monroe State NY Zip Code 10950-8473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR35318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dipp Metzger, Liz, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5124 Thornton Street  
 City El Paso State TX Zip Code 79932-2541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR355590818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Wang, Xinfang, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 E 64th Street Apt. 11H  
 City New York State NY Zip Code 10065-7519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR355598718897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**C. Dries, Brett J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Calthrop Drive  
 City Bridgewater State MA Zip Code 02324-2892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR357658718897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Artery, Jeran B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 W 1st Avenue  
 City Cheyenne State WY Zip Code 82001-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR363811018897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**B. Yin, Benjamin B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5012 Audley Lane  
 City Peachtree Corners State GA Zip Code 30092-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR366451218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Del Secolo, Michael L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Passaic Court  
 City Marlboro State NJ Zip Code 07746-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR371121418897**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$62.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brill, Elizabeth, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 Stuart Place  
 City Manhasset State NY Zip Code 11030-2619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President & Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR371122818897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Cook, Alexander I., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 Lexington Avenue PH  
 City New York State NY Zip Code 10029-7149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.35

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR371504718897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Brady, Jr., Alphonso, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6055 Lakeside Commons Drive Suite 300  
 City Macon State GA Zip Code 31210-5791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 382.14

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR371506218897**  
 Amount of Each Receipt this Period 84.92  
 Memo Item  
 P/R Deduction (\$42.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Castellani, David J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Turkey Hill Rd., S

City Westport	State CT	Zip Code 06880-5517
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR372176618897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Godwin, Jacob M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5511 Vista Way

City Casper	State WY	Zip Code 82601-6908
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR372186918897**

Amount of Each Receipt this Period  
115.38

Memo Item

P/R Deduction (\$57.69 Bi-Weekly)

**C. Koenig, Travis L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6870 W Tombstone Way

City Tucson	State AZ	Zip Code 85743-1055
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
233.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR373037218897**

Amount of Each Receipt this Period  
58.33

Memo Item

P/R Deduction (\$58.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Reeves, Susan K., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21482 Montbury Drive

City Lake Forest	State CA	Zip Code 92630-6551
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR37618897**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

**B. Tucker, Charles A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6113 E Laurel Lane

City Scottsdale	State AZ	Zip Code 85254-4960
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR383276318897**

Amount of Each Receipt this Period  
150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

**C. Craig, Brian J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5825 Autumnwood Drive

City Billings	State MT	Zip Code 59106-9707
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
884.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR397010118897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hendry, Thomas A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cooks Corner

City Plainsboro	State NJ	Zip Code 08536-2557
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Vice President & Treasurer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR397841818897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Silvestri, Piero V., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 808 Preston Road

City East Meadow	State NY	Zip Code 11554-4530
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR40018897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Walsh, Simon, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 North Court

City Port Washington	State NY	Zip Code 11050-3401
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR401290118897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Donnelly, Kathleen A., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 Southview Circle  
 City Lake Grove State NY Zip Code 11755-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.91

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR41018897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Killian, Jeffrey P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3612 Haynie Avenue 1306  
 City Dallas State TX Zip Code 75205-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR416071618897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Nesle, Heather, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 West 86 Street Apt. 14C  
 City New York State NY Zip Code 10024-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.24

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR416074918897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	203.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Embree, Kelley S., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9716 Timbermill Court  
 City Montgomery State AL Zip Code 36117-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR419968618897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Lamarque, Natalie, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 Decatur Street  
 City Brooklyn State NY Zip Code 11216-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR421344518897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Reed, Eric, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9613 Peach Tree Lane  
 City Rowlett State TX Zip Code 75089-8504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR423533018897**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	278.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Clancy, Timothy G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 965 N Third Avenue

City Saint Charles	State IL	Zip Code 60174-1217
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR424782118897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Williamson, Casey D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 868 Ga Highway 125 S

City Tifton	State GA	Zip Code 31794-9023
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR431274118897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. McKenna, Micaela M., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Morgan Creek Lane

City Bozeman	State MT	Zip Code 59718-6601
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
386.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR436107718897**

Amount of Each Receipt this Period  
115.00

Memo Item

P/R Deduction (\$115.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	291.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Glynn, James N., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 S Hoyne Avenue

City Chicago	State IL	Zip Code 60643-6306
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4380318897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Harrington, Scott T., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Oak Place

City Bernardsville	State NJ	Zip Code 07924-1806
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR440817518897**

Amount of Each Receipt this Period  
50.00

Memo Item

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

**C. Lehneis, Kirk C., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Benenson Drive

City Cos Cob	State CT	Zip Code 06807-1401
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Managing Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
491.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR440831318897**

Amount of Each Receipt this Period  
118.00

Memo Item

P/R Deduction (\$59.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	268.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Laskar, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 Bergen Boulevard

City Fort Lee	State NJ	Zip Code 07024-1503
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR440888218897**

Amount of Each Receipt this Period  
46.20

Memo Item

P/R Deduction (\$23.10 Bi-Weekly)

**B. Meigs, Bradford L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Harvest Lane

City Hingham	State MA	Zip Code 02043-4233
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4418897**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

**C. Heine, Kevin J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Craig Place

City Cranford	State NJ	Zip Code 07016-2307
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR446314218897**

Amount of Each Receipt this Period  
140.00

Memo Item

P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Forman, Craig A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13430 Stonegate Road  
 City Midlothian State VA Zip Code 23113-3963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.10

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR4486618897**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

**B. Simonetti, Richard P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Red Oak Lane  
 City Cortlandt Manor State NY Zip Code 10567-6139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR4486818897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Fass, Darin, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Latour Manor  
 City Fairport State NY Zip Code 14450-4637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR4487318897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kramer, Steven J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7054 Trysail Circle  
 City Tampa State FL Zip Code 33607-5846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4487418897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Grub, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Preserve Island Circle  
 City Ponte Vedra Beach State FL Zip Code 32082-4653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4487518897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Hodgkiss, Robert A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 Summit View Lane  
 City Alpharetta State GA Zip Code 30004-5888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Zone Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4489118897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	511.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kay, George, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Ivy Springs Court

City Waxhaw	State NC	Zip Code 28173-7455
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4489218897**

Amount of Each Receipt this Period  
76.93

Memo Item

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

**B. Madgett, Mark J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Renaissance Square Apt. 12A

City White Plains	State NY	Zip Code 10601-3044
----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Svp & Head of Agency
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4489518897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. McKinney, Jerry B., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6038 Whispering Lakes Drive

City Katy	State TX	Zip Code 77493-2282
--------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4489618897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	538.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ghazal, Roland, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47-422 Lulani Street

City Kaneohe	State HI	Zip Code 96744-4717
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4489718897**

Amount of Each Receipt this Period  
153.86

Memo Item

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

**B. Russell, Joyce B., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 Parcus Road

City Huntsville	State AL	Zip Code 35803-2348
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Associate
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4489818897**

Amount of Each Receipt this Period  
50.00

Memo Item

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

**C. Scovel, Michael F., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Stonebriar Way

City Frisco	State TX	Zip Code 75034-5941
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4490018897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Daya, Mehmood N., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22106 Grand Cove Court  
 City Katy State TX Zip Code 77450-8097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4490518897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Williamson, Kyle T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1649 Enclave Cove  
 City Lake Mary State FL Zip Code 32746-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 526.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4491218897**  
 Amount of Each Receipt this Period 116.94  
 Memo Item  
 P/R Deduction (\$58.47 Bi-Weekly)

**C. Jenkins, Joanne E., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Liberty Way  
 City Loudonville State NY Zip Code 12211-1954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR4553718897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gavin, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4935 Seeley Avenue

City Downers Grove	State IL	Zip Code 60515-3409
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR4554818897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

**B. Kramer, Andrew J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4604 Avenue Longchamps

City Lutz	State FL	Zip Code 33558-5342
--------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR455709218897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Nuzzi, Domenico V., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Chambry Court

City Freehold	State NJ	Zip Code 07728-9067
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR45818897**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Di Palermo, John F., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3297 Padilla Way

City San Jose	State CA	Zip Code 95148-2746
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR50418897**

Amount of Each Receipt this Period  
91.34

Memo Item

P/R Deduction (\$91.34 Monthly)

**B. Stribling, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 751 Malvern Boulevard

City Stone Mountain	State GA	Zip Code 30087-5425
------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR50818897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**C. Tarella, David R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Saratoga Farm Road

City Malta	State NY	Zip Code 12020-3765
---------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR50918897**

Amount of Each Receipt this Period  
150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	324.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. O'Neill, Brian M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Saint Michaels Terrace  
 City Carmel State NY Zip Code 10512-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President & Deputy General Coun:  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR51018897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Hallahan, Mary, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 172 Wayne Avenue  
 City River Edge State NJ Zip Code 07661-1106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President & Assistant Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 382.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR51218897**  
 Amount of Each Receipt this Period 84.94  
 Memo Item  
 P/R Deduction (\$42.47 Bi-Weekly)

**C. Flamer, Irving, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Linden Lane  
 City Old Westbury State NY Zip Code 11568-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR51918897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Petrocelli Jr., Robert H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Byrd Street  
 City Rye State NY Zip Code 10580-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR53718897**  
 Amount of Each Receipt this Period 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Monthly)

**B. Deliso, Jeanmarie A., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Primrose Drive  
 City Longmeadow State MA Zip Code 01106-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5401918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Louie, Jenny S., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7216 267th Street  
 City Glen Oaks State NY Zip Code 11004-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5403318897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	324.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Williams-Dovo, Adrian L., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20008 Northwest 85th Avenue  
 City Hialeah State FL Zip Code 33015-6933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 383.33

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5408018897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Chee, Anthony M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4978 Kokomo Drive  
 City Sacramento State CA Zip Code 95835-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5410418897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

**C. Dyjak, Lawrence J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Paso Fino  
 City Lemont State IL Zip Code 60439-9748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5423418897**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Costakis, George J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 Oak Knoll Drive  
 City Lake Forest State IL Zip Code 60045-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5423618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**B. Hartman, Robert D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10417 West 172nd Street  
 City Overland Park State KS Zip Code 66221-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5425618897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. Porter, Aeramy K., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1124 N Linden Circle  
 City Wichita State KS Zip Code 67206-4074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5428218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	564.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Garcia, Arthur L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 South Fillmore Street  
 City Denver State CO Zip Code 80210-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5428718897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Barry, Michael F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Evergreen Lane  
 City Walpole State MA Zip Code 02081-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5476218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. DeLeon, Tony, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 W Annie Street  
 City Austin State TX Zip Code 78704-4110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5476418897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gulbran, Kristen E., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3236 Cascadia Avenue S  
 City Seattle State WA Zip Code 98144-7024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5476718897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Purich, Todd S., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6332 Battleview Drive  
 City Raleigh State NC Zip Code 27613-7148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5476818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Thol, Jeffrey E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 High Street  
 City Honesdale State PA Zip Code 18431-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5477118897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Recine, Roberto, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1402 Crestview Drive  
PO Box 512

City Gwynedd Valley State PA Zip Code 19437-0512

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Zone Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR56118897**

Amount of Each Receipt this Period 230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

**B. Madan, Akshay, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 Northeast 7Th. Avenue  
Penthouse 4804

City Miami State FL Zip Code 33137-4455

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR56518897**

Amount of Each Receipt this Period 230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. Broderick, Michael F., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 Clapboardtree Street

City Westwood State MA Zip Code 02090-2906

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR5661518897**

Amount of Each Receipt this Period 350.00

Memo Item

P/R Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	811.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Smith, James M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6414 Hickorycrest Drive

City Spring	State TX	Zip Code 77389-5230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5662818897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Rosenthal, Marc I., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5493 Pine Loch Lane

City Williamsville	State NY	Zip Code 14221-8538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5664818897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. McInerney, Barbara J., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Sutton Place  
Apt. 15A

City New York	State NY	Zip Code 10022-2429
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Svp & Chief Compliance Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
442.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5751318897**

Amount of Each Receipt this Period  
100.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Sklar, Ralph K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6632 Liggett Drive  
 City Oakland State CA Zip Code 94611-3204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR57518897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Jensen, Bradley J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9061 Burkwood Drive Unit 105  
 City West Des Moines State IA Zip Code 50266-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5755418897**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Terry, III, William J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Winchester Road  
 City Arlington State MA Zip Code 02474-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Executive Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR5755518897**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Odom, David A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8426 Beeswing Court

City Dublin	State OH	Zip Code 43017-9724
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5755718897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

**B. Boland, Kevin E., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3993 Howard Hughes Parkway #500

City Las Vegas	State NV	Zip Code 89169-6700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5756018897**

Amount of Each Receipt this Period  
153.86

Memo Item

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

**C. Iannitelli, Nicola, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Brown Terrace

City Denville	State NJ	Zip Code 07834-4902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR5861318897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bradstreet, Scot R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Cortland Avenue  
 City Stratham State NH Zip Code 03885-6537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6018897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Stromei, Shane K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 Hampton View Drive  
 City Owens Cross Roads State AL Zip Code 35763-5708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR60500918897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**c. Sledge, Taylor M., , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4752 E Massena Drive  
 City Jackson State MS Zip Code 39211-4930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR60520818897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	414.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Paone, Jonathan T., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Van Doren Avenue

City Chatham	State NJ	Zip Code 07928-2213
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6059618897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Lazzarone, Dale L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4165 Caughlin Parkway

City Reno	State NV	Zip Code 89519-0601
--------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6060318897**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

**C. Irvin, John P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9313 Frenchmans Way

City Dallas	State TX	Zip Code 75220-5039
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Corporate Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6063418897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	213.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mahoney Jr., William E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Intracoastal Drive Apt. 14F  
 City Fort Lauderdale State FL Zip Code 33304-3666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6118897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Hamel, Jr., John S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 184 Perry Avenue  
 City Norwalk State CT Zip Code 06850-1137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6118918897**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$85.00 Bi-Weekly)

**C. Kho, Johnson O., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Westminster Road  
 City Scarsdale State NY Zip Code 10583-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR61218897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cunningham, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8103 Bell Mountain Drive  
 City Austin State TX Zip Code 78730-2822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6129718897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**B. Wolf, Lester M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7309 Fait Avenue  
 City Baltimore State MD Zip Code 21224-3130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6129818897**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$24.00 Bi-Weekly)

**C. Starling, Sean M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1038 Muirfield Avenue  
 City Clemmons State NC Zip Code 27012-8991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6131418897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Owen, Ralph P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3317 Highway 63  
 City Bloomfield State IA Zip Code 52537-8063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6132718897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

**B. Narvaez, Jose A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3516 34th Street Apt. 6F  
 City Long Island City State NY Zip Code 11106-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6134718897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Botts, Larry E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 E Leestown Road  
 City Midway State KY Zip Code 40347-9769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6137718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	393.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lippencott, Donald E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 Shore Road  
 City East Setauket State NY Zip Code 11733-3932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6138218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Poulos, Dennis G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14111 N Fenton Road  
 City Fenton State MI Zip Code 48430-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6139218897**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

**C. Hart, Randall D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3547 State Route 7  
 City New Waterford State OH Zip Code 44445-8719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 632.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6142418897**  
 Amount of Each Receipt this Period 158.00  
 Memo Item  
 P/R Deduction (\$158.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	608.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bicker, Russell F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Poplar Forest Drive  
 City Slippery Rock State PA Zip Code 16057-8527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6143518897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

**B. Musko, Richard P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Isle Road  
 City Butler State PA Zip Code 16001-8553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6143618897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**C. Pereira, John A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2815 E 10th Street  
 City The Dalles State OR Zip Code 97058-4020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6143718897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	224.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blanks, John T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1603 Langhorne Road  
 City Lynchburg State VA Zip Code 24503-3117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6144418897**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Monthly)

**B. Ferguson, Rodney S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 466 Blackwolf Run Drive  
 City Wildwood State MO Zip Code 63040-1571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6144618897**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Monthly)

**C. Stockton, Mary, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3700 10th Avenue Apt. 3A  
 City San Diego State CA Zip Code 92103-4494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6144918897**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kanaley Jr., Thomas J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Lenox Way  
 City San Francisco State CA Zip Code 94127-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6145218897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Poindexter, Robert J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 Janie Lane  
 City Shreveport State LA Zip Code 71106-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6146918897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Ruh, Brian P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23702 W Steinthal Road  
 City Kiel State WI Zip Code 53042-4994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6148518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Swaney, Jonathan B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 Commonwealth Avenue  
 City Alexandria State VA Zip Code 22301-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR6156618897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Nembhard, Melford E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 Gainscott Lane  
 City Willingboro State NJ Zip Code 08046-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR61818897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**C. Gould, Diane H., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 Prospect Hill Place  
 City Rockville State MD Zip Code 20850-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR63818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Seter, Arthur H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Merion Drive  
 City Purchase State NY Zip Code 10577-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6426618897**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

**B. Valdes, Gilberto, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 6th Avenue  
 City New Hyde Park State NY Zip Code 11040-5458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6427218897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. McCarthy, Elizabeth W., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 College Place  
 City South Orange State NJ Zip Code 07079-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6427318897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Arnheiter, Michael P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1152 Buttonwood Lane

City Sanibel	State FL	Zip Code 33957-7304
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR64518897**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$416.66 Monthly)

**B. Foster, John A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5622 Bowmiller Road

City Lockport	State NY	Zip Code 14094-9050
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6472018897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**C. Karmen, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Evergreen Parkway

City Westport	State CT	Zip Code 06880-2529
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Svp & Deputy General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6472118897**

Amount of Each Receipt this Period  
50.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	543.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Colleary, Maura R., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 Forest Avenue  
 City Glen Ridge State NJ Zip Code 07028-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR65018897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Calafati, Michael F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 Cutleaf Circle  
 City Harleysville State PA Zip Code 19438-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6520118897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**C. Seth, Puneet, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2650 Hazy Hollow Run  
 City Roswell State GA Zip Code 30076-3658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6543418897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Curry, John P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Flax Pond Woods Road

City Setauket	State NY	Zip Code 11733-1623
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR6543518897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**B. Bui, Mike T., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1911 Empire Circle

City Arlington	State TX	Zip Code 76002-6605
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR6544718897**

Amount of Each Receipt this Period  
100.00

Memo Item

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

**C. Lescinkas, Brian R., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Conley Court

City Ridgefield	State CT	Zip Code 06877-3202
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Zone Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR6544818897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Curry, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 Upland Road

City New Milford	State CT	Zip Code 06776-2102
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Associate
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6546518897**

Amount of Each Receipt this Period  
38.48

Memo Item

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

**B. Hubbard, Roman, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Cobble Court

City Windsor	State CO	Zip Code 80550-6137
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
382.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR65681118897**

Amount of Each Receipt this Period  
84.94

Memo Item

P/R Deduction (\$42.47 Bi-Weekly)

**C. Davidson, Sheila K., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 Hudson Street  
Apt. 620

City New York	State NY	Zip Code 10014-3652
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) EVP, CLO & General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR65918897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Morris, Charles W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 Rock Springs Road  
 City Kingsport State TN Zip Code 37664-5265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6598718897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Mackesy, Leonard J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Hillside Avenue  
 City Kearny State NJ Zip Code 07032-1633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6602718897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Mysliwec, Rychar F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1693 Northgate Drive  
 City Pittsburgh State PA Zip Code 15241-3221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR6697818897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	226.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scollan, Kathleen E., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 Longvue Terrace  
 City Yonkers State NY Zip Code 10710-2113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.24

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6705618897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Virendra, Sonali, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Spruce Avenue  
 City Emerson State NJ Zip Code 07630-1573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6709618897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Quartararo, Paul, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Westcott Road  
 City Stamford State CT Zip Code 06902-8128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 257.50

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6710018897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Grossman, Eric J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8310 35 Avenue  
Apt. 40

City Jackson Heights State NY Zip Code 11372-5317

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Corporate Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR6725618897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Viveiros, Christopher J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3518 Colmar Quarter

City Norfolk State VA Zip Code 23509-1247

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR6918518897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. Key, Olen S., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 581 Chesson Hill Drive

City Fitzpatrick State AL Zip Code 36029-2626

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Associate

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR69290618897**

Amount of Each Receipt this Period  
60.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	367.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Asher, Izhak, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 Center Drive

City Roslyn	State NY	Zip Code 11576-1445
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6945718897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Pomerantz, Lloyd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1675 York Avenue  
Aptment 10L

City New York	State NY	Zip Code 10128-6752
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6945918897**

Amount of Each Receipt this Period  
91.34

Memo Item

P/R Deduction (\$91.34 Monthly)

**C. Kagan, Harris E., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1608 Pandora Avenue

City Los Angeles	State CA	Zip Code 90024-6114
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6946218897**

Amount of Each Receipt this Period  
83.33

Memo Item

P/R Deduction (\$83.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fischman, Ari, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22920 Coventry Woods Lane

City Southfield	State MI	Zip Code 48034-2108
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6946318897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Isaacs, Leonard H., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Bank Street Apt. N1002

City White Plains	State NY	Zip Code 10606-1902
----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6947118897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Allison, Harvey G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6228 Wild Heron Way

City College Grove	State TN	Zip Code 37046-1406
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
522.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6948318897**

Amount of Each Receipt this Period  
116.00

Memo Item

P/R Deduction (\$58.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	466.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cobb III, Henry H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8218 Longneedle Drive  
 City Montgomery State AL Zip Code 36117-5125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6950818897**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Monthly)

**B. Franks, Chad W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Honours Drive  
 City Madison State MS Zip Code 39110-6512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6951018897**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. Reeves, Cameron M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 Harvest Hill Drive  
 City Prosper State TX Zip Code 75078-9150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6951918897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fitzpatrick, Jeffrey, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Prospect Avenue

City Waterloo	State IA	Zip Code 50703-4241
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6952918897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Garry, Kevin G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7005 S Edinburg Place

City Sioux Falls	State SD	Zip Code 57108-9402
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6954118897**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

**C. Myers, Gary, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10825 Southwest 83rd Terrace

City Augusta	State KS	Zip Code 67010-8025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR6954318897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	393.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Paulseen, Brandon R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3411 N Webb Road  
 City Wichita State KS Zip Code 67226-8125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6954418897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. De La Rambelje, Peter, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9841 N Western Fork Trail  
 City Tucson State AZ Zip Code 85742-8712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6955818897**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$300.00 Monthly)

**C. Abadilla, Milo A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3308 Moncucco Court  
 City San Jose State CA Zip Code 95148-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR6958318897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Gardner, Robert M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 E 84th Street  
Apt. 6D

City New York State NY Zip Code 10028-5009

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **317.76**

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR6965018897**

Amount of Each Receipt this Period **76.94**

Memo Item

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

**B. Tsang, Bik Y., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 Elizabeth Street Apt. 3P

City New York State NY Zip Code 10013-5596

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR70018897**

Amount of Each Receipt this Period **250.00**

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. Hsiao, Chu Ling, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19701 Northampton Drive

City Saratoga State CA Zip Code 95070-3333

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **365.36**

Date of Receipt **04 / 30 / 2018**

**Transaction ID : PR7067518897**

Amount of Each Receipt this Period **91.34**

Memo Item

P/R Deduction (\$91.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>418.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Steele, Joel I., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Belmont Circle  
 City Columbus State NJ Zip Code 08022-9714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR7070018897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Williams, Jeffrey C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 Sharondale Drive  
 City El Paso State TX Zip Code 79912-4257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR7071118897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Larsen, Jan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2008 123rd Avenue Northeast  
 City Lake Stevens State WA Zip Code 98258-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR7126318897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Homler, Robert E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 Orchard Drive  
 City Mahwah State NJ Zip Code 07430-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR71418897**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$70.00 Monthly)

**B. Van Winkle, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Breezy Point Road  
 City Little Silver State NJ Zip Code 07739-1703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR71718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Gisonda, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4565 Northwest 24th Way  
 City Boca Raton State FL Zip Code 33431-8435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7175418897**  
 Amount of Each Receipt this Period 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	486.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Shadie, George R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 Teaberry Drive  
 Sand Springs  
 City Drums State PA Zip Code 18222-2051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR72418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Varsa, Jeffrey, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 2nd Avenue Unit 3132  
 City Needham State MA Zip Code 02494-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7251818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Stoll, Daniel, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Kingston Circle  
 City Lockport State NY Zip Code 14094-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7251918897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ferris, Matthew S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Countryside Road Northwest  
 City New Philadelphia State OH Zip Code 44663-1327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7252618897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Salib, Raouf S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 Mill Creek Road  
 City Flint State MI Zip Code 48532-2348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.68

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7252918897**  
 Amount of Each Receipt this Period 174.67  
 Memo Item  
 P/R Deduction (\$174.67 Monthly)

**C. Lucchino, Joseph W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Cambridge Street  
 City Natrona Heights State PA Zip Code 15065-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR72718897**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	334.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lenz, Scott L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Bellevue Avenue

City Summit	State NJ	Zip Code 07901-2007
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Svp, Deputy Gc & Chief Tax Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
653.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR7295918897**

Amount of Each Receipt this Period  
153.86

Memo Item

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

**B. Fitzgerald, Edward J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 181 Whitehall Boulevard

City Garden City	State NY	Zip Code 11530-1337
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
396.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR7345518897**

Amount of Each Receipt this Period  
88.00

Memo Item

P/R Deduction (\$44.00 Bi-Weekly)

**C. Baumberger, Kevin L., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7593 Sangiovese Drive

City El Dorado Hills	State CA	Zip Code 95762-7727
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR7347018897**

Amount of Each Receipt this Period  
153.86

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	395.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Berlin, Scott L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Jerome Road  
 City Syosset State NY Zip Code 11791-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR7347118897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Heller, Thomas S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 Mahwah Road  
 City Mahwah State NJ Zip Code 07430-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR7348618897**  
 Amount of Each Receipt this Period 46.48  
 Memo Item  
 P/R Deduction (\$23.24 Bi-Weekly)

**C. Silber, Irwin, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Green Hill Lane  
 City New Hempstead State NY Zip Code 10977-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President & Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 369.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR7349418897**  
 Amount of Each Receipt this Period 82.00  
 Memo Item  
 P/R Deduction (\$41.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	359.26
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Walsh, Richard M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Hilltop Road  
 City Waccabuc State NY Zip Code 10597-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7350318897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Nguyen, Binh Q., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 Laurelwood Crossing Place  
 City San Jose State CA Zip Code 95138-2753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1423.06

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7352318897**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Mostransky, Kyle, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Sunnywoods Drive  
 City Huntington Station State NY Zip Code 11746-4732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7418818897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. McAvinn, Peter J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Royalston Road  
 City Wellesley State MA Zip Code 02481-1243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7418897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Caminiti, Philip E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Laurel Court  
 City Oakland State NJ Zip Code 07436-2610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR7451018897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Oxenberg, Larry K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8302 Old York Road Apt. A23  
 City Elkins Park State PA Zip Code 19027-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR74518897**  
 Amount of Each Receipt this Period 54.00  
 Memo Item  
 P/R Deduction (\$54.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	361.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carter, Lawrence, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1176 Monte De Luz Way

City Henderson	State NV	Zip Code 89012-5730
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR7452418897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Angiulli, John M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1059 Old Orchard Drive

City Gibsonia	State PA	Zip Code 15044-6081
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR74818897**

Amount of Each Receipt this Period  
135.00

Memo Item

P/R Deduction (\$135.00 Monthly)

**C. Steele, Tema L., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Paige Court

City Cherry Hill	State NJ	Zip Code 08002-2817
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR76418897**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	628.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Piotrowicz, Michael T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 347 Stenton Avenue  
 City Plymouth Meeting State PA Zip Code 19462-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR77718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Ingel, Tessa, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 22nd Street  
 City Santa Monica State CA Zip Code 90403-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR79118897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Morrison, Jeffrey A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Radbill Circle  
 City Berwyn State PA Zip Code 19312-2502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR79618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Auteri, Joseph A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 Montgomery Avenue  
 City Villanova State PA Zip Code 19085-1816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR79718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Rocco, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Midland Road  
 City Lynnfield State MA Zip Code 01940-1265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR8018897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Wolf, Terrence L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Great Circle Road  
 City Landenberg State PA Zip Code 19350-9110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR81718897**  
 Amount of Each Receipt this Period 175.00  
 Memo Item  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jones, Ronald D., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1261 Lake Vue Drive

City Butler	State PA	Zip Code 16002-7625
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
332.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR83818897**

Amount of Each Receipt this Period  
83.00

Memo Item

P/R Deduction (\$83.00 Monthly)

**B. Catlos, Larry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2718 Rebecca Street

City Indiana	State PA	Zip Code 15701-2337
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR83918897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**C. Weatherford, Larry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 S Norfolk Way

City Goose Creek	State SC	Zip Code 29445-7103
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8421418897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ducato, Robert P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Franklin Street  
 City Westfield State NY Zip Code 14787-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR84318897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Zaleski, Bernard F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9461 E Cross Creek Circle  
 City Wichita State KS Zip Code 67206-4063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8491818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Anderson, Michael S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29002 Acanthus Court  
 City Agoura State CA Zip Code 91301-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8492718897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mittelman, Hershey, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1256 56th Street

City Brooklyn	State NY	Zip Code 11219-4505
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8493018897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Vahl, Matthew E., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1419 Pine Cove Court

City Darien	State IL	Zip Code 60561-4999
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Corporate Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8497618897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. Mikell III, Jenkins, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Lord Nelson Court

City Columbia	State SC	Zip Code 29209-1910
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8531818897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	414.12
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Whitehead, Phillip R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Woodland Greens Drive  
 City Brandon State MS Zip Code 39047-8773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8532518897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$75.00 Monthly)

**B. Richards, John T., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9910 Osuna Road Northeast  
 City Albuquerque State NM Zip Code 87111-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8532618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Winter, Brian J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1513 Oxford Road  
 City Wantagh State NY Zip Code 11793-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8532718897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Lackey, Michael P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Zaitz Farm Road  
 City Princeton Junction State NJ Zip Code 08550-3314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 558.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR8535018897**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 P/R Deduction (\$62.00 Bi-Weekly)

**B. Steinberg, Joel M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Spruce Street  
 City Princeton Junction State NJ Zip Code 08550-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Svp, Chief Risk Officer & Chief Actuar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR85518897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Walsh, David R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Vista Grande  
 City Greenbrae State CA Zip Code 94904-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR8618897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. English, Thomas F., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Hedge Brook Lane

City Stamford	State CT	Zip Code 06903-2029
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Svp, Deputy Gc & Chief Insurance Cou
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
522.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR86318897**

Amount of Each Receipt this Period  
118.00

Memo Item

P/R Deduction (\$59.00 Bi-Weekly)

**B. Della Penna, Scott F., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9541 Purcell Drive

City Potomac	State MD	Zip Code 20854-4500
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR86718897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

**C. Dubrow, Michael G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 the Parkway

City Mamaroneck	State NY	Zip Code 10543-4233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8710918897**

Amount of Each Receipt this Period  
65.40

Memo Item

P/R Deduction (\$32.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	414.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Berry, Dale C., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2008 Falls Forest Drive

City Raleigh	State NC	Zip Code 27615-1258
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8712018897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Jahng, Kyle W., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 Kyles Way

City Shelton	State CT	Zip Code 06484-6619
-----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8712418897**

Amount of Each Receipt this Period  
153.88

Memo Item

P/R Deduction (\$76.94 Bi-Weekly)

**C. Topelsohn, Bryan J., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3204 Hill Dale

City Highland Village	State TX	Zip Code 75077-6460
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Associate
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8753918897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Micucci, Alison H., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 371 Channel Side Walk Way  
 Unit 604  
 City Tampa State FL Zip Code 33602-6772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 955.39

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8755918897**  
 Amount of Each Receipt this Period 220.39  
 Memo Item  
 P/R Deduction (\$105.00 Bi-Weekly)

**B. Apolenis, Jason M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9125 Kittery Lane  
 City Bethesda State MD Zip Code 20817-2152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8806318897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Schwartz, Richard C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Dune Road  
 City Westhampton Beach State NY Zip Code 11978-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR8806518897**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Abadilla, Margarita, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3308 Moncucco Court

City San Jose	State CA	Zip Code 95148-4348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Senior Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
865.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8894718897**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. Agee, David B., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 580 Twinwood Loop

City Roseville	State CA	Zip Code 95678-5978
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8903618897**

Amount of Each Receipt this Period  
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

**C. Azzati, David M., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Hillside Avenue

City Caldwell	State NJ	Zip Code 07006-5206
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR8952618897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	332.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Battersby, Christopher C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Mitchell Road  
 City Holliston State MA Zip Code 01746-2469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR8976618897**  
 Amount of Each Receipt this Period 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Monthly)

**B. Berardi, Michael A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 Barnsley Avenue  
 City Huntingdon Valley State PA Zip Code 19006-6504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR8993618897**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**C. Bishop, Toby, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3850 Lone Cedar Lane  
 City Chaska State MN Zip Code 55318-9609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 30 / 2018  
**Transaction ID : PR9006518897**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	522.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blanton, Clayton, , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3775 Prescott Avenue  
 City Clovis State CA Zip Code 93619-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9012118897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**B. Bobbitt, Edward H., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2432 Southwest 33rd Circle  
 City Okeechobee State FL Zip Code 34974-5724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9016118897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Ostberg, Robert K., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Greenleaf Drive  
 City Northampton State MA Zip Code 01062-9768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9018897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bond, Jesse, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19234 15th Avenue Northwest Apt. C  
 City Shoreline State WA Zip Code 98177-2785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9021818897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Bradford Jr., James C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 Harris Drive  
 City Norfolk State NE Zip Code 68701-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9036218897**  
 Amount of Each Receipt this Period 68.00  
 Memo Item  
 P/R Deduction (\$68.00 Monthly)

**C. Campellone, Mark A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 Reed Dr. S  
 City Princeton Junction State NJ Zip Code 08550-2014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9089218897**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	368.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Chu, Felix S., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Mercury Court

City Pleasant Hill	State CA	Zip Code 94523-2167
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9144218897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Gentile, Rosanne S., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6631 Wakefield Drive Apt. 217

City Alexandria	State VA	Zip Code 22307-6844
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR91718897**

Amount of Each Receipt this Period  
108.00

Memo Item

P/R Deduction (\$108.00 Monthly)

**C. Parker Jr., Gordon E., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 422 Discovery Road

City Virginia Beach	State VA	Zip Code 23451-2157
------------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR91818897**

Amount of Each Receipt this Period  
166.67

Memo Item

P/R Deduction (\$166.67 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Courtois, Chad C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 Bonnet Street  
 City New Iberia State LA Zip Code 70563-0627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9185218897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Cruz, David, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 98 Thackeray Road  
 City Oakland State NJ Zip Code 07436-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9197818897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Curcio, Anthony D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6254 Addison Loomis  
 City Cicero State NY Zip Code 13039-8686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9202918897**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	214.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Curran, Debra, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 Morgan Street  
Apt. 1901

City Jersey City State NJ Zip Code 07302-6246

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR9203218897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Damon, Michael T., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Newton Lane

City Medway State MA Zip Code 02053-6161

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR9211418897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**C. McGuire, Scott K., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1983 Woodlake Drive

City Benton State LA Zip Code 71006-9305

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

Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : PR92118897**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	426.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dean, Lee R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Butler Road  
 City Sudbury State MA Zip Code 01776-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9226218897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**B. DeSanto, Craig L., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Elizabeth Street Penthouse G  
 City New York State NY Zip Code 10012-2854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.58

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9240818897**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. Diamond, Dean, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 Victoria Lake Drive  
 City Waxhaw State NC Zip Code 28173-9819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9245818897**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	237.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Downey, Michael P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Haller Drive  
 City Cedar Grove State NJ Zip Code 07009-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9267818897**  
 Amount of Each Receipt this Period 76.94  
 Memo Item  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Erickson, Gary A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 242 W Fairview Way  
 City Palatine State IL Zip Code 60067-7900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.34

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9301818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Erland, Anthony D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23813 Northeast 27th Street  
 City Sammamish State WA Zip Code 98074-5485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9301918897**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Felte, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Keppel Way

City Cotati	State CA	Zip Code 94931-5363
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9321418897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**B. Fenwick, Terry G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 Stannye Drive

City Louisville	State KY	Zip Code 40222-6351
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9321818897**

Amount of Each Receipt this Period  
83.33

Memo Item

P/R Deduction (\$83.33 Monthly)

**C. Mathas, Theodore A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Carriage Trail

City Tarrytown	State NY	Zip Code 10591-6306
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Chairman & Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR93218897**

Amount of Each Receipt this Period  
230.78

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	397.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Fox, Cynthia S., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1114 Sunset Drive

City Kimberly	State WI	Zip Code 54136-1234
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR9348718897**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$175.00 Monthly)

**B. Hamrick, Jane L., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 531 East 88th Street  
Apt. 3C

City New York	State NY	Zip Code 10128-7737
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President & Actuary
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR93518897**

Amount of Each Receipt this Period  
60.00

Memo Item

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

**C. Garry, Nicholas A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 S Cliff Avenue

City Sioux Falls	State SD	Zip Code 57103-4528
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : PR9378218897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	318.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hoge, F. Courtney, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Golf Colony Drive  
 City Salem State VA Zip Code 24153-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR93818897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**B. Prentice, Jerome C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6003 Wilmington Drive  
 City Burke State VA Zip Code 22015-3823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR94218897**  
 Amount of Each Receipt this Period 92.00  
 Memo Item  
 P/R Deduction (\$92.00 Monthly)

**C. Grozinger, Otto N., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10048 Heritage Drive  
 City Shreveport State LA Zip Code 71115-3412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9434218897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Halpern, Sidney G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Pebblebrook Lane  
 City Moreland Hills State OH Zip Code 44022-2380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9450818897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Hartranft II, Gordon D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 N Delphia Avenue  
 City Park Ridge State IL Zip Code 60068-3240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9470418897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**C. Hoffmann, Eric S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 245 E 19th Street Apt. 2F  
 City New York State NY Zip Code 10003-2638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9510118897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hughes, David R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1480 Cole Lane  
 City Upland State CA Zip Code 91784-8066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 692.37

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9531618897**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

**B. Hutt, Brian M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9612 Pinkney Court  
 City Potomac State MD Zip Code 20854-4332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9540018897**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Monthly)

**C. Jackson, Gerald S., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2629 Northwest Three Sisters Drive  
 City Bend State OR Zip Code 97703-5608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9552018897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Johnson, Bradley D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5855 Elkhorn Lane  
 City Santa Maria State CA Zip Code 93455-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9572918897**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. Kaneski, Kelly D., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Saratoga Circle  
 City Sacramento State CA Zip Code 95864-7110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.01

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9599918897**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 P/R Deduction (\$41.67 Monthly)

**C. Keane, Brian, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Northrup Drive  
 City Brentwood State NH Zip Code 03833-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9610018897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Keefe, David F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Mill Street  
 City Newton Center State MA Zip Code 02459-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR9611418897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Kelly, Richard G., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Marlboro Street  
 City Norwood State MA Zip Code 02062-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR9615618897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

**C. Kendrick, David Q., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9548 Rochel Drive  
 City Shreveport State LA Zip Code 71115-3854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : PR9617318897**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Hall, Gerald F., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Fieldstone Drive  
 City Westport State MA Zip Code 02790-2634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9618897**  
 Amount of Each Receipt this Period 91.34  
 Memo Item  
 P/R Deduction (\$91.34 Monthly)

**B. Kline, Mark B., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Robert E Lee Blvd. Ste. 310  
 City New Orleans State LA Zip Code 70124-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9637718897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**C. Kortkamp, Dominick M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Hill Lane  
 City Roslyn Heights State NY Zip Code 11577-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9649318897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Adkins Jr., James E., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10200 Wendover Drive  
 City Vienna State VA Zip Code 22181-2960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR96518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Lam, Agnes, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 Green Hills Drive  
 City Millbrae State CA Zip Code 94030-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Senior Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9668318897**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. Langley, Edward D., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11133 Copper Hill Drive  
 City Hammond State LA Zip Code 70403-8613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9674418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Leonard, Jason P., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Kings View

City San Antonio	State TX	Zip Code 78257-1718
---------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Managing Partner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9704818897**

Amount of Each Receipt this Period  
384.60

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

**B. Lewis, Paul A., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 581

City Lockeford	State CA	Zip Code 95237-0581
-------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9712618897**

Amount of Each Receipt this Period  
83.34

Memo Item

P/R Deduction (\$83.34 Monthly)

**C. Kunhardt Jr., Daniel, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Madison Circle

City Greenfield	State MA	Zip Code 01301-2703
--------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9718897**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	717.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hopkins, Gillian L., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2075  
 City Westminster State MD Zip Code 21158-7063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9740918897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**B. Lu, Minde, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86-06 Avon Street  
 City Jamaica Estates State NY Zip Code 11432-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Executive Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9744718897**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Lutz, Eugene R., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Brook Street  
 City Garden City State NY Zip Code 11530-6404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9750118897**  
 Amount of Each Receipt this Period 230.78  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Madgett, Brian G., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4607 102nd Lane Northeast

City Kirkland	State WA	Zip Code 98033-7646
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9757218897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B. Mauceri, Maria J., , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 152 E 94th Street  
Apt. 5G

City New York	State NY	Zip Code 10128-2575
------------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Vice President & Actuary
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9797418897**

Amount of Each Receipt this Period  
230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

**C. Maus, Richard C., , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5762 Berkshire Lane

City Dallas	State TX	Zip Code 75209-2402
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : PR9798018897**

Amount of Each Receipt this Period  
200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McFadden, Chauvon, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41589 Wakehurst Place  
 City Leesburg State VA Zip Code 20176-5876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9802918897**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
 P/R Deduction (\$55.00 Monthly)

**B. McCarthy, Brendan, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Hillside Road  
 City Wellesley State MA Zip Code 02481-3215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9807618897**  
 Amount of Each Receipt this Period 58.00  
 Memo Item  
 P/R Deduction (\$58.00 Monthly)

**C. McGee, Henry, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 447 Henderson Road  
 City Greenville State SC Zip Code 29607-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 233.32

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9818418897**  
 Amount of Each Receipt this Period 58.33  
 Memo Item  
 P/R Deduction (\$58.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	171.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. McKenna, Meghann P., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3151 Lily Drive  
 City Bozeman State MT Zip Code 59718-6088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9822418897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Miller, Gary J., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 E Nicolet Avenue  
 City Phoenix State AZ Zip Code 85020-5118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9854118897**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$70.00 Monthly)

**C. Miller, Jay P., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5407 Landon Circle  
 City Boynton Beach State FL Zip Code 33437-1677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9855218897**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	403.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Moro, Robert A., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Wenwood Drive  
 City Hauppauge State NY Zip Code 11788-4321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9886518897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

**B. Bergeron, James W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1954 Greenspring Drive Suite 700  
 City Timonium State MD Zip Code 21093-4134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR99218897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Oestreicher, David, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Timberlane Drive  
 City Williamsville State NY Zip Code 14221-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Insurance Company Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : PR9950218897**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Pearce, William E., , Mr.,**

Mailing Address 5021 Corinthian Bay Drive

City Frisco	State TX	Zip Code 75034-2163
----------------	-------------	------------------------

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

Name of Employer (for Individual) New York Life Insurance Company	Occupation (for Individual) Executive Partner
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : PR9998318897**

Amount of Each Receipt this Period  
76.94

Memo Item

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

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.94
<b>TOTAL</b> This Period (last page this line number only).....	70121.32

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 186
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester	State PA	Zip Code 19381
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FEC ID number of contributing federal political committee. **C** C00554899

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	26	/	2018

**Transaction ID : 12709427**

Amount of Each Receipt this Period  
2500.00

Memo Item

Contribution itemized in 2017 Nov Monthly & 2018 Jan 31 Year End

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Reasonable Independent Constructive and Effective PAC (RICE PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

Mailing Address PO Box 744

FEC Identification Number

C	C00572040
---	-----------

**Transaction ID : 12655590**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Memo Item

City Mineola State NY Zip Code 11501

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Reasonable Independent Constructive and Effective PAC (RICE PAC)

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2018

Mailing Address PO Box 3314

FEC Identification Number

C	C00446906
---	-----------

**Transaction ID : 12685467**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Memo Item

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

**Schrader, Kurt, , ,**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: OR District: 05

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2018

Mailing Address 3440 Youngfield Street #264

FEC Identification Number

C	C00410639
---	-----------

**Transaction ID : 12685476**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Memo Item

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

**Perlmutter, Edwin, G., ,**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CO District: 07

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Friends Of Cheri Bustos**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution  
Candidate Name **Bustos, Cheri, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 17

Date of Disbursement: 04 / 18 / 2018

FEC Identification Number: **C00498568**  
Transaction ID : **12685477**  
Amount of Each Disbursement this Period: 2500.00  
Contribution  
 Memo Item

**B. Mike Thompson For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Contribution  
Candidate Name **Thompson, Mike, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 05

Date of Disbursement: 04 / 18 / 2018

FEC Identification Number: **C00326363**  
Transaction ID : **12685478**  
Amount of Each Disbursement this Period: 2000.00  
Contribution  
 Memo Item

**C. Beatty For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 222 East Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution  
Candidate Name **Beatty, Joyce, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 03

Date of Disbursement: 04 / 18 / 2018

FEC Identification Number: **C00507368**  
Transaction ID : **12685481**  
Amount of Each Disbursement this Period: 1500.00  
Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Beatty For Congress**

Mailing Address 222 East Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Beatty, Joyce, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: OH District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 12685482**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 12685483**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. At The Table!**

Mailing Address P.O. Box 650496

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**At The Table!**

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 12685486**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Making America Prosperous PAC**

Mailing Address P.O. Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Making America Prosperous PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C C00445379

**Transaction ID : 12685487**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Energy PAC**

Mailing Address P.O. Box 2998

City  
Dublin

State  
CA

Zip Code  
94568

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**New Energy PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C C00566059

**Transaction ID : 12685488**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Klobuchar For Minnesota**

Mailing Address PO Box 4146

City  
St Paul

State  
MN

Zip Code  
55104

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Klobuchar, Amy, J., ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: MN

District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

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

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City  
Albuquerque

State  
NM

Zip Code  
87125

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Heinrich, Martin, Trevor, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NM

District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C C00434563

**Transaction ID : 12699318**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City  
Albuquerque

State  
NM

Zip Code  
87125

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Heinrich, Martin, Trevor, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NM

District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C C00434563

**Transaction ID : 12699319**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City  
Newburgh

State  
NY

Zip Code  
12550

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Maloney, Sean, Patrick, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NY

District: 18

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C C00512426

**Transaction ID : 12699562**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Tom Reed For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 10847		FEC Identification Number C00464032 <b>Transaction ID : 12699563</b>
City Rochester	State NY	Zip Code 14610
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name <b>Reed, Thomas, W., ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 23	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Tom Reed For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 10847		FEC Identification Number C00464032 <b>Transaction ID : 12699564</b>
City Rochester	State NY	Zip Code 14610
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 3000.00 Contribution
Candidate Name <b>Reed, Thomas, W., ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 23	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Friends Of Dave Brat Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 5094		FEC Identification Number C00554949 <b>Transaction ID : 12699565</b>
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 250.00 Contribution
Candidate Name <b>Brat, David, Alan, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA	District: 07	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Buchanan, Vernon, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 16

Date of Disbursement  
MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number  
**C** C00412759  
**Transaction ID : 12699566**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Foster For Congress**

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Foster, G. William (Bill), , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 11

Date of Disbursement  
MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number  
**C** C00435099  
**Transaction ID : 12699567**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kay Granger Campaign Fund**

Mailing Address 1701 River Run  
Ste 308

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Granger, Kay, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 12

Date of Disbursement  
MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number  
**C** C00310532  
**Transaction ID : 12699568**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends for Gregory Meeks</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 153-01 Jamaica Avenue Suite 535		FEC Identification Number C C00430991 <b>Transaction ID : 12699569</b>
City Jamaica	State NY	Zip Code 11432
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Meeks, Gregory, W., ,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Tom Rice For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address P.O. Box 70098		FEC Identification Number C C00506048 <b>Transaction ID : 12699570</b>
City Myrtle Beach	State SC	Zip Code 29572
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Rice, Tom, , ,</b>		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Adrian Smith For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 3321 Avenue I Suite 6		FEC Identification Number C C00412890 <b>Transaction ID : 12699571</b>
City Scottsbluff	State NE	Zip Code 69361
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Smith, Adrian, , ,</b>		Amount of Each Disbursement this Period 500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Darren Soto For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address P.O. Box 420239		FEC Identification Number C C00581074 <b>Transaction ID : 12699572</b>
City Kissimmee	State FL	Zip Code 34742
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Soto, Darren, , ,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 09	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Elise For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 500		FEC Identification Number C C00547893 <b>Transaction ID : 12699573</b>
City Glens Falls	State NY	Zip Code 12801
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Stefanik, Elise, M., ,</b>		Amount of Each Disbursement this Period 3000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 21	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Elise For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 500		FEC Identification Number C C00547893 <b>Transaction ID : 12699574</b>
City Glens Falls	State NY	Zip Code 12801
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Stefanik, Elise, M., ,</b>		Amount of Each Disbursement this Period 1500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 21	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Vargas For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 330 Encinitas Blvd Suite 101		FEC Identification Number C C00497321 <b>Transaction ID : 12699575</b>
City Encinitas	State CA	Zip Code 92024
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Vargas, Juan, Carlos, ,</b>		Amount of Each Disbursement this Period 250.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 51	

Full Name (Last, First, Middle Initial) <b>B. Vargas For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 330 Encinitas Blvd Suite 101		FEC Identification Number C C00497321 <b>Transaction ID : 12699576</b>
City Encinitas	State CA	Zip Code 92024
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Vargas, Juan, Carlos, ,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 51	

Full Name (Last, First, Middle Initial) <b>C. Walorski For Congress Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 954		FEC Identification Number C C00468579 <b>Transaction ID : 12699577</b>
City Mishawaka	State IN	Zip Code 46546
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Walorski Swihart, Jackie, ,</b>		Amount of Each Disbursement this Period 2000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walorski For Congress Inc**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Walorski Swihart, Jackie, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C00468579

**Transaction ID : 12699578**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walters For Congress**

Mailing Address 9070 Irvine Center Drive #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Walters, Mimi, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C00546853

**Transaction ID : 12699579**

Amount of Each Disbursement this Period

4000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Walters For Congress**

Mailing Address 9070 Irvine Center Drive #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Walters, Mimi, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2018

FEC Identification Number

C00546853

**Transaction ID : 12699580**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5500.00

79000.00