

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New York Life Insurance Company Political Action Committee

ADDRESS (number and street)

51 Madison Ave.

Room 1109

☐ Check if different
than previously
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00158881

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☒ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Helen Stagias

Signature of Treasurer

Electronically Filed by Helen Stagias

Date

07

26

2007

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

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		284752.02
(b) Cash on Hand at Beginning of Reporting Period	256902.64	
(c) Total Receipts (from Line 19)	356982.86	667419.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	613885.50	952171.50
7. Total Disbursements (from Line 31)	261367.72	599653.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	352517.78	352517.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

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	236100.94	375382.26
(i) Itemized (use Schedule A)	120881.92	292037.22
(ii) Unitemized	356982.86	667419.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	356982.86	667419.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	356982.86	667419.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	356982.86	667419.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	201850.00	525350.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	42017.72	42803.72
(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))	42017.72	42803.72
29. Other Disbursements.....	17500.00	31500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	261367.72	599653.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	261367.72	599653.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	356982.86	667419.48
34. Total Contribution Refunds (from Line 28(d))	42017.72	42803.72
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	314965.14	624615.76
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 395

(check only one)

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

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

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Donoho

Mailing Address 2901 Caroline
PO Box 487

City State Zip Code
Mount Vernon IL 62864-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: 317787

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr. William F. Johnson

Mailing Address 4 Primrose Circle

City State Zip Code
Signal Mountain TN 37377-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: 317788

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Jenny Kho

Mailing Address 77 Cumberland Drive

City State Zip Code
Yonkers NY 10704-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: 317789

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Christie S. Mueller
Mailing Address 6841 Ripley Lane N

City State Zip Code
Renton WA 98056-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: 317790

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)
Mr. William F. Murphy
Mailing Address 233 Linkside Circle

City State Zip Code
Ponte Vedra FL 32082-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 5

Transaction ID: 317792

Amount of Each Receipt this Period

390.00

C. Full Name (Last, First, Middle Initial)
Mr. Sharif S. Ali
Mailing Address 13710 Hidden Dell Court

City State Zip Code
Houston TX 77059-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-570.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227744

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$660.00 This changes the YTD Total to \$-570.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kurt Anderson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 13038 Village Chase Circle		Transaction ID: 3227745
City State Zip Code Tampa FL 33618-8359	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Sales Development Manager	[MEMO ITEM] Refund(s) on Schedule B Totaling \$333.32 This changes the YTD Total to \$66-6.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

B. Full Name (Last, First, Middle Initial) Mr. Thomas W. Blohm		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 2816 Broadview Terrace		Transaction ID: 3227746
City State Zip Code Annapolis MD 21401-7233	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$540.00 This changes the YTD Total to \$-4-80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -480.00	

C. Full Name (Last, First, Middle Initial) Mr. Frank A. Boccio		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 280 Atlantic Avenue Apt. 114		Transaction ID: 3227747
City State Zip Code East Rockaway NY 11518-1130	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$237.55 This changes the YTD Total to \$-1-75.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -175.03	

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Delma Bolden
Mailing Address 4567 Merrill Avenue

City State Zip Code
Oakland CA 94619-2737

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-344.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227748

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$404.01 This changes the YTD Total to \$-3-44.01

B. Full Name (Last, First, Middle Initial)
Ms. Celia N. Boyd
Mailing Address 419A Decatur Street

City State Zip Code
Brooklyn NY 11233-1507

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-600.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227749

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$715.90 This changes the YTD Total to \$-6-00.40

C. Full Name (Last, First, Middle Initial)
Mr. Jorge Burgoa
Mailing Address 3451 Southwest 137 Avenue

City State Zip Code
Miramar FL 33027-3204

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227750

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$450.00 This changes the YTD Total to \$-4-50.00

SUBTOTAL of Receipts This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Clifford G. Canavera
Mailing Address 448 Pine Point Road

City State Zip Code
Brandenburg KY 40108-7119

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-125.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227751

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$275.00 This changes the YTD Total to \$-1-25.00

B. Full Name (Last, First, Middle Initial)
Ms. Cathy Casper
Mailing Address 881 Cupp Ridge Road

City State Zip Code
New Tazewell TN 37825-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-704.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227752

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$854.00 This changes the YTD Total to \$-7-04.00

C. Full Name (Last, First, Middle Initial)
Mr. Jun R. Chen
Mailing Address 1640 74th Street

City State Zip Code
Brooklyn NY 11204-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-136.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227753

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$202.00 This changes the YTD Total to \$-1-36.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Lance Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 8290 Lake Drive Apt. 101		Transaction ID: 3227754
City Doral	State FL	Zip Code 33166-4670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$660.00 This changes the YTD Total to \$-5-70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -570.00	

B. Full Name (Last, First, Middle Initial) Ms. Cynthia Jo Deberg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 907 Crestridge Drive		Transaction ID: 3227755
City Kearney	State MO	Zip Code 64060-7174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$-2-50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -250.00	

C. Full Name (Last, First, Middle Initial) Mr. Sergy Dorfman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 1401 E San Angelo Avenue		Transaction ID: 3227756
City Gilbert	State AZ	Zip Code 85234-3628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	[MEMO ITEM] Refund(s) on Schedule B Totaling \$364.11 This changes the YTD Total to \$-3-12.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -312.09	

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Clay Doss, Jr.

Mailing Address 215 Lakeside Drive

City State Zip Code
 Kennesaw GA 30144-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-570.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227757

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$660.00 This changes the YTD Total to \$-570.00

B. Full Name (Last, First, Middle Initial)

Mr. Khashayar Dowlathshahi

Mailing Address 14430 Benefit Street
 North 101

City State Zip Code
 Sherman Oaks CA 91423-4057

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-464.01

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227758

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$554.01 This changes the YTD Total to \$-64.01

C. Full Name (Last, First, Middle Initial)

Ms. Violet Ertel

Mailing Address 33 Zion Street

City State Zip Code
 Kenner LA 70065-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-329.46

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227759

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$381.48 This changes the YTD Total to \$-29.46

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Olivia Fischer
Mailing Address 15461 3 Fathoms Bk

City State Zip Code
Crps Christi TX 78418-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-416.16

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227760

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$468.18 This changes the YTD Total to \$-4-16.16

B. Full Name (Last, First, Middle Initial)
Ms. Susan D'Ettorre Friedman
Mailing Address 10923 NW 18th Place

City State Zip Code
Plantation FL 33322-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friedman

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227761

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$210.00 This changes the YTD Total to \$-2-10.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Heise
Mailing Address 6100 W Stonehedge Drive Apt. 322B

City State Zip Code
Greenfield WI 53220-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-339.99

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227762

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$459.99 This changes the YTD Total to \$-3-39.99

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ernesto Herrera
Mailing Address 609 Meadow Willow Drive

City State Zip Code
El Paso TX 79922-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-465.15

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227763

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$615.15 This changes the YTD Total to \$-4-65.15

B. Full Name (Last, First, Middle Initial)
Mr. Jostelyn Heslop
Mailing Address 2181 Madison Avenue

City State Zip Code
New York NY 10037-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-309.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227764

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$429.99 This changes the YTD Total to \$-3-09.99

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Hill
Mailing Address 673 2nd Place S

City State Zip Code
Garden City NY 11530-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-136.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: 3227765

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$202.00 This changes the YTD Total to \$-1-36.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Swee Lin Hines		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 3494 Hines Circle		Transaction ID: 3227766
City Anchorage	State AK	Zip Code 99516-7615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -225.00	

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$225.00 This changes the YTD Total to \$-2-25.00

B. Full Name (Last, First, Middle Initial) Mr. Ronald A. Hoffman Clu		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 7 Wilma Drive		Transaction ID: 3227767
City Lancaster	State NY	Zip Code 14086-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -720.00	

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$810.00 This changes the YTD Total to \$-7-20.00

C. Full Name (Last, First, Middle Initial) Mr. Asif Huda		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 3625 Santa Elena Circle		Transaction ID: 3227768
City Corona	State CA	Zip Code 92882-7913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -349.97	

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$499.97 This changes the YTD Total to \$-3-49.97

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Donald Jackson
Mailing Address 1610 S Bonham St.

City State Zip Code
Amarillo TX 79102-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-225.42

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227769

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$225.42 This changes the YTD Total to \$-2-25.42

B. Full Name (Last, First, Middle Initial)
Mr. Hagop Nerses Kazizian
Mailing Address 2516 Redfish Drive

City State Zip Code
Texas City TX 77591-9242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-136.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227770

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$202.00 This changes the YTD Total to \$-1-36.00

C. Full Name (Last, First, Middle Initial)
Mr. Tariq N. Khan
Mailing Address 4610 Sylvan Glen Drive

City State Zip Code
Houston TX 77084-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227771

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$260.00 This changes the YTD Total to \$-2-60.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Terry L. Lewis
Mailing Address 20010 Kingsland

City State Zip Code
Katy TX 77450-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-437.16

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227772

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$499.68 This changes the YTD Total to \$-4-37.16

B. Full Name (Last, First, Middle Initial)
Mr. Jim Littlefield
Mailing Address 11 Potters Avenue

City State Zip Code
St. Albans VT 05478-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-416.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227773

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$520.00 This changes the YTD Total to \$-4-16.00

C. Full Name (Last, First, Middle Initial)
Mr. Chien-Te Lu
Mailing Address 20318 Julliard Drive

City State Zip Code
Walnut CA 91789-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-419.97

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227774

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$569.97 This changes the YTD Total to \$-4-19.97

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kutty Mathai		Date of Receipt
Mailing Address 3182 Allison Court		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
City Tallahassee	State FL	Zip Code 32304
FEC ID number of contributing federal political committee.		Transaction ID: 3227775
Name of Employer New York Life Insurance Company		Amount of Each Receipt this Period
Occupation Agent		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] Refund(s) on Schedule B Totaling \$705.00 This changes the YTD Total to \$-7-05.00
Aggregate Year-to-Date ▼ -705.00		

B. Full Name (Last, First, Middle Initial) Mr. Matthew McGuire		Date of Receipt
Mailing Address 10401 Cascade Drive		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
City Denton	State TX	Zip Code 76207-8658
FEC ID number of contributing federal political committee.		Transaction ID: 3227776
Name of Employer New York Life Insurance Company		Amount of Each Receipt this Period
Occupation Agent		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] Refund(s) on Schedule B Totaling \$810.00 This changes the YTD Total to \$-7-20.00
Aggregate Year-to-Date ▼ -720.00		

C. Full Name (Last, First, Middle Initial) Mr. Thomas R. Melendy		Date of Receipt
Mailing Address 218 Tirrell Hill Road		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
City Goffstown	State NH	Zip Code 03045-2727
FEC ID number of contributing federal political committee.		Transaction ID: 3227777
Name of Employer New York Life Insurance Company		Amount of Each Receipt this Period
Occupation Agent		0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] Refund(s) on Schedule B Totaling \$520.67 This changes the YTD Total to \$-4-58.15
Aggregate Year-to-Date ▼ -458.15		

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Lawrence Miller
Mailing Address 4 Horseshoe Lane

City State Zip Code
Commack NY 11725-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-458.15

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227778

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$520.67 This changes the YTD Total to \$-4-58.15

B. Full Name (Last, First, Middle Initial)
Mr. Mozaffar Morowati
Mailing Address 5736 Wallis Lane

City State Zip Code
Woodland Hills CA 91367-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-504.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227779

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$540.32 This changes the YTD Total to \$-5-04.32

C. Full Name (Last, First, Middle Initial)
Mr. Narendra Parikh
Mailing Address 1363 Omara Drive

City State Zip Code
Union NJ 07083-5210

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227780

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$810.00 This changes the YTD Total to \$-7-20.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian D. Parker

Mailing Address 2211 May Wine Lane

City State Zip Code
O'Fallon MO 63366-8242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-440.46

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227781

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$440.46 This changes the YTD Total to \$-4-40.46

B. Full Name (Last, First, Middle Initial)
Mr. Bhaveshkumar Patel

Mailing Address 41-15 50th Street
Apt. 1A

City State Zip Code
Woodside NY 11377-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-416.16

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227782

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$468.18 This changes the YTD Total to \$-4-16.16

C. Full Name (Last, First, Middle Initial)
Mr. Ulric Phillip

Mailing Address 1860 Flushing Avenue
Apt. 3L

City State Zip Code
Ridgewood NY 11385-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-455.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227783

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$530.02 This changes the YTD Total to \$-4-55.02

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. JERRY N PHILLIPS

Mailing Address 375 E Manley Avenue Unit 5

City State Zip Code
Southern Pns NC 28387-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-458.18

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227784

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$520.70 This changes the YTD Total to \$-4-58.18

B. Full Name (Last, First, Middle Initial)
Ms. Kimberly Pillow

Mailing Address 2503 W River Rd. Ex

City State Zip Code
Greenwood MS 38930-4947

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-416.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227785

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$416.00 This changes the YTD Total to \$-4-16.00

C. Full Name (Last, First, Middle Initial)
Mr. Mike Presley

Mailing Address 441 Towne Lake Place

City State Zip Code
Montgomery AL 36117-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227786

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$445.00 This changes the YTD Total to \$-3-85.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark S. Proman
Mailing Address 6383 Northwest 23rd Way

City State Zip Code
Boca Raton FL 33496-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-1248.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227787

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$1404.00 This changes the YTD Total to \$-1248.00

B. Full Name (Last, First, Middle Initial)
Ms. Sonia Roman
Mailing Address 144 Central Avenue
Apt. 2

City State Zip Code
Jersey City NJ 07306-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-288.10

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227788

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$288.10 This changes the YTD Total to \$-288.10

C. Full Name (Last, First, Middle Initial)
Mr. Robert Rosenberg
Mailing Address 171 E 84th Street

City State Zip Code
New York NY 10028-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-324.97

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227789

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$474.97 This changes the YTD Total to \$-324.97

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Rajini Saggar Mailing Address 1783 Somerset Lane City State Zip Code Mundelein IL 60060-5362 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -416.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: 3227790 Amount of Each Receipt this Period 0.00 [MEMO ITEM] Refund(s) on Schedule B Totaling \$416.00 This changes the YTD Total to \$-416.00
B. Full Name (Last, First, Middle Initial) Mr. Arish Kumar Sahani Mailing Address 54-15 108th Street City State Zip Code Corona NY 11368-3913 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: 3227791 Amount of Each Receipt this Period 0.00 [MEMO ITEM] Refund(s) on Schedule B Totaling \$500.04 This changes the YTD Total to \$0.00
C. Full Name (Last, First, Middle Initial) Ms. Molly K. Sammons Mailing Address 5978 Annaberg Place City State Zip Code Burke VA 22015-2832 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Co. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -225.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: 3227792 Amount of Each Receipt this Period 0.00 [MEMO ITEM] Refund(s) on Schedule B Totaling \$225.00 This changes the YTD Total to \$-225.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth P. Scott, Jr., Jr.

Mailing Address 5804 Christopher Lane

City State Zip Code
 Richmond VA 23226-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-125.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227793

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$275.00 This changes the YTD Total to \$-1-25.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Shinn

Mailing Address 11781 N Lower Sacramento Road

City State Zip Code
 Lodi CA 95242-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-125.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227794

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$215.00 This changes the YTD Total to \$-1-25.00

Full Name (Last, First, Middle Initial)

C. Mr. Den Stubblefield

Mailing Address 5727 N Farris

City State Zip Code
 Fresno CA 93711-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-4000.18

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227795

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$4500.22 This changes the YTD Total to \$-4000.18

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Sullivan

Mailing Address 204 Paseo Arboles

City State Zip Code
Fairfield CA 94534-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-2965.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227796

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$3132.16 This changes the YTD Total to \$-2965.48

B. Full Name (Last, First, Middle Initial)

Mr. Leon Tacher

Mailing Address 3155 Avenue W

City State Zip Code
Brooklyn NY 11229-5962

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227797

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$680.00 This changes the YTD Total to \$-470.00

C. Full Name (Last, First, Middle Initial)

Mr. Anthony J. Taylor

Mailing Address 4672 Country Club Drive

City State Zip Code
Highland UT 84003-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227798

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$125.00 This changes the YTD Total to \$12-5.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wyllys Taylor
Mailing Address PO Box 248 Oad

City State Zip Code
Landrum SC 29356-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-576.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227799

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$648.00 This changes the YTD Total to \$-576.00

B. Full Name (Last, First, Middle Initial)
Mr. Jerome A. Timmermann
Mailing Address 64 Windsor Lane

City State Zip Code
Breeze IL 62230-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227800

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$300.00 This changes the YTD Total to \$0.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Tooke
Mailing Address 3033 Curry Lane

City State Zip Code
Carmel IN 46033-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227801

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Robert Vest		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 4303 E Cactus Road Apt. 1088		Transaction ID: 3227802
City State Zip Code Phoenix AZ 85032-7638	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$660.00 This changes the YTD Total to \$-5-70.00
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -570.00	

B. Full Name (Last, First, Middle Initial) Mr. Juan Villarreal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 2442 S Oakley Avenue #1		Transaction ID: 3227803
City State Zip Code Chicago IL 60608-4930	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$268.77 This changes the YTD Total to \$-2-68.77
Name of Employer New York Life Insurance Co.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -268.77	

C. Full Name (Last, First, Middle Initial) Ms. Michelle T. Wang		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 11945 Long Leaf Lane		Transaction ID: 3227804
City State Zip Code Houston TX 77024-7105	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Refund(s) on Schedule B Totaling \$520.67 This changes the YTD Total to \$-4-58.15
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -458.15	

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. David Weber

Mailing Address 6 Getzel Berger Boulevard
Unit 201

City State Zip Code
Monroe NY 10950-6315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-416.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227805

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$468.18 This changes the YTD Total to \$-4-16.16

B. Full Name (Last, First, Middle Initial)

Ms. Ying Wei

Mailing Address 171 Lawn Lane

City State Zip Code
Upper Brookville NY 11771-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227806

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$275.00 This changes the YTD Total to \$-1-25.00

C. Full Name (Last, First, Middle Initial)

Mr. William E. Weimer

Mailing Address 1122 Bentwater Drive

City State Zip Code
Montgomery TX 77356-8295

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-250.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227807

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$312.59 This changes the YTD Total to \$-2-50.07

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven G. Weinkle
Mailing Address 1657 Passion Vine Circle

City State Zip Code
Weston FL 33327-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227808

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$480.00 This changes the YTD Total to \$-3-90.00

B. Full Name (Last, First, Middle Initial)
Mr. Terance Weis
Mailing Address 3630 Arrow Avenue

City State Zip Code
Bismarck ND 58504-9643

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Co.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-355.47

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 3227809

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$355.47 This changes the YTD Total to \$-55.47

C. Full Name (Last, First, Middle Initial)
Ms. Fern D. Weizner
Mailing Address 27 Gatto Lane

City State Zip Code
Pearl River NY 10965-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Administrative Field Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-471.81

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: 3227810

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$543.96 This changes the YTD Total to \$-71.81

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Sharon Welch-Blair Mailing Address 2120 S Louisana Street City Little Rock State AR Zip Code 72206-1522 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5 Transaction ID: 325509 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Dale Lazzarone Mailing Address 4165 Caughlin Parkway City Reno State NV Zip Code 89509-0601 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 374.98			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: 326922 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Pat Nowak Mailing Address 98 Logwood Street City South Burlington State VT Zip Code 05403-6444 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR100274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

656.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mel M. Adams
Mailing Address 11333 Warbonnet

City State Zip Code
El Paso TX 79936-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1005274

Amount of Each Receipt this Period

186.00

P/R Deduction (\$31.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Archie L. Maybank
Mailing Address 235 W 139th Street

City State Zip Code
New York NY 10030-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1011274

Amount of Each Receipt this Period

165.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. C. Ernie Nivens
Mailing Address 3320 Randolph Park Cr

City State Zip Code
Gastonia NC 28056-6675

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1013274

Amount of Each Receipt this Period

328.02

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

679.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas H. Herlong, Sr.
Mailing Address 65 Bouknight Road

City State Zip Code
Johnston SC 29832-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1014274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John A. Thompson, Jr.
Mailing Address PO Box 46

City State Zip Code
Liberty Hill SC 29074-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1020274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Hoyt L. Holt, Jr.
Mailing Address 321 Davis Road

City State Zip Code
Richmond Hill GA 31324-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1027274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

518.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jason L. Hooz
Mailing Address 4235 Bain Avenue

City State Zip Code
Santa Cruz CA 95062-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Tom Flournoy, Jr.
Mailing Address 2014 Carlyle Place
5300 Zebulon Road

City State Zip Code
Macon GA 31210-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1036274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Billy Joe Watson
Mailing Address 3435 Indian Lake Trail

City State Zip Code
Pelham AL 35124-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1037274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

612.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Mary H. Anderson
Mailing Address 2505 Country Club Road

City State Zip Code
Winston-Salem NC 27104-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1047274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jerry L. Spivey
Mailing Address 1307 Fairway Drive

City State Zip Code
Elberton GA 30635-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1048274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Warren Budd, Jr.
Mailing Address PO Box 1723

City State Zip Code
Newnan GA 30264-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1050274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Thomas H. Smoot, II Mailing Address 102 Park Avenue PO Box 21755 City St. Simons Island State GA Zip Code 31522-0855 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1052274 Amount of Each Receipt this Period 499.98 P/R Deduction (\$83.33 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Dean H. Grant Mailing Address 3669 Sussex Drive City Milledgeville State GA Zip Code 31061-9382 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1058274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Kevin S. Odell Mailing Address 114 Perkins Mill Lane PO Box 889 City Claxton State GA Zip Code 30417-0889 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1064274 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1155.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark Sigmund
Mailing Address 6697 Woodberry Road

City State Zip Code
Columbus GA 31904-2296

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1066274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Kermit R. Griner
Mailing Address 305 Crestfield Drive

City State Zip Code
Columbus GA 31904-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1068274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Ted Champaneria
Mailing Address 1612 Magnolia Drive

City State Zip Code
Murfreesboro TN 37129-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1070274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

552.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kent E. Moss Mailing Address 11409 Paldao Road City Tampa State FL Zip Code 33618-3923 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1078274 Amount of Each Receipt this Period 700.00 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Jay A. Ginn, III Mailing Address 401 Prince Road City St. Augustine State FL Zip Code 32086-4906 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1082274 Amount of Each Receipt this Period 168.00 P/R Deduction (\$28.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Reggie Sedita Mailing Address 5155 Isla Key Boulevard #402 City St. Petersburg State FL Zip Code 33715-1689 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1086274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1018.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Salwyn M. Parker

Mailing Address 505 Woodbine Lane

City State Zip Code
 El Paso TX 79912-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1092274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Frank B. Dolph, III

Mailing Address 631 Intracoastal Drive

City State Zip Code
 Fort Lauderdale FL 33304-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1098274

Amount of Each Receipt this Period

390.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Bailey

Mailing Address 309 Redwing Lane

City State Zip Code
 St. Augustine FL 32084-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1106274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas G. Krach

Mailing Address 20670 Westminster Drive

City State Zip Code
Strongsville OH 44149-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1111274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Janice M. Snyder

Mailing Address 03369 County Rd. M

City State Zip Code
Edon OH 43518-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1112274

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City State Zip Code
Cincinnati OH 45255-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1114274

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.04

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 40 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City	State	Zip Code
Mission Viejo	CA	92692-4703

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.80

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1117274

Amount of Each Receipt this Period

281.28

P/R Deduction (\$83.34 Mon-
thly)**B.** Full Name (Last, First, Middle Initial)

Mr. David R. Colflesh

Mailing Address 905 Olive
PO Box 37

City	State	Zip Code
Tarkio	MO	64491-0037

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1118274

Amount of Each Receipt this Period

249.96

P/R Deduction (\$41.66 Mon-
thly)**C.** Full Name (Last, First, Middle Initial)

Mr. Wayne E. Bragg

Mailing Address 5433 Senford Avenue

City	State	Zip Code
Los Angeles	CA	90056-1028

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1125274

Amount of Each Receipt this Period

975.00

P/R Deduction (\$75.00 Bi-
Weekly)**SUBTOTAL** of Receipts This Page (optional)

1506.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Pamela A. Walton
Mailing Address 1907 Eagle Meadow

City State Zip Code
San Antonio TX 78248-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1126274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Timothy I. Miller
Mailing Address 285 Main Street

City State Zip Code
Dunstable MA 01827-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Kim D. King
Mailing Address 8037 Lea Court

City State Zip Code
Holland OH 43528-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1128274

Amount of Each Receipt this Period

360.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

841.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. J. Peter Lyons
Mailing Address 54 Cranmore Road

City State Zip Code
Wellesley MA 02181-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113274

Amount of Each Receipt this Period

500.10

P/R Deduction (\$83.35 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Larry E. Beebe
Mailing Address 3209 Stone Wall Road

City State Zip Code
Maumee OH 43537-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1134274

Amount of Each Receipt this Period

200.01

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Bill Hensel
Mailing Address PO Box 132

City State Zip Code
Strasburg OH 44680-0132

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1139274

Amount of Each Receipt this Period

420.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1120.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Scott Wilcox
Mailing Address 11609 Kings Circle

City State Zip Code
Oklahoma City OK 73162-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1141274

Amount of Each Receipt this Period

290.00

P/R Deduction (\$55.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. William H. Werfelman, Jr.
Mailing Address 195 Gallows Hill Road

City State Zip Code
Redding CT 06896-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.91

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR114274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jeff King
Mailing Address 8037 Lea Court

City State Zip Code
Holland OH 43528-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1143274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael A. Rudolph Mailing Address 200 Morgan Circle City Oxford State OH Zip Code 45056-9403 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1144274 Amount of Each Receipt this Period 120.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. James R. Vavra Mailing Address 461 Northwest Riven Rock Place City Lees Summit State MO Zip Code 64081-2092 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1154274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Michael C. Quilter Mailing Address PO Box 443 City London State OH Zip Code 43140-0443 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1155274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Tom Staebler Mailing Address 7303 Red Bank Road City State Zip Code Westerville OH 43082-8241 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1165274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Barbara F. Hinebaugh Mailing Address 3201 Westmont Place City State Zip Code the Villages FL 32162-7640 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1175274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Dave Baker Mailing Address 31686 Lake Road City State Zip Code Bay Village OH 44140-1027 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1176274 Amount of Each Receipt this Period 844.00 P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1354.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven D. Meier
Mailing Address 4575 Lanercost Way

City State Zip Code
Columbus OH 43220-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1180274

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Andrew N. Reiss
Mailing Address 1288 Bridle Estates Drive

City State Zip Code
Yardley PA 19067-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR118274

Amount of Each Receipt this Period

209.95

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

C. Full Name (Last, First, Middle Initial)
Mr. Joseph B. Sculler
Mailing Address 17117 Stare Street

City State Zip Code
Northridge CA 91325-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1185274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

615.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Fred Eisner Mailing Address 432 E Glengary Circle City Highland Heights State OH Zip Code 44143-3623 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1188274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Janet B. Spector Mailing Address 802 Lakeglen Drive City Suwanee State GA Zip Code 30024-3464 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1189274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Thomas W. Paul Mailing Address 16201 Chancellors Ridge Way City Noblesville State IN Zip Code 46062-7138 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1190274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

586.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Peter W. Scheid
Mailing Address 3175 Scarborough Road

City State Zip Code
Cleveland Heights OH 44118-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1191274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Rene J. Johnson
Mailing Address 2632 Harding Road

City State Zip Code
Lafayette IN 47903-9431

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1199274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Vahala
Mailing Address 500 Cedar Elm Court

City State Zip Code
Irving TX 75063-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1206274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Daniel M. Nichols

Mailing Address 32 Riverband Road

City State Zip Code
 Trumbull CT 06611-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR121274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$15.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. James Kageleiry

Mailing Address 8 Hayes Lane

City State Zip Code
 Dover NH 03820-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. David E. Levee

Mailing Address 982 Vernon Avenue

City State Zip Code
 Glencoe IL 60022-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1229274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

516.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee

City State Zip Code
 Valparaiso IN 46383-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1252274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Joseph H. D. Lee, Sr.

Mailing Address 16640 Kehrs Grove

City State Zip Code
 Chesterfield MO 63005-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1254274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Harlow C. Johnson

Mailing Address 1070 Lakeview Way

City State Zip Code
 Emerald Hills CA 94062-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1255274

Amount of Each Receipt this Period

160.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Raman K. Patel

Mailing Address 3281 Pleasant Run

City State Zip Code
 Northbrook IL 60062-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1259274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Greg True

Mailing Address 719 Council Hill

City State Zip Code
 East Dundee IL 60118-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1263274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Larry D. Massey

Mailing Address 3761 Mountain Way Cove

City State Zip Code
 Snellville GA 30039-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1266274

Amount of Each Receipt this Period

206.26

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

962.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Tom Gavin Mailing Address 449 Vista Court City Benicia State CA Zip Code 94510-2715 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1020.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1268274 Amount of Each Receipt this Period 510.00 P/R Deduction (\$85.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Jeffrey R. Donoho Mailing Address 2901 Caroline PO Box 487 City Mount Vernon State IL Zip Code 62864-0010 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1269274 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Amrit Mittal Mailing Address 215 Rugeley Rdd City Western Springs State IL Zip Code 60558-1954 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1279274 Amount of Each Receipt this Period 504.00 P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1214.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ricardo Alfonso
Mailing Address 11 Kensington Drive

City State Zip Code
North Barrin IL 60010-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1283274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$75.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. David Aaron Graff
Mailing Address 305 Discovery Court

City State Zip Code
Colorado Springs CO 80919-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1302274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Martin B. Johnston
Mailing Address 55 Copper Creek Circle

City State Zip Code
Newtown CT 06470-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR130274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven J. Heussner

Mailing Address 2717 Brookside Lane

City State Zip Code
McKinney TX 75070-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1307274

Amount of Each Receipt this Period

504.00

P/R Deduction (\$84.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Deanna S. Leicht

Mailing Address 13000 Bunkerhill Road

City State Zip Code
Pleasant Lake MI 49227-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1309274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Frederick J. Sievert

Mailing Address 260 S Lake Drive

City State Zip Code
Stamford CT 06903-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1312274

Amount of Each Receipt this Period

223.60

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

SUBTOTAL of Receipts This Page (optional)

847.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Cynthia Green
Mailing Address 1108 Southridge Road

City State Zip Code
Lansing MI 48917-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1321274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Ronald J. LeFrancois
Mailing Address 4336 Verplanck Place Northwest

City State Zip Code
Washington DC 20016-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR132274

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert V. Schechter
Mailing Address 1448 Lakewood Drive

City State Zip Code
Bloomfld Hills MI 48302-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1323274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

617.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. G. Joseph Pasman, Jr.

Mailing Address 7397 Heather Ridge Southeast

City State Zip Code
Caledonia MI 49316-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1330274

Amount of Each Receipt this Period

204.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey W. Slattery

Mailing Address 4052 Walton Ridge Court

City State Zip Code
Mason OH 45040-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1331274

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

C. Mr. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City State Zip Code
Sylvania OH 43560-9452

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1334274

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1029.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Varda Naomi Fink

Mailing Address 13325 Old Forge Road

City State Zip Code
Silver Spring MD 20904-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1335274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Gary E. Wendlandt

Mailing Address 45 Gramercy Park North
Apt. 2B

City State Zip Code
New York NY 10010-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1349274

Amount of Each Receipt this Period

223.60

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

C. Full Name (Last, First, Middle Initial)
Mr. Gerry Stadler

Mailing Address E10011 Fawn Lane

City State Zip Code
Reedsburg WI 53959-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1351274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

823.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas J. Genera

Mailing Address 66 River Street

City State Zip Code
 Guilford CT 06437-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR135274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Ken Olson

Mailing Address N6591 Potter Road
 PO Box 100

City State Zip Code
 Black River Falls WI 54615-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1356274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. John R. Jagger

Mailing Address 1085 Lullwater Road

City State Zip Code
 Atlanta GA 30307-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.42

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1360274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

906.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. George N. Ridings Mailing Address 887 West Main Street PO Box 1750 City Richmond State KY Zip Code 40476-1750 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 271.70		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1362274 Amount of Each Receipt this Period 156.68 P/R Deduction (\$40.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. John F. O'Brien Mailing Address 131 Trumbull Lane City South Windsor State CT Zip Code 06074-2370 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Regional Manager - Annuity Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR136274 Amount of Each Receipt this Period 150.02 P/R Deduction (\$11.54 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. R. Keith Bowman Mailing Address 8706 Glenfield Way City Louisville State KY Zip Code 40241-2533 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1365274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. George Nichols, III Mailing Address 10010 Gary Road City Potomac State MD Zip Code 20854-4149 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1372274 Amount of Each Receipt this Period 500.11 P/R Deduction (\$38.47 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Robert Anthony Tewes Mailing Address 3523 Reeves Drive City Fort Wright State KY Zip Code 41017-9436 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1374274 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Robert H. Quaife Mailing Address 7223 Old Clore Lane City Prospect State KY Zip Code 40059-8580 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1376274 Amount of Each Receipt this Period 102.00 P/R Deduction (\$17.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

722.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J. Murray, Jr.

Mailing Address 65 Spinning Wheel

City State Zip Code
 Trumbull CT 06611-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR139274

Amount of Each Receipt this Period

338.00

P/R Deduction (\$26.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Donald E. Helms

Mailing Address 11508 Big Canoe
 367 Laurel Ridge Trail

City State Zip Code
 Jasper GA 30143-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1396274

Amount of Each Receipt this Period

192.35

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

Full Name (Last, First, Middle Initial)

C. Mr. Norman M. Bryant

Mailing Address 14911 Forest Oaks Drive

City State Zip Code
 Louisville KY 40245-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1402274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

855.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 395

(check only one)

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

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

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Burt
Mailing Address 3018 Colonial Hill Road

City State Zip Code
Louisville KY 40205-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1403274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Terry H. Hood
Mailing Address 105 Evergreen Drive

City State Zip Code
Florence AL 35630-6917

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1406274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Bill Kimbrough
Mailing Address 5096 Cypress Lake Drive

City State Zip Code
Lake Park GA 31636-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1409274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

606.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jon Sellers Mailing Address 7756 J H Sellers Road City State Zip Code River Falls AL 36476 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1411274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Steven R. Kaneshi Mailing Address 9692 Sterling Point Court City State Zip Code Loomis CA 95650-7120 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1412274 Amount of Each Receipt this Period 499.98 P/R Deduction (\$83.33 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Horace Powell Mailing Address 943 E Main Street City State Zip Code Prattville AL 36067-5654 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1413274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

811.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. James E. Mason Mailing Address 3241 Circle Drive City Hopkinsville State KY Zip Code 42240-4807 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1414274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Lloyd R. Wilson Mailing Address 3148 Pine Ridge Road City Birmingham State AL Zip Code 35213-3906 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1416274 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Ross-Morris Sims Mailing Address 91 Valley View Road City Cortlandt Manor State NY Zip Code 10567-1235 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1421274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

981.04

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 65 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael A. Watson Mailing Address 790 Amsterdam Avenue #3B City State Zip Code New York NY 10025-5708 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1422274 Amount of Each Receipt this Period 780.00 P/R Deduction (\$60.00 Bi-Weekly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation First V.P. & Deputy General Counsel Aggregate Year-to-Date ▼ 1407.76				
B. Full Name (Last, First, Middle Initial) Mr. R. Frank Avrett Mailing Address 4343 N Scottsdale Road Suite 220 City State Zip Code Scottsdale AZ 85251-3344 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1423274 Amount of Each Receipt this Period 507.00 P/R Deduction (\$39.00 Bi-Weekly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Managing Partner Aggregate Year-to-Date ▼ 916.00				
C. Full Name (Last, First, Middle Initial) Mr. Tim Ellen Mailing Address 113 Highland Point Drive City State Zip Code La Grange GA 30240-3791 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1428274 Amount of Each Receipt this Period 222.64 P/R Deduction (\$42.00 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 430.60				

SUBTOTAL of Receipts This Page (optional)

1509.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Wilmer S. Poynor, III, III

Mailing Address 419 Club Place

City State Zip Code
 Birmingham AL 35223-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1434274

Amount of Each Receipt this Period

375.00

P/R Deduction (\$375.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Joe W. Donaldson

Mailing Address 106 Glynlakes Drive

City State Zip Code
 Pike Road AL 36064-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1437274

Amount of Each Receipt this Period

181.26

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Vernon Mott

Mailing Address 151 County Road
 #3400

City State Zip Code
 Haleyville AL 35565-8517

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1440274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

712.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Pat Ingram Mailing Address PO Box 900 City Cleveland State MS Zip Code 38732-0900 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1449274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Jerry Coats Mailing Address 165 Pebble Beach Drive City Little Rock State AR Zip Code 72212-2645 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1020.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1456274 Amount of Each Receipt this Period 510.00 P/R Deduction (\$85.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Timothy A. Martin Mailing Address 106 Lake Shore Drive City Russellville State AR Zip Code 72802-7910 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.96			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1461274 Amount of Each Receipt this Period 124.98 P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

844.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert J. Ellwanger, Jr.

Mailing Address 430 Dunham Road

City State Zip Code
 Fairfield CT 06824-2009

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Market Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR146274

Amount of Each Receipt this Period

104.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert Winston Fulmer

Mailing Address 4315 S 35th Drive

City State Zip Code
 Fort Smith AR 72903-6406

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1465274

Amount of Each Receipt this Period

78.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas L. McConathy

Mailing Address 11813 Towering Oaks Drive

City State Zip Code
 Baton Rouge LA 70810-3162

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1469274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

377.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dan Faulk Mailing Address 12463 Coursey Boulevard City State Zip Code Baton Rouge LA 70816-4550 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1470274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Michele Guerin Mailing Address 539 Little Farms Avenue City State Zip Code River Ridge LA 70123-1311 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1489274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Charles Van Zile Mailing Address 125 Westland Place City State Zip Code West Monroe LA 71291-5431 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1492274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John Wemple
Mailing Address 7774 Copperfield Court

City State Zip Code
Baton Rouge LA 70808-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1493274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Tim C. Fitzgerald
Mailing Address 12086 Ellerbe Road

City State Zip Code
Shreveport LA 71115-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1494274

Amount of Each Receipt this Period

433.36

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael McCann
Mailing Address 17510 Galmiche Court

City State Zip Code
Chesterfield MO 63005-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1502274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

784.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Dom V. Cianciotti
Mailing Address 3 Malcoms Landing

City State Zip Code
Northport NY 11768-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.52

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR150274

Amount of Each Receipt this Period

250.52

P/R Deduction (\$83.84 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Dan Madden
Mailing Address 3990 College Street

City State Zip Code
Arcadia LA 71001-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1504274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Maurice Springer

Mailing Address 25 Hickory Place
E28

City State Zip Code
Chatham NJ 07928-1487

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Management Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1505274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

536.52

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 72 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City State Zip Code
Tulsa OK 74137-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR1507274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Stephen N. Steinig

Mailing Address 37 Westcliff Drive

City State Zip Code
Dix Hills NY 11746-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

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

Transaction ID: PR151274

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Beaver Smith

Mailing Address 3922 Patterson Road

City State Zip Code
New Orleans LA 70114-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR1515274

Amount of Each Receipt this Period

250.02

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

SUBTOTAL of Receipts This Page (optional)

835.02

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Sidney A. Triche Mailing Address 312 West 23rd PO Box 159 City Larose State LA Zip Code 70373-0159 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1516274 Amount of Each Receipt this Period 450.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 900.00 P/R Deduction (\$75.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Larry S. Richardson Mailing Address 8044 Highway 941 City Gonzales State LA Zip Code 70737-8301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1521274 Amount of Each Receipt this Period 156.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 312.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Mac Mc Conathy Mailing Address 67 McConathy Drive City Rayville State LA Zip Code 71269-6460 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1527274 Amount of Each Receipt this Period 156.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 312.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

762.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joseph Sing Bonin
Mailing Address 633 Gertrude Drive

City State Zip Code
St. Martinville LA 70582-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1530274

Amount of Each Receipt this Period

228.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Deborah Copeland
Mailing Address 6327 Zadlock Wds Drive

City State Zip Code
Austin TX 78749-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR153274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Christopher J. Prudhomme
Mailing Address 502 Princeton Woods Loop

City State Zip Code
Lafayette LA 70508-6672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1538274

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

884.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Samuel L. Hebert

Mailing Address 3307 Henderson Bayou Road

City State Zip Code
Lake Charles LA 70605-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1540274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jim Kihneman Jr Clu Chfc

Mailing Address 11175 Heritage Oaks

City State Zip Code
Shreveport LA 71106-8383

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1544274

Amount of Each Receipt this Period

108.00

P/R Deduction (\$18.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Mike Delahaye

Mailing Address 6415 Sevenoaks

City State Zip Code
Baton Rouge LA 70806-7335

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1547274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

758.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Pak Ming Chiu Mailing Address PO Box 154 City East Setauket State NY Zip Code 11733-0154 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR155274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Eric B. Campbell Mailing Address 240 E 47th Street Apt. 22C City New York State NY Zip Code 10017-2136 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation E.V.P. - Chief Distribution Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1563274 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Jerry R. Tinsley Mailing Address 18724 Nautical Drive Apt. 1 City Cornelius State NC Zip Code 28031-4601 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1566274 Amount of Each Receipt this Period 650.00 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1326.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rose Denmark

Mailing Address 81 Knapp Road

City State Zip Code
Port Allegany PA 16743-6033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1567274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael Noland

Mailing Address 5933 S Knoxville

City State Zip Code
Tulsa OK 74135-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1569274

Amount of Each Receipt this Period

510.00

P/R Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Randell T. Nichols

Mailing Address 5501 Royal Oak Drive Northeast

City State Zip Code
Albuquerque NM 87111-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1576274

Amount of Each Receipt this Period

539.50

P/R Deduction (\$41.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1205.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Fred Bangasser
Mailing Address 2108 Key W Cove

City State Zip Code
Austin TX 78746-7256

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1579274

Amount of Each Receipt this Period

498.00

P/R Deduction (\$83.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Larry Bernard
Mailing Address 10930 Beinhorn

City State Zip Code
Houston TX 77024-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1580274

Amount of Each Receipt this Period

199.98

P/R Deduction (\$33.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Raymond Vitek, Jr.
Mailing Address 818 San Marino

City State Zip Code
Sugar Land TX 77478-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1582274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

997.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert C. Nowak

Mailing Address 98 Logwood Street

City State Zip Code
 South Burlington VT 05403-6444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR158274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael W. Reeves

Mailing Address 7227 Preston Country Lane

City State Zip Code
 Prosper TX 75078-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1586274

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Mr. Stephen G. Ray

Mailing Address 6230 Stefani Drive

City State Zip Code
 Dallas TX 75225-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior V.P. - West Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1588274

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

861.12

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 80 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jim Erben Mailing Address 302 Jack Nicklaus City Austin State TX Zip Code 78738-1714 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1591274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$40.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Leon A. Mahfouz Mailing Address 15 Whisper Wind Place City the Woodlands State TX Zip Code 77382-1038 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1593274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Michael G. Morgan Mailing Address 2791 Nightwind Court City Frisco State TX Zip Code 75034-4669 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Zone Finance & Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1597274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)**535.00****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mike Jones
Mailing Address 11232 Northview Drive

City State Zip Code
Fort Worth TX 76008-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1599274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Frank J. Ollari
Mailing Address 4430 Douglaston Parkway
Apt. 6F

City State Zip Code
Douglaston NY 11363-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR160274

Amount of Each Receipt this Period

156.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Tom Ball, III
Mailing Address 2200 Westlake Drive

City State Zip Code
Austin TX 78746-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1608274

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

792.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ronald D. Vick
Mailing Address 1645 Harper Road

City State Zip Code
Kerrville TX 78028-2994

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1609274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Lawson J. Schuford, Jr.
Mailing Address 201 Plano Street

City State Zip Code
Shreveport LA 71103-2056

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1610274

Amount of Each Receipt this Period

250.20

P/R Deduction (\$41.70 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John C. Ayers
Mailing Address 4655 Wisteria

City State Zip Code
Dallas TX 75116-8027

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1611274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

562.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dean Bogle Mailing Address 8400 Northwest 101st Street City State Zip Code Oklahoma City OK 73162-5033 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1614274 Amount of Each Receipt this Period 135.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Frank Knox Mailing Address 1904 Morning Star City State Zip Code Edmond OK 73034-6541 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1620274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Eddie N. Chao Mailing Address 152 Citrus Ranch Road City State Zip Code San Dimas CA 91773-3170 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1625274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Breedlove

Mailing Address 1227 Fisher

City State Zip Code
 Tyler TX 75701-6929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1629274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Robert McKinley

Mailing Address 1277 Treat Boulevard Suite 600

City State Zip Code
 Walnut Creek CA 94597-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Vice President - Pacific Agenci

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1630274

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Lalit Jallan

Mailing Address 2114 Castleheath Court

City State Zip Code
 Katy TX 77450-6072

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1631274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

988.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Louise Hobbs
Mailing Address 1444 Oak Grove Road

City State Zip Code
Fort Worth TX 76134-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1633274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Aurora Saenz
Mailing Address 2002 S Westgate Drive

City State Zip Code
Weslaco TX 78596-9310

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1640274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Yuka Nakahara-Goven
Mailing Address 1209 Magnolia Drive

City State Zip Code
Carrollton TX 75007-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1648274

Amount of Each Receipt this Period

126.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

775.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Maximo C. Muniz, Jr.
Mailing Address 171 Hillside Avenue

City State Zip Code
Milford CT 06460-7811

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1654274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joe Still
Mailing Address 3717 Raguet Street

City State Zip Code
Nacogdoches TX 75965-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1658274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Karen Watson
Mailing Address 3301 Riverway Court

City State Zip Code
Fort Worth TX 76116-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1659274

Amount of Each Receipt this Period

170.84

P/R Deduction (\$10.42 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth S. Gonzales

Mailing Address 10309 Yellowstone Drive

City State Zip Code
Austin TX 78747-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1667274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Burson

Mailing Address 22 Canterbury Lane

City State Zip Code
Sandy Hook CT 06482-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1668274

Amount of Each Receipt this Period

195.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Kevin R. Garman

Mailing Address 5012 Avenue Avignon

City State Zip Code
Lutz FL 33558-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1673274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David M. Humbert

Mailing Address 6802 Canon Wren Drive

City State Zip Code
Austin TX 78746-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1674274

Amount of Each Receipt this Period

520.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Rick Still

Mailing Address 3803 Buckingham

City State Zip Code
Nacogdoches TX 75965-5874

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1679274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Paul B. Morris

Mailing Address 351 E 51st Street

City State Zip Code
New York NY 10022-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1681274

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1176.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Solomon			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1685274	
Mailing Address 13311 Glenwyck			Amount of Each Receipt this Period 250.00	
City Houston	State TX	Zip Code 77045-3317		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Thomas Wesley Robinson, Jr.			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1690274	
Mailing Address 12131 Broken Bough			Amount of Each Receipt this Period 499.98	
City Houston	State TX	Zip Code 77024-4253		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$83.33 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Steve Maus			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1702274	
Mailing Address 4821 Augusta Drive			Amount of Each Receipt this Period 500.04	
City Frisco	State TX	Zip Code 75034-6841		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.08	P/R Deduction (\$83.34 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1250.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard H. Eppink, Jr.

Mailing Address 5079 Jasmine Way

City State Zip Code
Palm Harbor FL 34685-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR170274

Amount of Each Receipt this Period

130.00

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

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 12425

City State Zip Code
Dallas TX 75225-0425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1703274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Gilberto S. Pena

Mailing Address PO Box 8127

City State Zip Code
Weslaco TX 78599-8127

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1706274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

785.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Marcus J. Ham
Mailing Address 8713 Maple Hollow Court

City State Zip Code
Granite Bay CA 95746-6158

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1708274

Amount of Each Receipt this Period

520.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Patricia A. Doss
Mailing Address 23717 Rockrose Drive

City State Zip Code
Golden CO 80401-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1709274

Amount of Each Receipt this Period

500.50

P/R Deduction (\$38.50 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert L. Barrett, Jr.
Mailing Address 6916 Rabbit Creek Road

City State Zip Code
Anchorage AK 99516-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1713274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1170.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas D. Hegna
Mailing Address 16931 E Jacklin Drive

City State Zip Code
Fountain Hills AZ 85268-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1716274

Amount of Each Receipt this Period

322.09

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

B. Full Name (Last, First, Middle Initial)
Mr. Ronald Karkela
Mailing Address 7214 Maple Lane

City State Zip Code
Horace ND 58047-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1720274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Mangala K. Pai-Panandiker
Mailing Address 19425 Vineridge Road

City State Zip Code
Excelsior MN 55331-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1722274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1147.13

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 93 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jim Johnson 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 New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR1726274 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table> P/R Deduction (\$100.00 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	600.00									
M	M	/	D	D	/	Y	Y	Y	Y														
600.00																							
B. Full Name (Last, First, Middle Initial) Mr. Paul Joseph Kageleiry Mailing Address 35 Isaac Lucas Circle City Dover State NH Zip Code 03820-4915 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR17274 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table> P/R Deduction (\$20.00 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	120.00									
M	M	/	D	D	/	Y	Y	Y	Y														
120.00																							
C. Full Name (Last, First, Middle Initial) Mr. Terry K. Lewis Mailing Address 5612 Dale Avenue City Edina State MN Zip Code 55436-2469 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR1734274 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">285.00</td> </tr> </table> P/R Deduction (\$80.00 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	285.00									
M	M	/	D	D	/	Y	Y	Y	Y														
285.00																							

SUBTOTAL of Receipts This Page (optional)

1005.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lanny N. Kuehl

Mailing Address Box 166

City State Zip Code
 Garnavillo IA 52049-0166

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1737274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Martha Olmstead

Mailing Address 56 Divisadero

City State Zip Code
 San Francisco CA 94117-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1739274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Craig Roslien

Mailing Address 4210 Queens Way

City State Zip Code
 Minnetonka MN 55345-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1742274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jules Epstein Mailing Address 2404 Northwest 63rd Street City State Zip Code Boca Raton FL 33496-3626 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR174274 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Dennis J. Bell Mailing Address 10576 Sunset Terrace City State Zip Code Clive IA 50325-6554 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1757274 Amount of Each Receipt this Period 480.00 P/R Deduction (\$80.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Gregory D. Jensen Mailing Address 16850 Berkshire Court City State Zip Code Sw Ranches FL 33331-1332 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1760274 Amount of Each Receipt this Period 500.11 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1100.11

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Linda L. Silver			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1767274	
Mailing Address 4415 State Street Apt. 2			Amount of Each Receipt this Period 156.00	
City	State	Zip Code		
Bettendorf	IA	52722-6328		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$26.00 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Brad L. Willson			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1768274	
Mailing Address 4905 Elm Street			Amount of Each Receipt this Period 260.00	
City	State	Zip Code		
Bellaire	TX	77401-2810		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Howard Blank			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR177274	
Mailing Address 68 E 86th Street			Amount of Each Receipt this Period 150.00	
City	State	Zip Code		
New York	NY	10028-1012		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

566.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Clinton R. Vance Mailing Address 342 Sweetwater Drive PO Box 1804 City Lake Ozark State MO Zip Code 65049-1804 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1781274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Glen Jones Mailing Address 4312 Shiloh Trace City Valdosta State GA Zip Code 31602-2393 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1787274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Troy G. Braswell Mailing Address 16843 Hghld Ridge Drive City Belton State MO Zip Code 64012 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1790274 Amount of Each Receipt this Period 507.00 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

813.00

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Galen D. Dody

Mailing Address 501 David Drive

City State Zip Code
 Clinton MO 64735-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1793274

Amount of Each Receipt this Period

186.00

P/R Deduction (\$31.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. David A. Lyons

Mailing Address 405 Barrett Road

City State Zip Code
 Lawrence NY 11559-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1804274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Richard Neameyer

Mailing Address 500 Jackson Avenue E
 PO Box 707

City State Zip Code
 Lisbon ND 58054-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1812274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James J. Cronin
Mailing Address 2604 W Nicole Drive

City State Zip Code
Sioux Falls SD 57105-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1818274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joel P. Blanchard
Mailing Address 5608 S Deer Park Drive

City State Zip Code
Sioux Falls SD 57108-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1822274

Amount of Each Receipt this Period

520.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Greg Blanchard Clu Chfc
Mailing Address 4720 W 127th Place

City State Zip Code
Broomfield CO 80020-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1823274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1170.04

TOTAL This Period (last page this line number only)

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or each category of the
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Vern O. Bills

Mailing Address 826 National

City State Zip Code
 Belle Fourche SD 57717-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1825274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Rich Garry

Mailing Address 805 Batcheller Lane

City State Zip Code
 Sioux Falls SD 57105-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1829274

Amount of Each Receipt this Period

630.00

P/R Deduction (\$115.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Steve Garry

Mailing Address 2600 East Orchard Trail

City State Zip Code
 Sioux Falls SD 57103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1830274

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1930.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Joe Vlock Mailing Address 3505 South 161 Street City State Zip Code Omaha NE 68130-2134 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1834274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$500.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Roger H. Morris Mailing Address 2101 N Westwood Avenue City State Zip Code Santa Ana CA 92706-1943 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1839274 Amount of Each Receipt this Period 480.00 P/R Deduction (\$80.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Edwin T. Underwood Mailing Address 1921 Orchard Drive City State Zip Code Denver CO 80221-7730 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.32			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1845274 Amount of Each Receipt this Period 110.16 P/R Deduction (\$18.36 Monthly)

SUBTOTAL of Receipts This Page (optional)

890.16

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Mike Norman Mailing Address 5977 Blue Hills Court City Reno State NV Zip Code 89502-8708 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1846274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Mark E. Holm Mailing Address 482 Cross Road City Gurnee State IL Zip Code 60031-3252 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Ltc Zone Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 125.39			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1848274 Amount of Each Receipt this Period 62.53 P/R Deduction (\$4.81 Bi-W-weekly)
C. Full Name (Last, First, Middle Initial) Mr. Gary C. Schade Mailing Address 9141 Granite Place City Anchorage State AK Zip Code 99503-3946 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1852274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

512.53

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Shane M. Swanson Mailing Address 316 E Ranney Avenue City State Zip Code Vernon Hills IL 60061-4132 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1855274 Amount of Each Receipt this Period 650.00 P/R Deduction (\$50.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. John R. Meyer Mailing Address 996 Stafford Avenue City State Zip Code Staten Island NY 10309-2110 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 604.76			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR186274 Amount of Each Receipt this Period 302.38 P/R Deduction (\$23.26 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Larry Buckner Mailing Address 4545 Circlevue Boulevard City State Zip Code Los Angeles CA 90043-1151 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1864274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1102.38

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Guy Richardson Mailing Address 1151 Southwest Mission Avenue City State Zip Code Topeka KS 66604-1856 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1866274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Royse J. Huff Mailing Address 506 Fairway Place City State Zip Code Fairfield IA 52556-3630 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1867274 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. R. Greg Scott Mailing Address 1441 Southwest Campbell City State Zip Code Topeka KS 66604-2657 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1874274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

860.04

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. O. Lee Elrick, Jr. Mailing Address 1440 N Gatewood #51 City State Zip Code Wichita KS 67206-1253 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1884274 Amount of Each Receipt this Period 180.00 P/R Deduction (\$30.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. C. L. Meigs Mailing Address 20040 Southeast Grandvw Avenue City State Zip Code Pratt KS 67124-2706 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1887274 Amount of Each Receipt this Period 184.00 P/R Deduction (\$40.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Rakesh Bansal Mailing Address 5 Rutledge Court City State Zip Code Plainsboro NJ 08536-2307 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 699.99		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR189274 Amount of Each Receipt this Period 399.99 P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

763.99

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John P. Schwan

Mailing Address 1320 N Arch

City State Zip Code
Aberdeen SD 57401-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1897274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Janice L. Orton

Mailing Address 9032 Maple Hill Drive

City State Zip Code
Boise ID 83709-0523

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Administrative Manager li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1906274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Jeff Marsh

Mailing Address 1749 W 15th Avenue

City State Zip Code
Torrington WY 82240-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1917274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1130.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Frank J. Engraff

Mailing Address 31381 Avenida Madrid

City State Zip Code
 San Juan Capo CA 92675-5391

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1919274

Amount of Each Receipt this Period

650.00

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

B. Full Name (Last, First, Middle Initial)

Mr. David R. Somerville, Jr.

Mailing Address 725 Rosarita

City State Zip Code
 Fullerton CA 92835-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1926274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Murray Pruetz

Mailing Address 2626 W Walatowa

City State Zip Code
 Phoenix AZ 85041-9626

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1932274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1013.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James J. Killgore
Mailing Address 4123 Campus Green Lp

City State Zip Code
Lacey WA 98516-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1933274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Scott Maycock
Mailing Address 359 County Road 250

City State Zip Code
Durango CO 81301-6976

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1934274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph L. Tigert
Mailing Address 8620 Brentmoor Street

City State Zip Code
Wichita KS 67206-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1943274

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1107.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Kap-Sun Enders

Mailing Address 10620 Washington Circle

City State Zip Code
Anchorage AK 99515-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1950274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Parkway
Lot 412

City State Zip Code
Scottsdale AZ 85255-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1952274

Amount of Each Receipt this Period

450.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Carrie L. Hall

Mailing Address 4545 E Exeter Boulevard

City State Zip Code
Phoenix AZ 85018-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1953274

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

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

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Danny D. Taylor
Mailing Address 3409 S Johnson Street

City State Zip Code
Kennewick WA 99337-2482

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1958274

Amount of Each Receipt this Period

195.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Phillip J. Hildebrand
Mailing Address 12 Windsor Court

City State Zip Code
Purchase NY 10577-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1959274

Amount of Each Receipt this Period

473.85

P/R Deduction (\$36.45 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Roland Nebeker
Mailing Address 2513 E 10000 S

City State Zip Code
Sandy UT 84092-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1963274

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

768.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen H. Holley

Mailing Address 320 N 630 E

City State Zip Code
 American Fork UT 84003-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1965274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Jan Christensen

Mailing Address 2356 E Bearhills Drive

City State Zip Code
 Draper UT 84020-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1971274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Donna L. Del Mastro

Mailing Address 610 the Village
 #306

City State Zip Code
 Redondo Beach CA 90277-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1975274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

567.96

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John J. De Buono
Mailing Address 1706 Siskiyou Drive

City State Zip Code
Walnut Creek CA 94598-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1976274

Amount of Each Receipt this Period

390.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William C. Gallagher
Mailing Address 8991 S Cobble Canyon

City State Zip Code
Sandy UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1979274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Wallace
Mailing Address 1654 Wheatgrass Court

City State Zip Code
Reno NV 89509-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1980274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Wallace Mailing Address 1248 Rose Lane City State Zip Code Lafayette CA 94549-3032 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1981274 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$2000.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Gary Bacon Mailing Address 1099 Kentfield Drive City State Zip Code Salinas CA 93901-1067 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1984274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Bob D. Hall Mailing Address 2015 Evergreen Court City State Zip Code Yakima WA 98909-1200 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1986274 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1800.04

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Claire M. Nagel

Mailing Address 101 Shore Drive

City State Zip Code
 North Cape May NJ 08204-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR199274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Freda J. Zimmerman

Mailing Address 2295 120th Place Southeast

City State Zip Code
 Bellevue WA 98005-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1998274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Warin J. Parker

Mailing Address 563 Leafhaven

City State Zip Code
 Windsor CA 95492-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1999274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Stephen G. Bakke
Mailing Address 3865 Welsh Pony Lane

City State Zip Code
Yorba Linda CA 92886-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2005274

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. R. Michael Bren
Mailing Address 1106 Missouri Street

City State Zip Code
Grandview WA 98930-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2010274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Sharon A. Rockett
Mailing Address 310 6th Street

City State Zip Code
Raymond WA 98577-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2011274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

963.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Melvin J. Feinberg

Mailing Address 1816 E 5th Street

City State Zip Code
 Brooklyn NY 11223-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR203274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Ralph Y. Morgan

Mailing Address 660 Dietz Avenue Northeast

City State Zip Code
 Keizer OR 97303-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2033274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jack Whitehead

Mailing Address 20782 Southwest Hillboro Hy

City State Zip Code
 Newberg OR 97132-9412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2035274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

596.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Cannon, III
Mailing Address 30700 19th Avenue S

City State Zip Code
Federal Way WA 98003-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2039274

Amount of Each Receipt this Period

433.32

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Fincham, Jr.
Mailing Address 19333 Soda Springs Drive

City State Zip Code
Bend OR 97702-1091

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2042274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Beck
Mailing Address 679 Lincoln Street

City State Zip Code
Santa Clara CA 95050-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2044274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1233.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Steve Patterson Mailing Address 3229 Southwest Mawcrest Place City Gresham State OR Zip Code 97080 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2045274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Nathan E. Engstrom Mailing Address 17140 Southwest Hlsboro Highway City Sherwood State OR Zip Code 97140-8622 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2047274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Victoria Simmaly Mailing Address 235 Flournoy Street City San Francisco State CA Zip Code 94112 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2053274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Timothy D. Crumbaker

Mailing Address 5051 Lomas Court

City State Zip Code
 Rch Cucamonga CA 91737-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2057274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Yoshio Kinjo

Mailing Address 241 S Peralta Hills Drive

City State Zip Code
 Anaheim CA 92807-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2060274

Amount of Each Receipt this Period

499.98

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

C. Full Name (Last, First, Middle Initial)
Ms. Michael J. J. Kraft

Mailing Address 59A Saddle Road

City State Zip Code
 Walnut Creek CA 94595-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2066274

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1130.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jack Acomb Mailing Address 1762 Vista Del Lago City Fallbrook State CA Zip Code 92028-1748 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2067274 Amount of Each Receipt this Period 180.00 P/R Deduction (\$30.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. John H. Horstmann Mailing Address 804 Country View Circle City Fresno State CA Zip Code 93720-0725 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2069274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Katherine Huebert Mailing Address 294 Robinwood Circle City Reedley State CA Zip Code 93654-2767 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2070274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Hong N. Pham

Mailing Address 22 Shade Tree

City State Zip Code
 Irvine CA 92603-0137

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2072274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Warren Fendrich

Mailing Address 14721 72nd Drive

City State Zip Code
 Flushing NY 11367-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Sales Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR207274

Amount of Each Receipt this Period

104.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Denis Hollwedel

Mailing Address 12360 Priscilla Lane

City State Zip Code
 Los Altos Hills CA 94022-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2073274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

364.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William V. Brody

Mailing Address 19 Corte Miguel

City State Zip Code
 San Rafael CA 94903-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2078274

Amount of Each Receipt this Period

510.00

P/R Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Michael C. Hettenbach

Mailing Address 43294 Corte Argento

City State Zip Code
 Temecula CA 92592-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Ltc Zone Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2080274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Stanley F. Goodin

Mailing Address 6117 Carriage Hse Way

City State Zip Code
 Reno NV 89519-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2082274

Amount of Each Receipt this Period

108.00

P/R Deduction (\$18.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

748.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Alan Smith			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 12775 Saratga Creek Drive			Transaction ID: PR2095274	
City <u>Saratoga</u>	State <u>CA</u>	Zip Code <u>95070-3540</u>	Amount of Each Receipt this Period <div>156.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>312.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. Jerry Karr			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 7504 Kimberly Avenue			Transaction ID: PR2096274	
City <u>Bakersfield</u>	State <u>CA</u>	Zip Code <u>93308-3701</u>	Amount of Each Receipt this Period <div>120.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>240.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Stephen C. Dill			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4082 Prestwick Lane			Transaction ID: PR2102274	
City <u>Palmdale</u>	State <u>CA</u>	Zip Code <u>93551-5381</u>	Amount of Each Receipt this Period <div>300.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>600.00</div>		

P/R Deduction (\$26.00 Monthly)

P/R Deduction (\$20.00 Monthly)

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

576.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard S. Ragus
Mailing Address 3149 Dragonfly Street

City State Zip Code
Glendale CA 91206-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2103274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert Hinckley Perry
Mailing Address 1227 E Meadow Ridge Road

City State Zip Code
Sandy UT 84094-5713

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2104274

Amount of Each Receipt this Period

500.00

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Edwin S. Ige
Mailing Address 1632 S Range Court

City State Zip Code
Diamond Bar CA 91765-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2111274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

863.96

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Seymour Sternberg

Mailing Address 9 Stoneleigh Manor Lane

City State Zip Code
Purchase NY 10577-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211274

Amount of Each Receipt this Period

500.11

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert C Brown

Mailing Address 6414 E Willow

City State Zip Code
Long Beach CA 90815-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2114274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Louis L. Murray, Jr.

Mailing Address 71 Manthon Road Apt. 2

City State Zip Code
West Roxbury MA 02132-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21144274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

754.11

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Neville Mailing Address 62 Cheyenne Drive City State Zip Code Nashua NH 03063-3527 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21145274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Peter J. Johnson Mailing Address 19 Elsom Parkway City State Zip Code South Burlington VT 05403-6606 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21149274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Dennis M. Chant Mailing Address 2230 Terraza Place City State Zip Code Fullerton CA 92835-3312 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2115274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Don Vigliotti

Mailing Address 4 Brandon Drive

City State Zip Code
 Commack NY 11725-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21167274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Narottam Narandas Patel

Mailing Address 10 B Ashwood Mall

City State Zip Code
 Old Bridge NJ 08857-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21172274

Amount of Each Receipt this Period

400.02

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Deborah Lewis

Mailing Address 1300 S Arlington Ridge
 #314

City State Zip Code
 Arlington VA 22202-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21173274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

700.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rosie Franklin
Mailing Address 7019 Rock Dove Court

City State Zip Code
Charlotte NC 28277-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21178274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Mark Heinemann
Mailing Address 1 Hanford Street

City State Zip Code
Melville NY 11747-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21189274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John A. Forte
Mailing Address 5 York Place

City State Zip Code
Latham NY 12110-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21192274

Amount of Each Receipt this Period

200.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mitchell R. Owen
Mailing Address 708 Preston Road

City State Zip Code
Erdenheim PA 19038-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21193274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Memo Morantes
Mailing Address 2019 Menalto Avenue

City State Zip Code
Menlo Park CA 94025-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2120274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Ronnie D. Weller
Mailing Address Hc#2 Box 146E

City State Zip Code
Tionesta PA 16353-9208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.79

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21213274

Amount of Each Receipt this Period

156.27

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

462.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard L. Dietz
Mailing Address 14 Cardinal Drive

City State Zip Code
Poughkeepsie NY 12601-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21215274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas B. Ryan
Mailing Address 1303 Moadow Lane

City State Zip Code
Berwyn PA 19312-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21222274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John E. Horstmann
Mailing Address 7684 Kincaid

City State Zip Code
Fresno CA 93711-0363

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21222274

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John D. Begley

Mailing Address 108 Summerrules Road

City State Zip Code
 Clarks Summit PA 18411-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)

Mr. John T. Alexander

Mailing Address 372 Baymount Drive

City State Zip Code
 Statesville NC 28625-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21234274

Amount of Each Receipt this Period

200.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Nancy Takano

Mailing Address 15549 Prairie Way

City State Zip Code
 Riverside CA 92508-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2124274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

667.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael P. Daly
Mailing Address 1426 State Route 125

City State Zip Code
Hamersville OH 45130-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21249274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert Westberg
Mailing Address 300 S Brainard

City State Zip Code
La Grange IL 60525-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21257274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. David K. Anderson
Mailing Address 920 Milwaukee Avenue
Apt.2015

City State Zip Code
Lubbock TX 79416-5983

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21262274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

749.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jack Der Kacy

Mailing Address 13637 S Ishnala Drive

City State Zip Code
 Orland Park IL 60462-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21265274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Todd Olig

Mailing Address 1006 Dewey Street

City State Zip Code
 Kiel WI 53042-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21273274

Amount of Each Receipt this Period

200.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Oscar A. Anzaldo

Mailing Address 2704 Bonniebrook

City State Zip Code
 Stockton CA 95207-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2128274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joe Littlejohn
Mailing Address 100 Robert E Lee Place

City State Zip Code
Bossier City LA 71111-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21295274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Zerbe Mac Mellish
Mailing Address 2503 Valleyfield

City State Zip Code
Houston TX 77080-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21311274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jerry M. Fish
Mailing Address 55 Winding River Trail

City State Zip Code
Bentleyville OH 44022-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2131274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Sue Zwiener Mailing Address 10630 Dodge Mower Road City State Zip Code <u>Bloomington</u> <u>MN</u> <u>55917-6934</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>699.96</u>			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21324274 Amount of Each Receipt this Period <u>349.98</u> P/R Deduction (\$58.33 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Mark A. Wiskus Mailing Address 1005 Edgewater Drive City State Zip Code <u>Pella</u> <u>IA</u> <u>50219-7669</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>300.00</u>			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21334274 Amount of Each Receipt this Period <u>150.00</u> P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Michael Brown Mailing Address 8976 Northeast Patton Road City State Zip Code <u>Hamilton</u> <u>MO</u> <u>64644-9166</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>399.96</u>			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21341274 Amount of Each Receipt this Period <u>199.98</u> P/R Deduction (\$33.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

699.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Ron Meeker

Mailing Address 804 N Dubuque

City State Zip Code
 Sioux Falls SD 57110-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21343274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Grant Baugh

Mailing Address 1046 Morgan Avenue

City State Zip Code
 Ontario OR 97914-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21347274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Anthony J. Taylor

Mailing Address 4672 Country Club Drive

City State Zip Code
 Highland UT 84003-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21354274

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard S. Wallace

Mailing Address 1640 Northeast 156th Avenue

City State Zip Code
Portland OR 97230-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21360274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Werner

Mailing Address 1380 King James Court

City State Zip Code
Oak Park CA 91377-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2136274

Amount of Each Receipt this Period

420.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Terry Merlo

Mailing Address 1213 San Sorrento Court

City State Zip Code
Grover Beach CA 93433-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21372274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Fred A. Donati

Mailing Address 404 El Portal

City State Zip Code
 Shell Beach CA 93449-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21373274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Alan Silver

Mailing Address 201 Mission Street Suite 1940

City State Zip Code
 San Francisco CA 94105-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21375274

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Andrew Peters

Mailing Address 6200 Leona Street

City State Zip Code
 Oakland CA 94605-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21379274

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Cohinta Alzate

Mailing Address 13976 Southwest 42nd Street

City State Zip Code
Davie FL 33330-5733

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21380274

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Forrest Giles Hindley

Mailing Address 17609 White Marble Drive

City State Zip Code
Monument CO 80132-7445

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2138274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City State Zip Code
Kailua HI 96734-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21386274

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Rajesh Ratilal Sanchala			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 305 Highland Meadows Drive			Transaction ID: PR21394274	
City State Zip Code Wylie TX 75098-5074			Amount of Each Receipt this Period <div>150.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. Jaydev Patel			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 17 Fawn Drive			Transaction ID: PR21401274	
City State Zip Code Livingston NJ 07039-1905			Amount of Each Receipt this Period <div>500.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Leslie Coddington			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 522 West 112th Street Unit 54			Transaction ID: PR21416274	
City State Zip Code New York NY 10025-1689			Amount of Each Receipt this Period <div>130.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation A.V.P. - Information Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		

P/R Deduction (\$25.00 Monthly)

P/R Deduction (\$1000.00 Monthly)

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

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Paul Howard Rhodes

Mailing Address 210 Meadow Lane

City State Zip Code
Maysville MO 64469-8212

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21422274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. William T. Kyle

Mailing Address 4596 Hicks Lane

City State Zip Code
Chico CA 95973-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21422274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Jeanne M. Carbone

Mailing Address 669 Pelham Road
Apt. C2

City State Zip Code
New Rochelle NY 10805-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Macias
Mailing Address 1530 Avenida Quintas

City State Zip Code
Las Cruces NM 88001-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2143274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Angelo A. Haddad
Mailing Address 354 Garnsey Avenue

City State Zip Code
Bakersfield CA 93309-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2145274

Amount of Each Receipt this Period

350.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Patrick D. Miller
Mailing Address 265 Mountaincrest Road

City State Zip Code
Duarte CA 91010-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2147274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Philip A. Vignola
Mailing Address 3 Strawberry Knoll Court

City State Zip Code
Fort Salonga NY 11768-2646

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Choi
Mailing Address 4442 Saint Clair Avenue

City State Zip Code
Studio City CA 91604-1207

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21531274

Amount of Each Receipt this Period

300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Zaniwski
Mailing Address 4196 Pacifico Lane

City State Zip Code
Las Vegas NV 89135-2524

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21533274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

651.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Jeannette L. Smith
Mailing Address 3734 Vancouver Drive

City State Zip Code
Reno NV 89511-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Manager - Life Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21534274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Glenn A. Condos
Mailing Address 15108 Majorca Street

City State Zip Code
Dallas TX 75248-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Regional Manager - Life Product Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21536274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Rick K. Stivers
Mailing Address 7564 Linidisfarne Lane

City State Zip Code
Franklin TN 37064-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2154274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

955.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert J. Polilli
Mailing Address 4522 Perdita Lane

City State Zip Code
Lutz FL 33558-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21545274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$5.19 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
Mr. Darrell N. Robertson
Mailing Address 17933 Patterson Road

City State Zip Code
Odessa FL 33556-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21546274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Larry Tover
Mailing Address 4839 Hermano Drive

City State Zip Code
Tarzana CA 91356-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2155274

Amount of Each Receipt this Period

156.00

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

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 395

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas A. Morel

Mailing Address 6101 Long Praire Road
#744-129

City State Zip Code
Flower Mound TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Agency Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21553274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)

Ms. Debra A. Bronzo

Mailing Address 21 Di Rubbo Drive

City State Zip Code
Cortlandt Manor NY 10567-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21555274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Yisheng V. Fan

Mailing Address 84-25 Elmhurst Avenue
Apt. 3B

City State Zip Code
Elmhurst NY 11373-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Applications Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21556274

Amount of Each Receipt this Period

100.10

P/R Deduction (\$7.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

360.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Lane Kent			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21558274	
Mailing Address 13138 Halsell Drive			Amount of Each Receipt this Period 200.00	
City Austin	State TX	Zip Code 78732-2166		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$25.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Albert J. Schiff			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21559274	
Mailing Address 11 Mohawk Lane			Amount of Each Receipt this Period 1000.00	
City Greenwich	State CT	Zip Code 06831-3125		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$76.93 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Ms. Marlene I. Noguera			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21562274	
Mailing Address 18531 Southwest 44th Street			Amount of Each Receipt this Period 130.00	
City Miramar	State FL	Zip Code 33029-6215		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

1330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Suzanne Wuepper Sanford

Mailing Address 32055 Southwest Arbor Lake Drive

City State Zip Code
Wilsonville OR 97070-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2156274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Tony Bolado

Mailing Address 698 N Helena

City State Zip Code
Anaheim CA 92805-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2168274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Ray Triplett

Mailing Address 16171 Hillvale Avenue

City State Zip Code
Monte Sereno CA 95030-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2172274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

513.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William S. Anders

Mailing Address 15 Grand Place

City State Zip Code
 Newtown CT 06470-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Management Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2176274

Amount of Each Receipt this Period

220.82

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

B. Full Name (Last, First, Middle Initial)

Mr. Nicholas J. Smaldino

Mailing Address 1804 E Chelsea

City State Zip Code
 Fresno CA 93720-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2181274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Douglas G. Sawicki

Mailing Address 114 Bushwick Road

City State Zip Code
 Poughkeepsie NY 12603-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

571.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Nick Ameli, Jr.
Mailing Address 4113 Coal Heritge Road

City State Zip Code
Bluewell WV 24701-9193

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21881274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Afiz Hudani
Mailing Address 5009 Westgrove Circle

City State Zip Code
Colleyville TX 76034-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21882274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Salim R. Kassam
Mailing Address 4930 Plantation Clny

City State Zip Code
Sugar Land TX 77478-5430

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21883274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Sean M. Mc Cann
Mailing Address 7155 S Hudson Circle

City State Zip Code
Littleton CO 80122-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21884274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jerome A. Timmermann
Mailing Address 64 Windsor Lane

City State Zip Code
Breeze IL 62230-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21885274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Doug Wills
Mailing Address 12410 W Auburn Avenue

City State Zip Code
Lakewood CO 80228-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21891274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bryan Buzzard

Mailing Address 3311 E Dartmouth

City State Zip Code
Mesa AZ 85213-7046

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21892274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David L. Aguirre

Mailing Address 7518 South 240 E

City State Zip Code
Midvale UT 84047-2169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21893274

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Duane Allred

Mailing Address 731 Greenview Trail

City State Zip Code
Brookhaven MS 39601-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21904274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Lon G. Wilson
Mailing Address 4240 Tahoe Drive

City State Zip Code
Anchorage AK 99502-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21908274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard Gimelli
Mailing Address 510 Osage Lane

City State Zip Code
Auburn CA 95602-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2191274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Christine Young
Mailing Address 55 Berryessa Way

City State Zip Code
Hillsborough CA 94010-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2194274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

865.98

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 154 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Art Kess Mailing Address 12740 Fieldcreek Lane City State Zip Code Reno NV 89511-6658 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2195274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)	
Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00				
B. Full Name (Last, First, Middle Initial) Mr. George E. Carr Mailing Address 2791 Leo Circle City State Zip Code Riverside CA 92503-6050 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2202274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)	
Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00				
C. Full Name (Last, First, Middle Initial) Mr. Russell A. Curtiss Mailing Address 4118 E 14th Street City State Zip Code Long Beach CA 90604-3005 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2203274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)	
Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00				
SUBTOTAL of Receipts This Page (optional)			516.00	
TOTAL This Period (last page this line number only)				

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

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

FOR LINE NUMBER: PAGE 155 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. L. Bruce Nole Mailing Address 3170 Viaduct Ponciana # 6 City Lake Worth State FL Zip Code 33467-3303 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2207274 Amount of Each Receipt this Period 600.00 P/R Deduction (\$100.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. David A. Teitelbaum Mailing Address 1418 Avon Lane Building 2 Apt. 14 City North Lauderdale State FL Zip Code 33068-5532 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR22096274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Barbara J. Norman Mailing Address 13672 Orchard Gate Road City Poway State CA Zip Code 92064-2126 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2219274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Bessie Lee			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1210 Dana Avenue			Transaction ID: PR2220274	
City State Zip Code Palo Alto CA 94301-3111			Amount of Each Receipt this Period <div>120.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>240.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. John J. Englert			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4948 Saratoga			Transaction ID: PR2223274	
City State Zip Code Redding CA 96002-9419			Amount of Each Receipt this Period <div>204.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>360.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Rex Inglis			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 2528 Tamarisk Avenue			Transaction ID: PR2227274	
City State Zip Code Stockton CA 95207-1343			Amount of Each Receipt this Period <div>156.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>312.00</div>		

P/R Deduction (\$20.00 Monthly)

P/R Deduction (\$50.00 Monthly)

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James A. Allen

Mailing Address 710 Avery Street

City State Zip Code
South Windsor CT 06074-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City State Zip Code
Hillsborough CA 94010-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2228274

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$80.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Jim Rutledge

Mailing Address 10484 Janice Lynn Circle

City State Zip Code
Cypress CA 90630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2234274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

1397.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Neelam Salmen
Mailing Address 10350 East Road

City State Zip Code
Redwood Valley CA 95470-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2238274

Amount of Each Receipt this Period

145.02

P/R Deduction (\$24.17 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Gideon A. Pell
Mailing Address 61 Holbrook Drive

City State Zip Code
Stamford CT 06906-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR224274

Amount of Each Receipt this Period

520.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Peter S. Ince
Mailing Address 253 Jennings Avenue

City State Zip Code
Patchogue NY 11772-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR225274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

815.02

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gary N. Laurin

Mailing Address 721 Hearst Way

City State Zip Code
 Corona CA 92882-6397

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2253274

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Donald G. Presley

Mailing Address 4502 Obispo Avenue

City State Zip Code
 Lakewood CA 90712-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2257274

Amount of Each Receipt this Period

300.04

P/R Deduction (\$23.08 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Scott V. Spickler

Mailing Address 10754 Horizon Drive

City State Zip Code
 Juneau AK 99801-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2259274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

658.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Charlie Finegan

Mailing Address 6996 Cr 242

City State Zip Code
Dublin TX 76446-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2283274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City State Zip Code
Plano TX 75093-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2284274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Jack L. Doverspike

Mailing Address PO Box 159

City State Zip Code
Larose LA 70373-0159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2287274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jonathan R. Jaramillo

Mailing Address 11 Turtle Ridge Court

City State Zip Code
 Ridgefield CT 06877-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2290274

Amount of Each Receipt this Period

520.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John G. Morris

Mailing Address 27 Noelle Court

City State Zip Code
 Amityville NY 11701-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Systems Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR229274

Amount of Each Receipt this Period

208.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Son Van Nguyen

Mailing Address 6474 Marigayle Circle

City State Zip Code
 Huntington Beach CA 92648-6728

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2298274

Amount of Each Receipt this Period

164.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

892.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jim Cama Mailing Address 19 Crestwood Drive City East Hampton State CT Zip Code 06424-1322 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR230274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Floyd W. Franks Mailing Address 425 Blue Water Pointe Drive City Jasper State AL Zip Code 35504-4067 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.67			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2304274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$10.19 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Peter P. Chan Mailing Address 7805 E Starbright Court City Tucson State AZ Zip Code 85750-7048 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2314274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Gayle A. Yeomans
Mailing Address 777 W End Avenue

City State Zip Code
New York NY 10025-5551

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2342274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Joan M. Cronin
Mailing Address 15 Steven Drive Apt. 7

City State Zip Code
Ossining NY 10562-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR236274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Ignacio A. Meneses
Mailing Address 2 Earl Road

City State Zip Code
Melville NY 11747-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR237274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

741.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jean-Marie Fontan
Mailing Address 33-14 76th Street

City State Zip Code
Jackson Heights NY 11372-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR239274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. George R. Gordon
Mailing Address 3807 Coventry Lane

City State Zip Code
Boca Raton FL 33496-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR240274

Amount of Each Receipt this Period

650.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Falabella
Mailing Address 25503 147th Road

City State Zip Code
Rosedale NY 11422-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR242274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$5.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

936.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jayanti M. Patel

Mailing Address 23 Arcadian Drive

City State Zip Code
Wesley Hills NY 10977-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR244274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Wally Sims

Mailing Address 3 Harborview Place

City State Zip Code
Center Moriches NY 11934-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR247274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Veronica E. McCarthy

Mailing Address 67118 Dartmouth Street

City State Zip Code
Forest Hills NY 11375-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR250274

Amount of Each Receipt this Period

169.00

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

SUBTOTAL of Receipts This Page (optional)

481.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Maryann L. Ingenito
Mailing Address 305 Edinboro Road

City State Zip Code
Staten Island NY 10306-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR252274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Gallo
Mailing Address 4 Red Mill Lane

City State Zip Code
Darien CT 06820-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Retirement Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR258274

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Mr. Cordell Hoffer
Mailing Address 65 Otterkill Road

City State Zip Code
New Windsor NY 12533-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR259274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

660.12

TOTAL This Period (last page this line number only)

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Enrico R. Sorrentino
Mailing Address 1256 Turnbury Lane

City State Zip Code
North Wales PA 19454-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR262274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dan King
Mailing Address 2000 Mountainview Drive
Suite 403

City State Zip Code
Colchester VT 05446-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR26274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. James F. Nee
Mailing Address 19 Sidney School Road

City State Zip Code
Annandale NJ 08801-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR263274

Amount of Each Receipt this Period

104.00

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

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Jacqueline A. O'Leary

Mailing Address 52 Clyde Street

City State Zip Code
New Hyde Park NY 11040-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR264274

Amount of Each Receipt this Period

119.99

P/R Deduction (\$9.23 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
Mr. Solomon Goldfinger

Mailing Address 14719 70th Avenue

City State Zip Code
Flushing NY 11367-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR267274

Amount of Each Receipt this Period

440.05

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

C. Full Name (Last, First, Middle Initial)
Ms. Recia L. Lord

Mailing Address 131 Saint Pauls Avenue

City State Zip Code
Staten Island NY 10301-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR268274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

690.04

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Kevin J. Mulqueen

Mailing Address 41 Silo Lane

City State Zip Code
 Middletown NY 10940-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR269274

Amount of Each Receipt this Period

102.00

P/R Deduction (\$17.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Robert D. Rock

Mailing Address 8 Park Place

City State Zip Code
 Short Hills NJ 07078-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp and Chief Investment Officer - L&a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR279274

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)

Mr. Marat Gakyma

Mailing Address 340 Travis Avenue

City State Zip Code
 Staten Island NY 10314-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR281274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

560.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ted R. Young
Mailing Address 7360 Sierra Drive

City State Zip Code
Granite Bay CA 95746-6957

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR282274

Amount of Each Receipt this Period

138.00

P/R Deduction (\$23.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Patrick G. Boyle
Mailing Address 7 Holmes Court

City State Zip Code
Morristown NJ 07960-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR285274

Amount of Each Receipt this Period

390.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Eileen T. Slevin
Mailing Address 32 Dykers Farm Road

City State Zip Code
North Haledon NJ 07508-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR289274

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

778.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joel A. Shapiro
Mailing Address 200 E 66th Street #302D

City State Zip Code
New York NY 10021-9188

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR293274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Paul Delisio
Mailing Address 99 Wildflower Lane

City State Zip Code
Shokan NY 12481-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR304274

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Lenora Wilson
Mailing Address 9817 Hadrians Way

City State Zip Code
Shreveport LA 71118-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR314274

Amount of Each Receipt this Period

132.72

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

512.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth H. Hower
Mailing Address 123 W Houston Avenue

City State Zip Code
Clovis CA 93611-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR319274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John H. O'Byrne
Mailing Address 18 Crowne Pond Lane

City State Zip Code
Wilton CT 06897-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Steven Archer
Mailing Address 122 Woods Avenue

City State Zip Code
Malverne NY 11565-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR334274

Amount of Each Receipt this Period

320.00

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

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 395

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Carl E. Roberts
Mailing Address 1339 Carroll Street

City State Zip Code
Brooklyn NY 11213-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR336274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Gerard A. Rocchi
Mailing Address 789 Mountain Laurel Road

City State Zip Code
Fairfield CT 06824-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR351274

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Ms. Kornelia Seyfried-Caulo
Mailing Address 303 Frederick Street

City State Zip Code
Dix Hills NY 11746-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR361274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

614.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard W. Zuccaro

Mailing Address 55 Marina Road

City State Zip Code
 Island Park NY 11558-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR364274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)

Mr. Robert J. Smith

Mailing Address 39-856 Morningside Drive

City State Zip Code
 Rancho Mirage CA 92270-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR366274

Amount of Each Receipt this Period

500.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Elaine Ashworth

Mailing Address 300 East 85th Street
 Apt. 1404

City State Zip Code
 New York NY 10028-4594

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR372274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Susan Kenney Reeves

Mailing Address 21482 Montbury Drive

City State Zip Code
Lake Forrest CA 92630-6551

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR376274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jules DelVecchio

Mailing Address 4 Sackett Circle

City State Zip Code
Larchmont NY 10538-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR379274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Nebgen

Mailing Address 17290 Highland Avenue
Apt. 4M

City State Zip Code
Jamaica NY 11432-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR383274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

611.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Salvatore F. Farina
Mailing Address 5 Sir Kenneth Court

City State Zip Code
Northport NY 11768-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.30

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR385274

Amount of Each Receipt this Period

572.65

P/R Deduction (\$44.05 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. James M. Lauzon
Mailing Address 8 New Castle Drive

City State Zip Code
Avon CT 06001-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR39274

Amount of Each Receipt this Period

520.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Frank M. Boccio
Mailing Address 18 Williamson Street

City State Zip Code
East Rockaway NY 11518-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Individual Policy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.54

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR394274

Amount of Each Receipt this Period

439.27

P/R Deduction (\$33.79 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1531.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Piero V. Silvestri Mailing Address 808 Preston Road City East Meadow State NY Zip Code 11554-4530 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR400274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Joseph Castro Mailing Address 110-21 55th Avenue City Corona State NY Zip Code 11368-3309 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR404274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Richard A. Wadsworth Mailing Address 2211 Chardonnay Terrace City Parrish State FL Zip Code 34219-1208 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

606.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Alison Flaum Souksamlane Mailing Address 15506 Clover Ridge City San Antonio State TX Zip Code 78248-1333 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.08			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR409274 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Kathleen A. Donnelly Mailing Address 47 Southview Circle City Lake Grove State NY Zip Code 11755-2244 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 443.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR410274 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Eric S. Rubin Mailing Address 419 Freeman Avenue City Oceanside State NY Zip Code 11572-4506 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR416274 Amount of Each Receipt this Period 650.00 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1410.04

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 179 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Edward J. Kaminski

Mailing Address 63 Fern Street

City State Zip Code
 Floral Park NY 11001-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR423274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)

Mr. Lenny Marotta

Mailing Address 6 Fair Oaks Lane

City State Zip Code
 Smithtown NY 11787-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR424274

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. George C. Vatore

Mailing Address 3748 Wildwood Street

City State Zip Code
 Yorktown Heights NY 10598-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR428274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

377.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John Bravata Mailing Address 9354 Amherst Drive City Brighton State MI Zip Code 48114-4992 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44861274 Amount of Each Receipt this Period 100.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. James O. DeVito Mailing Address 3 Fiske Pond Road City Holliston State MA Zip Code 01746-2051 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44864274 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Kinh-Huu Lam Mailing Address 991 Lurline Drive City Foster City State CA Zip Code 94404-1832 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44872274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

945.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Darin Fass

Mailing Address 30 Carlton Drive

City State Zip Code
Mount Kisco NY 10549-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44873274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$15.19 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Steven J. Kramer

Mailing Address 111 W Ravine Court

City State Zip Code
Mequon WI 53092-5861

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44874274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. David Skinner

Mailing Address 22 Stoneymeade Walk

City State Zip Code
Acton MA 01720-5676

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Chief Executive Officer - Asia Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44877274

Amount of Each Receipt this Period

350.88

P/R Deduction (\$29.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

935.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory D. Tyson
Mailing Address 1122 Garden Street

City State Zip Code
Hoboken NJ 07030-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44878274

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Ms. Amelia Scott
Mailing Address 3920 Arkwright Road
Suite 160

City State Zip Code
Macon GA 31210-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44880274

Amount of Each Receipt this Period

195.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Romany S. Abraham
Mailing Address 3350 Hampshire Road

City State Zip Code
Furlong PA 18925-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44881274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

770.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 183 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brett Bargery
Mailing Address 505 Liberty Court

City State Zip Code
Colleyville TX 76034-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44884274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Blake
Mailing Address 105 Meadow Ridge Road

City State Zip Code
Warwick NY 10990-2569

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44885274

Amount of Each Receipt this Period

195.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Stanley M. Friedman
Mailing Address 25 Round Tree Drive

City State Zip Code
Melville NY 11747-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44888274

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. David A. Harland			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44890274	
Mailing Address 200 E 66th Street Apt. A-1903			Amount of Each Receipt this Period 260.00	
City New York	State NY	Zip Code 10021-9179		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation First V.P. & Dep Gen Counsel & Dep Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		
B. Full Name (Last, First, Middle Initial) Mr. Robert A. Hodgkiss			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44891274	
Mailing Address 5824 Fairmount Avenue			Amount of Each Receipt this Period 325.00	
City Downers Grove	State IL	Zip Code 60516-1411		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		
C. Full Name (Last, First, Middle Initial) Mr. George M. Kay			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44892274	
Mailing Address 8930 Colonial Place			Amount of Each Receipt this Period 260.00	
City Duluth	State GA	Zip Code 30097-6650		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joseph J. La Pietra
Mailing Address 12601 Split Creek Court

City State Zip Code
North Potomac MD 20878-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44893274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mark J. Madgett
Mailing Address 24634 Southeast 9th Place

City State Zip Code
Sammamish WA 98074-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44895274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jerry B. McKinney
Mailing Address 2601 25th Street Southeast
Suite 350

City State Zip Code
Salem OR 97302-1283

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44896274

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City State Zip Code
 Livermore CA 94550-6888

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44897274

Amount of Each Receipt this Period

195.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Joyce B. Russell

Mailing Address 1005 Fraser Avenue Southeast

City State Zip Code
 Huntsville AL 35801-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44898274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth N. Savoie

Mailing Address 5383 Chaucers Court

City State Zip Code
 Roanoke VA 24018-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44899274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael F. Scovel Mailing Address 20 W Mundhank Road City State Zip Code South Barrington IL 60010-9557 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44900274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Dave Tomlin Mailing Address 4003 Granada Drive Southeast City State Zip Code Huntsville AL 35802-1209 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44902274 Amount of Each Receipt this Period 250.00 P/R Deduction (\$50.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Jeff Bacchas Mailing Address 8 Gregory Court City State Zip Code Farmingville NY 11738 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.67			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44904274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 188 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Mehmood N. Daya			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44905274	
Mailing Address 22106 Grand Cove Court			Amount of Each Receipt this Period 325.00	
City <u>Katy</u>	State TX	Zip Code 77450-8097		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	P/R Deduction (\$25.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Troy K. Holman			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44907274	
Mailing Address 210 Quisset Lane			Amount of Each Receipt this Period 455.00	
City <u>Wayne</u>	State PA	Zip Code 19087-2185		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	P/R Deduction (\$35.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. William P. Horton, III			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44908274	
Mailing Address 2243 Vaughn Lane			Amount of Each Receipt this Period 130.00	
City <u>Montgomery</u>	State AL	Zip Code 36106-3204		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Senior G.O. Agency Standards Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 189 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kyle T. Williamson Mailing Address 6805 Beckworth Lane City State Zip Code Plano TX 75024-7536 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Zone Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44912274 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Robert P. Mason Mailing Address 7 Glarus Court City State Zip Code Fairport NY 14450-4641 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44914274 Amount of Each Receipt this Period 585.00 P/R Deduction (\$45.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Mark A. Heck Mailing Address 500 Cliffwood Avenue Apt. #D-9 City State Zip Code Matawan NJ 07747-2825 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Financial Analysis Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44922274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Andrew S. Hajducek

Mailing Address 10 Penrose Lane

City State Zip Code
Princeton Junction NJ 08550-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR454274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David M. Stewart

Mailing Address 108 Hickory Road

City State Zip Code
Bullard TX 75757-5064

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR45542274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$5.19 Bi-W-
eekly)

C. Full Name (Last, First, Middle Initial)
Mr. William P. Tate

Mailing Address 29355 Regency Circle

City State Zip Code
Westlake OH 44145-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Service Center Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR45557274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 191 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Patrice M. Cortelli			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR457274	
Mailing Address 17 Crescent Court			Amount of Each Receipt this Period 130.00	
City Peekskill	State NY	Zip Code 10566-3902		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Assistant Vice President - Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Ms. Betty Virgili			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR459274	
Mailing Address 10310 Saint Ives Court			Amount of Each Receipt this Period 150.00	
City Orlando	State FL	Zip Code 32817-3291		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Raymond J. Scott Clu Chfc			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR461274	
Mailing Address 321 West 14th Street			Amount of Each Receipt this Period 150.00	
City New York	State NY	Zip Code 10014-5019		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 192 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James P. McNicholas

Mailing Address 32 Kinzley Street

City State Zip Code
 Little Ferry NJ 07643-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR46768274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph M. Franklin

Mailing Address 33 Round Hill Road

City State Zip Code
 Washingtonville NY 10992-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR476274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Raymond J. Sander

Mailing Address 4422 Washington Boulevard

City State Zip Code
 Arlington VA 22201-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR480274

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

975.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pinkos
Mailing Address 16 Carolyn Terrace

City State Zip Code
Chicopee MA 01020-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR48274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Judith E. Campbell
Mailing Address 54 Samson Avenue

City State Zip Code
Madison NJ 07940-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR491274

Amount of Each Receipt this Period

500.11

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

C. Full Name (Last, First, Middle Initial)
Mr. Vishnu Patel

Mailing Address 108-28 63 Drive

City State Zip Code
Forest Hills NY 11375-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR494274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

812.11

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 194 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John Dipalermo Mailing Address 3297 Padilla Way City San Jose State CA Zip Code 95148-2746 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR504274 Amount of Each Receipt this Period 700.00 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. David R. Tarella Mailing Address 489 Stage Road City Charlton State NY Zip Code 12019-2704 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR509274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Brian M. O'Neill Mailing Address 45 Saint Michaels Te City Carmel State NY Zip Code 10512-2006 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation V.P. & Associate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR510274 Amount of Each Receipt this Period 104.00 P/R Deduction (\$8.00 Bi-W- eekly)

SUBTOTAL of Receipts This Page (optional)**960.00****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 195 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Mary Hallahan
Mailing Address 172 Wayne Avenue

City State Zip Code
River Edge NJ 07661-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR512274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas P. Shea
Mailing Address 20 Makanna Drive

City State Zip Code
Huntington NY 11743-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR527274

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert B. O'Neill
Mailing Address 6080 Cabotage Road

City State Zip Code
Duluth GA 30097-8476

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR529274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Howard Levy			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR534274	
Mailing Address 14 Strafford Lane			Amount of Each Receipt this Period 507.00	
City Bedford	State NH	Zip Code 03110-4536		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.00	P/R Deduction (\$39.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. James D. Dean			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54017274	
Mailing Address 1648 Wimbledon Drive			Amount of Each Receipt this Period 910.00	
City Walled Lake	State MI	Zip Code 48390-3179		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$83.34 Monthly)	
C. Full Name (Last, First, Middle Initial) Ms. Jeanmarie A. Deliso			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54019274	
Mailing Address 43 Primrose Drive			Amount of Each Receipt this Period 498.00	
City Longmeadow	State MA	Zip Code 01106-2531		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 996.00	P/R Deduction (\$83.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1915.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 197 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John R. Heckmann
Mailing Address 325 Eastwood Drive

City State Zip Code
Cutchoque NY 11935-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54027274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Jenny Sunsim Louie
Mailing Address 72-16 267th Street

City State Zip Code
Floral Park NY 11004-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54033274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Marotta

Mailing Address 527 Shore Drive

City State Zip Code
Oakdale NY 11769-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54038274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 198 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Oren Popper Mailing Address 1448 President Street City State Zip Code Brooklyn NY 11213-4435 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54058274 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Andrew W. Rawding Mailing Address 19 Herald Drive City State Zip Code Queensbury NY 12804-9187 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54060274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Paul Sica Mailing Address 51 Rockvale Road City State Zip Code Tewksbury MA 01876-2227 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54068274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 199 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Beverly Stewart

Mailing Address 215 W 88th 3G

City State Zip Code
 New York NY 10024-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54075274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Adrian L. Williams

Mailing Address 20008 Northwest 85th Avenue

City State Zip Code
 Miami FL 33015-6933

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54080274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Dusty G. Woods

Mailing Address 1203 Shadow Way

City State Zip Code
 Greenville SC 29615-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54081274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Elaine E. Hayden

Mailing Address 116 Sunset Drive

City State Zip Code
Hempstead NY 11550-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54218274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Jude A. Watters

Mailing Address 6030 S Spruce

City State Zip Code
Casper WY 82601-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54223274

Amount of Each Receipt this Period

160.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Les Glankler

Mailing Address 4806 Willowick Boulevard

City State Zip Code
Alexandria LA 71303-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54242274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 201 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Wayne Thomas

Mailing Address 29 Cycas Drive

City State Zip Code
 Kenner LA 70065-6188

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54249274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Robert D. Hartman

Mailing Address 1351 Fairway

City State Zip Code
 Kyle TX 78640-8767

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54256274

Amount of Each Receipt this Period

130.00

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

C. Full Name (Last, First, Middle Initial)

Ms. Jan Ragland

Mailing Address 13631 Flagstone Lane

City State Zip Code
 Dallas TX 75240-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54261274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 202 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Bob Magers

Mailing Address 4513 San Carlos

City State Zip Code
 Dallas TX 75205-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54264274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Ernest L. Martell

Mailing Address 15980 Bear Valley Road

City State Zip Code
 Victorville CA 92395-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Aeramy Paulseen

Mailing Address 8024 Greenbriar Court

City State Zip Code
 Wichita KS 67226-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54282274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Wesley M. Teterud

Mailing Address 11613 E 48th

City State Zip Code
 Spokane WA 99206-9494

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54284274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Ben Freedman

Mailing Address 143 Amoretti

City State Zip Code
 Lander WY 82520-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54286274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Larry L. Crafon

Mailing Address 10305 Northeast 20th Circle

City State Zip Code
 Vancouver WA 98664-4367

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54297274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

658.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 204 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Owens

Mailing Address PO Box 2813

City State Zip Code
 Camarillo CA 93011-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54319274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. William R. Lindsey

Mailing Address 664 South Wabash Avenue

City State Zip Code
 Redlands CA 92374-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54323274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. David Ray

Mailing Address 4913 Creekbend Road

City State Zip Code
 Crp Christi TX 78413-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54332274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

779.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Bodil Brovick Mailing Address 1344 92nd Avenue Northeast City State Zip Code Clyde Hill WA 98004-3450 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54338274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. David Brody Mailing Address 453 Miller Creek Avenue City State Zip Code San Rafael CA 94903-1317 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54340274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Linda Hulbert Mailing Address PO Box 81402 City State Zip Code Fairbanks AK 99708-1402 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR544274 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

530.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael F. Barry

Mailing Address 3 Evergreen Lane

City State Zip Code
Walpole MA 02081-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54762274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Todd Purich

Mailing Address 6332 Battlevue Drive

City State Zip Code
Raleigh NC 27613-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54768274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. R. Douglas Rasmussen

Mailing Address 9432 Villa Isle Circle

City State Zip Code
Villa Park CA 92861-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54769274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 207 / 395

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City State Zip Code
Honesdale PA 18431-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54771274

Amount of Each Receipt this Period

340.02

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael B. Marshall

Mailing Address 57 Sunset Drive

City State Zip Code
North Salem NY 10560-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR55274

Amount of Each Receipt this Period

182.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Missy Gaynor

Mailing Address 180 Peace Acre Lane

City State Zip Code
Stratford CT 06497-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR557274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

730.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 208 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Frank Scarpa Mailing Address 5 Abbington Way City Morristown State NJ Zip Code 07960-3314 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR559274 Amount of Each Receipt this Period 500.11 P/R Deduction (\$38.47 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Roberto Recine Mailing Address 12800 Cumberland Circle City Anchorage State AK Zip Code 99516-2746 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR561274 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Robert F. Terry Mailing Address 8 Pinnacle Drive City East Walpole State MA Zip Code 02032-1153 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56614274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

910.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 209 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael F. Broderick Cfp

Mailing Address 170 Clapboard Tree Street

City State Zip Code
Westwood MA 02090-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56615274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Don L. Lippencott

Mailing Address 123 Old Post Road
Box 596

City State Zip Code
Port Jefferson NY 11777-0596

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56616274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jeff Perryman

Mailing Address 270 Spectacular Street

City State Zip Code
Henderson NV 89052-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56617274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 210 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roy Salmon
Mailing Address 4255 Alta Vista Avenue

City State Zip Code
Santa Rosa CA 95404-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56626274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. James M. Smith
Mailing Address 6414 Hickorycrest Drive

City State Zip Code
Spring TX 77389-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56628274

Amount of Each Receipt this Period

220.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Laura Hogan
Mailing Address 119 Apple Hill Road

City State Zip Code
Brewster NY 10509-6162

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56634274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

849.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 211 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Oswald C. Francis Mailing Address PO Box 743 City Elmont State NY Zip Code 11003-0743 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56647274 Amount of Each Receipt this Period 100.02 P/R Deduction (\$16.67 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Lois P. Nole Mailing Address 3170 Viaduct Ponciana # 6 City Lake Worth State FL Zip Code 33467-3303 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR568274 Amount of Each Receipt this Period 600.00 P/R Deduction (\$100.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Michael E. Sproule Mailing Address 16 Middle Beach Road City Madison State CT Zip Code 06443-3053 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation E.V.P. & Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR570274 Amount of Each Receipt this Period 500.11 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1200.13

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jefferson C. Boyce

Mailing Address 28 Inwood Street

City State Zip Code
 Yonkers NY 10704-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57512274

Amount of Each Receipt this Period

309.53

P/R Deduction (\$23.81 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara J. McNerney

Mailing Address 35 Sutton Place
Apt. 4E

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Corporate Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57513274

Amount of Each Receipt this Period

309.53

P/R Deduction (\$23.81 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Gedalia Miller

Mailing Address 1436 46th Street

City State Zip Code
 Brooklyn NY 11219-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57521274

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

1139.06

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Cheong H. Tsang

Mailing Address 1974 Troy Avenue

City State Zip Code
 Brooklyn NY 11234-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.67

Date of Receipt

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

Transaction ID: PR57525274

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Ralph K. Sklar

Mailing Address 6632 Liggett Drive

City State Zip Code
 Oakland CA 94611-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: PR575274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jon A. Law

Mailing Address 5 Mann Drive

City State Zip Code
 Liverpool NY 13088-5477

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

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

Transaction ID: PR57549274

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1497.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn W. Arnold
Mailing Address 32 Fieldstone Lane

City State Zip Code
Medford NJ 08055-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57550274

Amount of Each Receipt this Period

195.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jack C. C. Hall
Mailing Address 1020 Watkins Creek Drive

City State Zip Code
Franklin TN 37067-7829

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57553274

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Bradley J. Jensen
Mailing Address 5004 Itasca Street

City State Zip Code
Lubbock TX 79416-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57554274

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

1222.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. William J. Terry, III Mailing Address 43 Winchester Road City State Zip Code Arlington MA 02474-1019 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57555274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. William F. Murphy Mailing Address 233 Linkside Circle City State Zip Code Ponte Vedra FL 32082-2034 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57556274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. David A. Odom Mailing Address 24719 Bogey Ridge City State Zip Code San Antonio TX 78258-4805 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57557274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jerry L. Johnston Mailing Address 3920 Arkwright Road Suite 160 City Macon State GA Zip Code 31210-1744 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57558274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. James B. Moore Mailing Address 13413 Wyngate Point City San Diego State CA Zip Code 92130-1347 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57559274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Kevin E. Boland Mailing Address 3993 Howard Hughes Parkway #500 City Las Vegas State NV Zip Code 89169-6700 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57560274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Eric Cox Mailing Address 136 Cape May Lane City Mount Pleasant State SC Zip Code 29464-6500 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57561274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Hugh J. Smith Mailing Address 10 Rock Road City Attleboro State MA Zip Code 02703-4454 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57563274 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Robert J. Hynes Mailing Address 6 Cliftwood Drive City Huntington State NY Zip Code 11743-2103 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR578274 Amount of Each Receipt this Period 104.00 P/R Deduction (\$8.00 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

949.00

TOTAL This Period (last page this line number only)

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

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J. Troeller

Mailing Address 12 Crape Myrtle Drive

City State Zip Code
 Holmdel NJ 07733-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR582274

Amount of Each Receipt this Period

325.00

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

Full Name (Last, First, Middle Initial)

B. Mr. Mark W. Pfaff

Mailing Address 330 Stockbridge Road

City State Zip Code
 Charlotte VT 05445-9356

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1382.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR584274

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Joe Alderman

Mailing Address 260 Chicora Club

City State Zip Code
 Dunn NC 28334-5671

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58612274

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

1154.00

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Nicola Iannitelli
Mailing Address 148 Brittany Court

City State Zip Code
Clifton NJ 07013-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58613274

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert G. Karalius
Mailing Address 139 Sutcliffe Lane

City State Zip Code
Conshohocken PA 19428-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58614274

Amount of Each Receipt this Period

195.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Frank Lusk
Mailing Address 15185 Wood Duck Trail Northwest

City State Zip Code
Prior Lake MN 55372-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58615274

Amount of Each Receipt this Period

650.00

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

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Anne F. Pollack			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 44 Gramercy Park N Apt. 9D			Transaction ID: PR587274	
City State Zip Code New York NY 10010-6310			Amount of Each Receipt this Period <div>500.11</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Svp & Chief Investment Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1000.22</div>		
B. Full Name (Last, First, Middle Initial) Mr. Bernard J. Zweig			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 393 West End Avenue Apt. 9D			Transaction ID: PR602274	
City State Zip Code New York NY 10024-6141			Amount of Each Receipt this Period <div>250.02</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.02</div>		
C. Full Name (Last, First, Middle Initial) Mr. Scot R. Bradstreet			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address PO Box 415			Transaction ID: PR60274	
City State Zip Code Stratham NH 03885-0415			Amount of Each Receipt this Period <div>499.98</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>999.96</div>		

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

P/R Deduction (\$83.34 Monthly)

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1250.11

TOTAL This Period (last page this line number only)

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jonathan T. Paone
Mailing Address 57 Van Doren Avenue

City State Zip Code
Chatham NJ 07928-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60596274

Amount of Each Receipt this Period

195.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dale Lazzarone
Mailing Address 4165 Caughlin Parkway

City State Zip Code
Reno NV 89509-0601

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60603274

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Paul M. Holmes
Mailing Address 3200 Beechleaf Court
Suite 820

City State Zip Code
Raleigh NC 27604-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60641274

Amount of Each Receipt this Period

260.00

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

SUBTOTAL of Receipts This Page (optional)

579.98

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Raul G. Morrison			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR607274	
Mailing Address 5000 Town Center Suite 3004			Amount of Each Receipt this Period 156.00	
City	State	Zip Code		
Southfield	MI	48075-1118		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	P/R Deduction (\$12.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Charles W. Van Devander			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61188274	
Mailing Address 10396 Whispering Pines Drive			Amount of Each Receipt this Period 195.00	
City	State	Zip Code		
Frisco	TX	75034-3807		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Johnson Kho			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR612274	
Mailing Address 110 Westminster Road			Amount of Each Receipt this Period 300.00	
City	State	Zip Code		
Scarsdale	NY	10583-2425		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

651.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 223 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William E. Mahoney, Jr., Jr.

Mailing Address 936 Intracostal Drive
Apt. 14F

City State Zip Code
Fort Lauderdale FL 33304-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61274

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00
Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Faylin Monica Rodney

Mailing Address 116-72 232nd Street

City State Zip Code
Jamaica NY 11411-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61306274

Amount of Each Receipt this Period

150.00

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

Full Name (Last, First, Middle Initial)

C. Mr. John P. Border

Mailing Address 12720 Crown Crest Drive

City State Zip Code
Bakersfield CA 93311-8568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61309274

Amount of Each Receipt this Period

124.98

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

SUBTOTAL of Receipts This Page (optional)

1274.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 224 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Sean M. Starling

Mailing Address 4957 Lockraven Drive

City State Zip Code
Winston-Salem NC 27104-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61314274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Steven L. P. Wong

Mailing Address 620 Deerbrook Drive

City State Zip Code
Yardley PA 19067-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61319274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Ralph P. Owen

Mailing Address 3317 Highway 63

City State Zip Code
Bloomfield IA 52537-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61327274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

949.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 225 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas A. Drynan
Mailing Address 2409 W Chadwick Court

City State Zip Code
Spokane WA 99208-4466

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61330274

Amount of Each Receipt this Period

120.18

P/R Deduction (\$20.03 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Alan Pottebaum
Mailing Address 29 Laura Drive

City State Zip Code
Lemars IA 51031-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61338274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Ross Inciong
Mailing Address 14424 37 Avenue Apt. 5J

City State Zip Code
Flushing NY 11354-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61344274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 226 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Travis D. Hite
Mailing Address 103 Dekalb Street

City State Zip Code
Staten Island NY 10304-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61346274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Bob Chrisman
Mailing Address 2660 Augusta #6303

City State Zip Code
Houston TX 77057-5682

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61363274

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Thompson
Mailing Address 106 Suffolk Court

City State Zip Code
Garden City KS 67846-8464

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61375274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

640.02

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jason Mickey Mailing Address 8001 Divernon Avenue City Las Vegas State NV Zip Code 89149-4913 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61380274 Amount of Each Receipt this Period 150.02 P/R Deduction (\$11.54 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Donald E. Lippencott Mailing Address 10 Hawkins Avenue City Setauket State NY Zip Code 11733-3911 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61382274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Greg Davis Mailing Address 2005 Marshallfield Lane City Redondo Beach State CA Zip Code 90278-4213 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61384274 Amount of Each Receipt this Period 125.00 P/R Deduction (\$62.50 Monthly)

SUBTOTAL of Receipts This Page (optional)

575.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 228 / 395

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Teresita Mantal Reyes

Mailing Address 242 N Marvista Avenue #1

City State Zip Code
Pasadena CA 91106-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61387274

Amount of Each Receipt this Period

125.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Dennis Poulos

Mailing Address 14111 Fenton Road

City State Zip Code
Fenton MI 48430-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61392274

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Patricia A. Goldin

Mailing Address 189 Wildwood Trail

City State Zip Code
Petal MS 39465-2681

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61395274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

379.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 229 / 395

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Les J. Marsh

Mailing Address PO Box 1792

City State Zip Code
 Great Falls MT 59403-1792

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61396274

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00
Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Jeff Willis

Mailing Address 320 West Cherry Street
Box 36

City State Zip Code
 Shelby NE 68662-0036

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61402274

Amount of Each Receipt this Period

150.00

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

C. Full Name (Last, First, Middle Initial)

Mr. Jeff Mason

Mailing Address 12 Heather Street

City State Zip Code
 Manchester NH 03104-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61405274

Amount of Each Receipt this Period

124.98

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

SUBTOTAL of Receipts This Page (optional)

1274.98

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory Eric Williams

Mailing Address 48 Mount Vernon Street

City State Zip Code
 Somersworth NH 03878-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61406274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Sandra Udasco

Mailing Address 25 Ardsley Court

City State Zip Code
 East Brunswick NJ 08816-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61413274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gregory P. Genovese

Mailing Address 14 Woodcutters Lane

City State Zip Code
 Cold Spring Harbor NY 11724-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61416274

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

490.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Sybilla C. Ruark Lenz

Mailing Address RR 1 Box 1530

City State Zip Code
Factoryville PA 18419-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61419274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Randall D. Hart

Mailing Address 3547 State Route 7

City State Zip Code
New Waterford OH 44445-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61424274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Moses Eric Cobb

Mailing Address 7646 Tiverton Drive

City State Zip Code
Springfield VA 22152-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61428274

Amount of Each Receipt this Period

135.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Russell Bicker

Mailing Address 125 Poplar Forest Drive

City State Zip Code
 Slippery Rock PA 16057-8527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61435274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. John Pereira

Mailing Address 2815 E 10th Street

City State Zip Code
 the Dalles OR 97058-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61437274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Rodney S. Ferguson

Mailing Address 466 Blackwolf Run Drive

City State Zip Code
 Wildwood MO 63040-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61446274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1149.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 233 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas J. Kanaley

Mailing Address 150 Lenox Way

City State Zip Code
 San Francisco CA 94127-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61452274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Cheryl N Nguyen

Mailing Address 545 East St. John Street

City State Zip Code
 San Jose CA 95112-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61459274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Edward C. Han

Mailing Address 5619 Blackoak Court

City State Zip Code
 Stockton CA 95207-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61472274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William Schultz

Mailing Address PO Box 489

City State Zip Code
 Shelton WA 98584-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61474274

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Paul J. Haye

Mailing Address 6475 Dowling Road

City State Zip Code
 Perrysburg OH 43551-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61475274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Henoch Lerner

Mailing Address 162 A Maple Avenue

City State Zip Code
 Spring Valley NY 10977-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61482274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 235 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Brian Ruh Mailing Address 23702 Steintal Road City Kiel State WI Zip Code 53042-4994 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61485274 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Harvey C. Krautschun Mailing Address PO Box 157 City Spearfish State SD Zip Code 57783-0157 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 561.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61486274 Amount of Each Receipt this Period 361.00 P/R Deduction (\$361.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Billy L. Nicholson Mailing Address 214 Swallow Drive City McAlester State OK Zip Code 74501-7418 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61496274 Amount of Each Receipt this Period 100.02 P/R Deduction (\$16.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1461.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 236 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark James McAdams

Mailing Address 2402 Laureldale Park Lane

City State Zip Code
Spring TX 77386-2974

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61497274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Donna Knasiak

Mailing Address 33 Yale Square

City State Zip Code
Morton PA 19070-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61508274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Christopher Jones

Mailing Address 25723 Bridle Creek Dr. N

City State Zip Code
Magnolia TX 77355-5879

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61512274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 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)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Boyd Phillips
Mailing Address 14191 Highway 221

City State Zip Code
Marion NC 28752-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61526274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Hebron
Mailing Address 231 Wyoming Avenue

City State Zip Code
Maplewood NJ 07040-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Nelson
Mailing Address 102 Arlington Road

City State Zip Code
Utica NY 13501-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61530274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Lucius Hicks, IV Mailing Address 22330 S Meyler Street # 23 City Torrance State CA Zip Code 90502-2381 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61538274 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Kurt Anderson Mailing Address 13038 Village Chase Circle City Tampa State FL Zip Code 33618-8359 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Sales Development Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61547274 Amount of Each Receipt this Period 700.00 P/R Deduction (\$83.34 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Christopher J. Kolbeck Mailing Address 11 Mountain Laurel Way City Azusa State CA Zip Code 91702-6265 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Sales Development Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61559274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 239 / 395

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jonathan B. Swaney
Mailing Address 3 Muirfield Road

City State Zip Code
Falmouth ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61566274

Amount of Each Receipt this Period

130.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Barry A. Schub
Mailing Address 4 Wren Court

City State Zip Code
Morristown NJ 07960-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61569274

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Ms. Michele M. Kenaga
Mailing Address 3 Pequot Drive

City State Zip Code
Norwalk CT 06855-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.29

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61572274

Amount of Each Receipt this Period

195.00

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

SUBTOTAL of Receipts This Page (optional)

575.12

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mike Harrison
Mailing Address 105 Scenic Drive

City State Zip Code
Madison AL 35758-8786

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR63192274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Alan I. Weissbaum
Mailing Address 10912 Northwest 4th Drive

City State Zip Code
Coral Springs FL 33071-8120

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR63205274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Alan H. Shortell
Mailing Address 161 Farrington Avenue

City State Zip Code
Sleepy Hollow NY 10591-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR63216274

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

520.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 241 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Julia A. Warren

Mailing Address 78 Crest Drive

City State Zip Code
 South Orange NJ 07079-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR633274

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)

Mr. James J. Coffee

Mailing Address 327 Lakeside Dr. N

City State Zip Code
 Forked River NJ 08731-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR637274

Amount of Each Receipt this Period

126.00

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

C. Full Name (Last, First, Middle Initial)

Ms. Diane H. Gould

Mailing Address 1102 Prospect Hill Place

City State Zip Code
 Rockville MD 20850-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR638274

Amount of Each Receipt this Period

498.00

P/R Deduction (\$83.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

949.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 242 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bernee V. Kapili M.D.

Mailing Address 200 East End Avenue
Apt. 14G

City State Zip Code
New York NY 10128-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64242274

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Ms. Elisabeth M. Ingoldsby

Mailing Address 145 N Four Bridges Road

City State Zip Code
Long Valley NJ 07853-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64245274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Terry B. Capsay

Mailing Address 6144 N Keeler Avenue

City State Zip Code
Chicago IL 60646-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64250274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

705.12

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Arthur H. Seter

Mailing Address 1 Merion Drive

City State Zip Code
Purchase NY 10577-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Deputy Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64266274

Amount of Each Receipt this Period

125.06

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

B. Full Name (Last, First, Middle Initial)

Ms. Carol S. Mayer

Mailing Address 27 Spook Ridge Road

City State Zip Code
U Saddle River NJ 07458-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
V.P. & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64268274

Amount of Each Receipt this Period

250.25

P/R Deduction (\$19.25 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Paul K. Cunningham

Mailing Address 42 Strickland Place

City State Zip Code
Manhasset NY 11030-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64269274

Amount of Each Receipt this Period

250.25

P/R Deduction (\$19.25 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

625.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 244 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David R. Monroe

Mailing Address 96 Pleasant Drive

City State Zip Code
 Southbury CT 06488-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64270274

Amount of Each Receipt this Period

125.06

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

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City State Zip Code
 South Orange NJ 07079-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64273274

Amount of Each Receipt this Period

250.25

P/R Deduction (\$19.25 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Janet M. Dolan

Mailing Address 305 W 98th Street
Apt. 1En

City State Zip Code
 New York NY 10025-5558

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64274274

Amount of Each Receipt this Period

125.06

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

SUBTOTAL of Receipts This Page (optional)

500.37

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Gary W. Scofield Mailing Address 45 Blydenberg Lane City State Zip Code Stonybrook NY 11790-2123 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Vice President & Chief Actuary Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64275274 Amount of Each Receipt this Period 125.06 P/R Deduction (\$9.62 Bi-W-weekly)
B. Full Name (Last, First, Middle Initial) Mr. Michael Arnheiter Mailing Address 220 N Falmouth Highway City State Zip Code North Falmouth MA 02556-3102 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR645274 Amount of Each Receipt this Period 600.00 P/R Deduction (\$100.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Tommy Ingram Mailing Address 114 Coldwater Lane City State Zip Code Austin TX 78734-5206 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64540274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

875.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 246 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Douglas W. Pelz
Mailing Address 2404 Thomas Hill Drive

City State Zip Code
Coeur D Alene ID 83815-6334

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64543274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen M. Coletto
Mailing Address 61 Chester Avenue

City State Zip Code
Brooklyn NY 11218-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64710274

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Dorothea Rodd
Mailing Address 14 Old Neck Court

City State Zip Code
Manorville NY 11949-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.91

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64712274

Amount of Each Receipt this Period

130.00

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

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 247 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. James Van Merkensteijn Mailing Address 1313A 12th Street Northwest City Washington State DC Zip Code 20005-4401 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64715274 Amount of Each Receipt this Period 125.06
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Legislative Vice President Aggregate Year-to-Date ▼ 250.12 P/R Deduction (\$9.62 Bi-W- weekly)
B. Full Name (Last, First, Middle Initial) Mr. Harry W. DeHaven Mailing Address 9065 Bethel Road City Gainesville State GA Zip Code 30506-3963 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64719274 Amount of Each Receipt this Period 156.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Cvp - Information Systems Aggregate Year-to-Date ▼ 300.00 P/R Deduction (\$11.54 Bi- Weekly)
C. Full Name (Last, First, Middle Initial) Mr. John A. Foster Mailing Address 5707 Sodus Shores City Sodus State NY Zip Code 14551-9610 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64720274 Amount of Each Receipt this Period 325.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Partner Aggregate Year-to-Date ▼ 650.00 P/R Deduction (\$25.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)

606.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 248 / 395

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Jessie M. Colgate Mailing Address 5815 Potomac Avenue Northwest City Washington State DC Zip Code 20016-2517 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp - Office of Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 904.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR648274 Amount of Each Receipt this Period 452.01 P/R Deduction (\$34.77 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Steven M. Jacobsberg Mailing Address 23 Hampton Court City Port Washington State NY Zip Code 11050-3020 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65205274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Laura A. Sheldon Mailing Address 3 Cauldwell Street City Eastchester State NY Zip Code 10709-3603 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Applications Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65206274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

712.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 249 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dominic Sacratini Mailing Address 2101 Misty Meadow Road City Finksburg State MD Zip Code 21048-1744 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65217274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Mark Watts Mailing Address 3568 Huntertown Road City Allison Park State PA Zip Code 15101-1039 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65433274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Puneet Seth Mailing Address 2 Betsy Ross Court City East Brunswick State NJ Zip Code 08816-3264 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 517.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65434274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John P. Curry
Mailing Address 905 Foxhollow Run

City State Zip Code
Alpharetta GA 30004-0959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior V.P. - South Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65435274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas J. O'Grady
Mailing Address 6006 Three Rivers Drive

City State Zip Code
Harrisburg PA 17112-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65437274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Daniel F. Clements
Mailing Address 600 Rosinccress Court

City State Zip Code
San Ramon CA 94582-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65439274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Chinsoo Park Mailing Address 2230 George C. Marshall Drive Apt. # 428 City Falls Church State VA Zip Code 22043-2587 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65444274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Brian R. Lescinkas Mailing Address 9737 E Mount Pleasant Drive City Tucson State AZ Zip Code 85749-9357 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65448274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Brooks Cowan Mailing Address 60 Pineapple Street 8F City Brooklyn State NY Zip Code 11201-6841 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Financial Systems Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65463274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶		455.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brad A. Heyde
Mailing Address 2210 Winsted Drive #5105

City State Zip Code
Dallas TX 75214-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65468274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Greg Bilbro
Mailing Address 8308 Ville Court Northeast

City State Zip Code
Albuquerque NM 87113-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65470274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Cande J. Olsen
Mailing Address 85 Canterbury Road

City State Zip Code
Chatham NJ 07928-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Regulatory Modernization

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR656274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Sheila K. Davidson Mailing Address 45 East Ninth Street Apt. 6/7 City New York State NY Zip Code 10003-6307 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation E.V.P. - Law & Corporate Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 924.82		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR659274 Amount of Each Receipt this Period 462.41 P/R Deduction (\$35.57 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Verne Brakke Mailing Address 624 N Jackson City Pierre State SD Zip Code 57501-2314 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65979274 Amount of Each Receipt this Period 150.00 P/R Deduction (\$25.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Victoria C. Buhrow Mailing Address 21 81st Avenue City Treasure Island State FL Zip Code 33706-5212 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66021274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

937.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jean-Louis M. Pedat		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66022274	
Mailing Address 148 West 70th Street Apt. 8		Amount of Each Receipt this Period 520.00	
City New York	State NY	Zip Code 10023-4412	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Cvp - Internet Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		
B. Full Name (Last, First, Middle Initial) Mr. John A. Cullen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66023274	
Mailing Address 527 Parkview Avenue		Amount of Each Receipt this Period 260.00	
City Westfield	State NJ	Zip Code 07090-2403	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp Controller & Chief Accounting Off.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
C. Full Name (Last, First, Middle Initial) Mr. Robert A. McLoughlin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66024274	
Mailing Address 6 Hollywood Drive		Amount of Each Receipt this Period 325.00	
City Dobbs Ferry	State NY	Zip Code 10522-3009	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Helen M. Napoli Mailing Address 2 Oxford Road City North Caldwell State NJ Zip Code 07006-4216 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66025274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Nathan W. Fincher Mailing Address 206 Casting Street Southeast City Albany State OR Zip Code 97322-7347 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Associate Sales Development Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66026274 Amount of Each Receipt this Period 455.00 P/R Deduction (\$35.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Leonard J. Mackesy Mailing Address 8 Hillside Avenue City Kearny State NJ Zip Code 07032-1633 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Security Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66027274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Beverly G. Fuscaldo Mailing Address 770 Anderson Avenue 12G City State Zip Code Cliffside Park NJ 07010-2182 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR668274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Thomas J. Warga Mailing Address 2500 Abbey Lane City State Zip Code Seaford NY 11783-3509 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp & General Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 586.64		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR669274 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Stephen Knowles Mailing Address 1904 Greenhill Road City State Zip Code Lansdowne PA 19050-1012 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Sales Development Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66976274 Amount of Each Receipt this Period 104.00 P/R Deduction (\$8.00 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Rychard F. Mysliwiec

Mailing Address 82 Rolling Meadow Drive

City State Zip Code
Holliston MA 01746-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66978274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. John Quarella, Jr.

Mailing Address 134 Paugus Road

City State Zip Code
Holden MA 01520-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66979274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark H. Rodden

Mailing Address 2641 Freeman Manor Drive

City State Zip Code
Jones OK 73049-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66980274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Timothy M. Babbert

Mailing Address 1 Crimson King Trail

City State Zip Code
Flemington NJ 08822-1993

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR66982274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
Mr. Vincent J. Palma

Mailing Address 13 Randall Road

City State Zip Code
Wading River NY 11792-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR66983274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert C. Sheffield

Mailing Address 4016 Five Oaks Court

City State Zip Code
Charlotte NC 28227-9272

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR66985274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

312.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lyle D. Wilcox

Mailing Address 4 Border Lane

City State Zip Code
 Sherman CT 06784-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66987274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Simpson

Mailing Address 7806 Hampton Meadows Lane

City State Zip Code
 Chesterfield VA 23832-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66989274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Edward A. Davis, Jr.

Mailing Address 4908 Hastings Street

City State Zip Code
 Metairie LA 70006-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66990274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John D. Garnett
Mailing Address 1009 Seminole Highway

City State Zip Code
Madison WI 53711-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66991274

Amount of Each Receipt this Period

110.50

P/R Deduction (\$8.50 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
Mr. Ira Goodkin
Mailing Address 743 S Elmwood Avenue

City State Zip Code
Oak Park IL 60304-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66992274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C. Full Name (Last, First, Middle Initial)
Mr. Roy H. Morris
Mailing Address 5000 E Havenhill Drive

City State Zip Code
Sioux Falls SD 57110-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66993274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

318.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Frank S. Harman

Mailing Address 3425 Ashmeade Drive

City State Zip Code
Roanoke VA 24018-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66994274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Reeves

Mailing Address 202 Owens Park Drive

City State Zip Code
Houston TX 77094-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66995274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Samuel L. Bridgeman

Mailing Address 6022 Claridge Drive

City State Zip Code
Houston TX 77096-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66996274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Allen A. Hensley
Mailing Address 4904 Lakeland Drive

City State Zip Code
Frisco TX 75035-8237

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66999274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Harold A. Van Vleet
Mailing Address 9415 Layton Avenue Northeast

City State Zip Code
Albuquerque NM 87111-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67000274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. David A. Thompson
Mailing Address 4251 S Deframe Street

City State Zip Code
Morrison CO 80465-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67002274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ronald O. McCombs

Mailing Address 1663 Baywood Drive

City State Zip Code
 Concord CA 94521-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67003274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael Smith

Mailing Address 5 Dayton Circle

City State Zip Code
 Trumbull CT 06611-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Product Promotions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67011274

Amount of Each Receipt this Period

192.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ladonna B. Carr

Mailing Address 148 67th Street

City State Zip Code
 West New York NJ 07093-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee Counselor & Ada Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67021274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

517.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ronald J. Terry
Mailing Address 55 Rustic Gate Lane

City State Zip Code
Dix Hills NY 11746-6138

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67026274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Dennis V. Westgard
Mailing Address 1819 Kent Street

City State Zip Code
Westbury NY 11590-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67029274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert G. Stauffer
Mailing Address 61 Harvard Oval

City State Zip Code
Freehold NJ 07728-5396

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67033274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Jacqueline M. Barton

Mailing Address 36 Windemere Drive

City State Zip Code
Yonkers NY 10710-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Systems Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67048274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Carlomagno Elinon

Mailing Address 812 Winchester Avenue

City State Zip Code
Hillside NJ 07205-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67049274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Paul M. Peyser

Mailing Address 10 Kemp Drive

City State Zip Code
Springfield NJ 07081-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67060274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Susan A. Thrope
Mailing Address 56 Random Farms Drive

City State Zip Code
Chappaqua NY 10514-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Deputy General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67073274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Pettus C. Gibbons
Mailing Address 4028 Dorris Road

City State Zip Code
Irving TX 75038-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Advanced Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67089274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Frederick B. Van Blaricom
Mailing Address 201 E 39th Street

City State Zip Code
Savannah GA 31401-9019

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67090274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Floyd R. Chapman

Mailing Address 22 Foss Court

City State Zip Code
 Walnut Creek CA 94597-6814

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Zone Agency Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67091274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Sonali Virendra

Mailing Address 219 Riverwalk Way

City State Zip Code
 Clifton NJ 07014-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67096274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Arthur Keegan

Mailing Address 12 Crest Rd. E

City State Zip Code
 Merrick NY 11566-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67097274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

364.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Edwin Cruz

Mailing Address 140 7th Avenue

City State Zip Code
 New York NY 10011-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67099274

Amount of Each Receipt this Period

110.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Richard Echevarria

Mailing Address 91 Pickwick Lane

City State Zip Code
 North Babylon NY 11703-5211

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67106274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Michael B. Swartout

Mailing Address 8705 Northwest 116th Terrace

City State Zip Code
 Oklahoma City OK 73162-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67110274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

344.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. George E. Silos
Mailing Address 385 Larch Avenue

City State Zip Code
Bogota NJ 07603-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR671274

Amount of Each Receipt this Period

137.96

P/R Deduction (\$11.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth M. Toffolo
Mailing Address 1378 Graymill Drive

City State Zip Code
Scotch Plains NJ 07076-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67208274

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark W. Talgo
Mailing Address 5 Stony Hill Road

City State Zip Code
West Harrison NY 10604-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67213274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

371.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Grant D. Kinkade Mailing Address 1441 Arnold Road City State Zip Code Westminster MD 21157-7208 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67219274 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Susan E. Marcus Mailing Address 188-50J 71st Crescent City State Zip Code Fresh Meadows NY 11365-3762 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation A.V.P. - Business Architecture Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67224274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Byron J. Villacreses Mailing Address 60 Timber Ridge Drive City State Zip Code Coram NY 11727-2429 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation A.V.P. - Agency Compensation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67230274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory F. Appel
Mailing Address 113 Park Road Extension

City State Zip Code
Goldens Brg NY 10526-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67242274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Dennis M. Cleary
Mailing Address 9343 246th Street

City State Zip Code
Floral Park NY 11001-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67243274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Theresa M. Pepe
Mailing Address 875 Route 312

City State Zip Code
Brewster NY 10509-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67246274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Eric J. Grossman

Mailing Address 8310 35 Avenue
Apt. 40

City State Zip Code
Jackson Heights NY 11372-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Architectur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67256274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Joseph J. Hogan

Mailing Address 8448 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67261274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Timothy H. Martin

Mailing Address 2974 Judylyn Drive

City State Zip Code
Decatur GA 30033-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67262274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven J. Schoen
Mailing Address 84 Silver Spring Road

City State Zip Code
Short Hills NJ 07078-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR675274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Donna J. Caruso
Mailing Address 5253 Willow Court

City State Zip Code
Cape Coral FL 33904-5664

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR678274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Paul M. Beggan Clu Chfc
Mailing Address 10 Hartford Street

City State Zip Code
Medfield MA 02052-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67906274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Karen E. Dann Mailing Address 520 E 90th Street 4G City New York State NY Zip Code 10128-7886 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67914274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Mark P. Rosa Mailing Address 6 Lakeview Avenue City West Islip State NY Zip Code 11795-4123 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation A.V.P. - Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67917274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Ramon L. Ortiz Mailing Address 257 Clinton Street Apt. 18N City New York State NY Zip Code 10002-8088 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Second Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67918274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Fred D. Nicolais

Mailing Address 5605 31st Avenue
Apt. 2J

City State Zip Code
Woodside NY 11377-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
G.O. Agency Standards Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67920274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Richard C. Dipippo

Mailing Address 16619 Harbor Town Drive

City State Zip Code
Silver Spring MD 20905-4082

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR68274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Margaret DeCesare

Mailing Address 9-5 Foxwood Drive

City State Zip Code
Pleasantville NY 10570-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR68689274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

825.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roy Murphy
Mailing Address 15 Stewart Avenue

City State Zip Code
Garden City NY 11530-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Financial Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR68692274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Chandrakant A. Engineer
Mailing Address 65 Michael Lp

City State Zip Code
Staten Island NY 10301-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR689274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John T. Baier
Mailing Address 12 Skytop Drive

City State Zip Code
Denville NJ 07834-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR692274

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

780.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Georgene Sfraga Panza Mailing Address 4 Hampton Court City Twp Washinton State NJ Zip Code 07676-5125 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR694274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Izhak Asher Mailing Address 29 Center Drive City Roslyn State NY Zip Code 11576-1445 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69457274 Amount of Each Receipt this Period 375.00 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Lloyd Pomerantz Mailing Address 57 Marion Avenue City Merrick State NY Zip Code 11566-3109 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69459274 Amount of Each Receipt this Period 130.00 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Harris Kagan

Mailing Address 1608 Pandora Avenue

City State Zip Code
 Los Angeles CA 90024-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69462274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Steven Bumbera

Mailing Address 1617 Dumont Terrace

City State Zip Code
 Wall NJ 07719-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69470274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Leonard Isaacs

Mailing Address 66 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69471274

Amount of Each Receipt this Period

342.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

792.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Frederick Elmer Doggett Jr., Jr.
Mailing Address 10302 Slidingrock Drive

City State Zip Code
Mechanicsville VA 23116-8723

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69479274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Dominick Vassos
Mailing Address 1311 Joseph Lane

City State Zip Code
Addison IL 60101-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69495274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Tim F. Moore
Mailing Address 1539 Highbluff Drive

City State Zip Code
Diamond Bar CA 91765-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69496274

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Fitzpatrick
Mailing Address 103 Prospect Avenue

City State Zip Code
Waterloo IA 50703-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69529274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Brandon Ronald Paulsen
Mailing Address 12417 Boxthorn

City State Zip Code
Wichita KS 67206-8259

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69544274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joel D. Gueck
Mailing Address 347 Monte Vista Street

City State Zip Code
Brighton CO 80601-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69548274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 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**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Peter De La Rambelje

Mailing Address 3198 W Windwalker Place

City State Zip Code
Tucson AZ 85742-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69558274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Berge A. Borrevik

Mailing Address N 10727 Elma Drive

City State Zip Code
Spokane WA 99218-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69559274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Jay Hanson

Mailing Address 7135 Whitehall Street

City State Zip Code
Anchorage AK 99502-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69573274

Amount of Each Receipt this Period

283.02

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

563.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Diana Dabach
Mailing Address 22246 Ninfa Court

City State Zip Code
Woodland Hills CA 91364-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69582274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Leslie C. Griffin
Mailing Address 1301 N Courthouse Road
#906

City State Zip Code
Arlington VA 22201-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69639274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Meiowitz
Mailing Address 12 E 86th Street

City State Zip Code
New York NY 10028-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assoc. General Counsel & Asst. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69644274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Debbie Y. Moy
Mailing Address 23318 39th Road

City State Zip Code
Douglaston NY 11363-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69651274

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Eric J. Hagerstrom
Mailing Address C/O Nylife International
51 Madison Avenue, Room 1016

City State Zip Code
New York NY 10010-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President - Customer Service Asia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69654274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Marguerite E. Morrison
Mailing Address 20 West 86th Street
#6A

City State Zip Code
New York NY 10024-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69660274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

533.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Anil Pandya
Mailing Address 180 Old Mill Drive

City State Zip Code
Schaumburg IL 60193-2873

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69663274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Victor A. Verastegui
Mailing Address 5404 Avenal Drive

City State Zip Code
Lutz FL 33558-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69667274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Bik Yung Tsang
Mailing Address 1974 Troy Avenue

City State Zip Code
Brooklyn NY 11234-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR700274

Amount of Each Receipt this Period

700.00

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William F. Leisman, III, III

Mailing Address 4 Orchard Avenue

City State Zip Code
Weston MA 02193-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70680274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Anil Kumar Jain

Mailing Address 6 Orleans Court

City State Zip Code
Commack NY 11725-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70683274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph L. Di Bella

Mailing Address 7 Berkshire Drive

City State Zip Code
East Greenbush NY 12061-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70687274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

950.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Suk-Ku Lim
Mailing Address 3620 Stanford Circle

City State Zip Code
Falls Church VA 22041-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70702274

Amount of Each Receipt this Period

190.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth Tooke
Mailing Address 3033 Curry Lane

City State Zip Code
Carmel IN 46033-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70704274

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Sunil Shah
Mailing Address 820 Morningside Drive

City State Zip Code
Schaumburg IL 60173-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70707274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John Anthony Christopher

Mailing Address 8251 Pembridge

City State Zip Code
Woodridge IL 60517-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70708274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. P. J. Demarie, III

Mailing Address 24 Woodvine Court

City State Zip Code
Covington LA 70433-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70709274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. James K. Russo

Mailing Address 128 Pembroke Lane

City State Zip Code
Lafayette LA 70508-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70710274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Williams

Mailing Address 317 Sharondale

City State Zip Code
 El Paso TX 79912-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70711274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. David W. Menard

Mailing Address 4119 Solway Lane

City State Zip Code
 Houston TX 77025-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70712274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Joe Kin Foo Lau

Mailing Address 11278 Del Golfo

City State Zip Code
 Yuma AZ 85367-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70716274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 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)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael D. Dixon Mailing Address 5055 Pathfinder City State Zip Code Oak Park CA 91377-4704 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70718274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Don Wilson Mailing Address 9622 Victor Road City State Zip Code Anchorage AK 99515-1408 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70720274 Amount of Each Receipt this Period 500.00 P/R Deduction (\$83.34 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. James J. Casey Mailing Address 36 Argyle Place City State Zip Code Rockville Center NY 11570-2839 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.10			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70727274 Amount of Each Receipt this Period 173.42 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

973.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Elaine A. Rogers

Mailing Address 150 Melrose Avenue

City State Zip Code
 Massapequa NY 11758-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70729274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Lee Kitzenberg

Mailing Address 5814 Vernon Lane

City State Zip Code
 Edina MN 55436-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71260274

Amount of Each Receipt this Period

490.00

P/R Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Todd Belleau

Mailing Address 8182 E 157 Court

City State Zip Code
 Brighton CO 80601-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71261274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ronald F. Walker
Mailing Address 1575 Fairway Drive

City State Zip Code
Los Altos CA 94024-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71262274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Bob Homler
Mailing Address 209 Orchard Drive

City State Zip Code
Mahwah NJ 07430-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR714274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Bill Van Winkle
Mailing Address 41 Breezy Point

City State Zip Code
Little Silver NJ 07739-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717274

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

846.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Stuart R. Grossman
Mailing Address 8133 Verbeck Drive

City State Zip Code
Manlius NY 13104-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71755274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Dietze Clu
Mailing Address 13409 Marble Rock Drive

City State Zip Code
Chantilly VA 20151-2482

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71758274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael P. Capraro
Mailing Address 22251 Abington Drive

City State Zip Code
Farmington Hi MI 48335-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71759274

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael Shock
Mailing Address 21 Rebecca Lane

City State Zip Code
Conway AR 72032-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71761274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. William R. Kalander
Mailing Address 63 Westwind Drive

City State Zip Code
Jamestown RI 02835-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71769274

Amount of Each Receipt this Period

250.00

P/R Deduction (\$9.62 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Limin Chu
Mailing Address C/O Nylife International
51 Madison

City State Zip Code
New York NY 10010-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Country Head - China

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71783274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Alisa M. Mayeda		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71784274	
Mailing Address 1101 Green Street Apt. #502		Amount of Each Receipt this Period 195.00	
City San Francisco	State CA	Zip Code 94109-2012	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Ms. Mary V. Trotter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71788274	
Mailing Address 5638 S Harvard Avenue		Amount of Each Receipt this Period 156.00	
City Tulsa	State OK	Zip Code 74135-3810	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$12.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Dan L. Ting		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71791274	
Mailing Address C/O Nylife International 51 Madison Avenue, Room 1016		Amount of Each Receipt this Period 260.00	
City New York	State NY	Zip Code 10010-1603	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Country Head - Taiwan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

611.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas T. Schwaninger

Mailing Address 29218 Howell Point Road

City State Zip Code
 Trappe MD 21673-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71792274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen T. Carrillo

Mailing Address 4273 Rivermark Parkway

City State Zip Code
 Santa Clara CA 95054-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71793274

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Daniel W. Shea

Mailing Address 10960 Cypres Run Circle

City State Zip Code
 Coral Springs FL 33071-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72274

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

SUBTOTAL of Receipts This Page (optional)

486.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. George R. Shadie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR724274	
Mailing Address 57 Teaberry Drive Sand Springs		Amount of Each Receipt this Period 500.04	
City Drums	State PA	Zip Code 18222-2051	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	P/R Deduction (\$83.34 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. David E. Boynton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72517274	
Mailing Address 158 N Cobblestone Drive		Amount of Each Receipt this Period 150.00	
City Orange	State CA	Zip Code 92869-4510	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Daniel Stoll		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72519274	
Mailing Address 16 Kingston Circle		Amount of Each Receipt this Period 150.00	
City Lockport	State NY	Zip Code 14094-5606	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Mila M. Olea			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 661 Northwest 134 Avenue			Transaction ID: PR72521274	
City State Zip Code Miami FL 33182-1670			Amount of Each Receipt this Period <div>150.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. Richard Feldman			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1691 Annesley Road			Transaction ID: PR72524274	
City State Zip Code East Liverpool OH 43920-9410			Amount of Each Receipt this Period <div>150.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Matthew S. Ferris			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 324 E Sycamore Street			Transaction ID: PR72526274	
City State Zip Code Columbus OH 43206-2242			Amount of Each Receipt this Period <div>150.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		

P/R Deduction (\$25.00 Monthly)

P/R Deduction (\$25.00 Monthly)

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Francis Michael Evans

Mailing Address 1222 W 41st Street

City State Zip Code
La Grange IL 60525-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72528274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. J. Anthony Fulkerson

Mailing Address 1302 Pellow Circle Trail

City State Zip Code
Herndon VA 20170-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72531274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John E. Ellis

Mailing Address 5116 N Washingtonst

City State Zip Code
Gladstone MO 64118-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72534274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Rolly Radwick
Mailing Address 18212 85th Place W

City State Zip Code
Edmonds WA 98026-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72536274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Ed Williams
Mailing Address 4015 S Hempstead Circle

City State Zip Code
San Diego CA 92116-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72538274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Christopher O. Blunt
Mailing Address 9 Yarmouth Road

City State Zip Code
Rowayton CT 06853-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & C.O.O. of Life & Annuity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72957274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory E. Deavens
Mailing Address 10 Henley Commons

City State Zip Code
Farmington CT 06032-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72958274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Scott L. Lenz
Mailing Address 41 Bellevue Avenue

City State Zip Code
Summit NJ 07901-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Associate Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72959274

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John M. Hayes
Mailing Address 7 Sun Valley Way

City State Zip Code
Long Valley NJ 07853-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR72960274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael P. Kelly
Mailing Address 392 Grove Street

City State Zip Code
Glen Rock NJ 07452-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73446274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stuart L. Ashton
Mailing Address 173 Washington Valley Road

City State Zip Code
Morristown NJ 07960-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73448274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Donna S. Betz
Mailing Address 1407 73rd Circle Northeast

City State Zip Code
St. Petersburg FL 33702-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73451274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Toomey

Mailing Address 4012 Ligustrum Drive

City State Zip Code
Palm Harbor FL 34685-3630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73453274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Edward J. Fitzgerald

Mailing Address 121 Stratford Road

City State Zip Code
West Hempstead NY 11552-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73455274

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City State Zip Code
Chesapeake VA 23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73462274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Scott G. Ayers

Mailing Address 40 Tabor Place

City State Zip Code
 South Burlington VT 05403-5609

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73465274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Scott E. Stone

Mailing Address 3445 Stratford Road
 # 3203

City State Zip Code
 Atlanta GA 30326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73475274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Thomas J. Reilly

Mailing Address 11 Running Deer Road

City State Zip Code
 Dartmouth MA 02747-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73476274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

980.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Gayl Thomas Mailing Address 3044 Ten Mile Drive City Sparks State NV Zip Code 89436-7027 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Information Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73481274 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Thomas S. Heller Mailing Address 230 Mahwah Road City Mahwah State NJ Zip Code 07430-1440 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73486274 Amount of Each Receipt this Period 195.00 P/R Deduction (\$15.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Paul J. Appel Mailing Address 110 Wagoner Lane 2019 Hemlock Farms City Hawley State PA Zip Code 18428-9073 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Financial Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73487274 Amount of Each Receipt this Period 143.00 P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

858.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Anthony DelGreco Mailing Address 103 Bocage Circle City State Zip Code Lafayette LA 70503-4354 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73493274 Amount of Each Receipt this Period 195.00
Name of Employer New York Life Insurance Company Occupation Director - Lan Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			P/R Deduction (\$15.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Richard M. Walsh Mailing Address 32 Hilltop Road City State Zip Code Waccabuc NY 10597-1003 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73503274 Amount of Each Receipt this Period 325.00
Name of Employer New York Life Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Lindsay J. Malkiewich Mailing Address 7 Bent Birch Place City State Zip Code Parsippany NJ 07054-2215 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73504274 Amount of Each Receipt this Period 325.00
Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark J. Draghi
Mailing Address 12 Nancy Terrace

City State Zip Code
Hackettstown NJ 07840-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73511274

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. John B. Langdon
Mailing Address 4109 Michael Neill Drive

City State Zip Code
Austin TX 78730-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Ltc Zone Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73518274

Amount of Each Receipt this Period

205.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. David F. Wright
Mailing Address 50 Arcadia Road

City State Zip Code
Allendale NJ 07401-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73529274

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

491.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Janett C. Greenberg

Mailing Address 3721 Pappys Way

City State Zip Code
Austin TX 78730-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73535274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Harold J. Beers

Mailing Address 1206 State Route 428

City State Zip Code
Oil City PA 16301-4932

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR736274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Y. Valko

Mailing Address 8 Trotter Way

City State Zip Code
Collegeville PA 19426-2856

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

676.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John F. Horwitz
Mailing Address 168 Upland Road

City State Zip Code
Sharon MA 02067-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74158274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Mildred R. Nece
Mailing Address 121 Pacific Street
Apt. A-4E

City State Zip Code
Brooklyn NY 11201-5555

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74161274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Jamilyn M. Durbin-Bailey
Mailing Address 4722 Portobello Circle

City State Zip Code
Valrico FL 33594-7370

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director - Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74169274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

676.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City State Zip Code
 Wellesley MA 02481-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74274

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark F. Nestleroth

Mailing Address 1741 Airy Hill Road

City State Zip Code
 Manheim PA 17545-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR743274

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Beverly J. Moore

Mailing Address 37 Darren Drive

City State Zip Code
 Basking Ridge NJ 07920-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74514274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

858.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Sam Mancino
Mailing Address 106 Four Winds Drive

City State Zip Code
Middletown NJ 07748-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74516274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Charles M. Carmouche
Mailing Address 37354 Ski Side Avenue

City State Zip Code
Prairieville LA 70769-4487

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74523274

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Sandra L. Bograd
Mailing Address 33-3502 Hudson Street

City State Zip Code
Jersey City NJ 07302-6543

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74527274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Larry K. Oxenberg

Mailing Address 135 Andrea Road

City State Zip Code
Cheltenham PA 19012-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. James J. Smith

Mailing Address 22 Palmer Terrace

City State Zip Code
Riverside CT 06878-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74530274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. William T. Feakes

Mailing Address 9445 Nicklaus Lane

City State Zip Code
Crystal Lake IL 60014-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Annuity Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74542274

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

676.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Brian A. Murdock Mailing Address 96 Husted Lane City State Zip Code Greenwich CT 06830-3935 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation President & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74552274 Amount of Each Receipt this Period 440.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Bruce Cumby Mailing Address 816 Ellis Avenue City State Zip Code Newtown Sq PA 19073-3906 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR747274 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Barbara N. Filippelli Mailing Address 5170 Dove Point Lane City State Zip Code Salisbury MD 21801-1273 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR749274 Amount of Each Receipt this Period 156.00 P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

846.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Randy R. Hartranft

Mailing Address 6336 Hilltop Road

City State Zip Code
Orefield PA 18069-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR750274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Smith

Mailing Address 99 Cascade Road

City State Zip Code
Stamford CT 06903-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR752274

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Samuel G. Zuch

Mailing Address 1240 Airport Road

City State Zip Code
Coatesville PA 19320-1876

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR758274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

776.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Richard J. Longenhagen, Sr.

Mailing Address 1201 7th Street

City State Zip Code
 Catasauqua PA 18032-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR759274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Tema L. Steele

Mailing Address 104 Van Buren Road

City State Zip Code
 Voorhees NJ 08043-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR764274

Amount of Each Receipt this Period

490.02

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Carolyn M. Buscarino

Mailing Address 2 Shamrock Court

City State Zip Code
 Millington NJ 07946-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.14

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR774274

Amount of Each Receipt this Period

101.15

P/R Deduction (\$20.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

747.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael T. Piotrowicz

Mailing Address 504 Anthony Drive

City State Zip Code
Plymouth Mtng PA 19462-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR777274

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Edward W. Colello

Mailing Address 42 Scenic Ridge Drive

City State Zip Code
Brewster NY 10509-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR78274

Amount of Each Receipt this Period

169.00

P/R Deduction (\$13.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Amato Berardi

Mailing Address 52 Pineview Drive

City State Zip Code
Huntingdon Valley PA 19006-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR785274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1009.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Stephen Purich
Mailing Address 116 Rockwood Lane

City State Zip Code
Johnstown PA 15905-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR789274

Amount of Each Receipt this Period

312.00

P/R Deduction (\$52.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Morrison
Mailing Address 1451 Radbill Circle

City State Zip Code
Berwyn PA 19312-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR796274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Auteri
Mailing Address 2515 Garrett Road

City State Zip Code
Drexel Hill PA 19026-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1832.16

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR797274

Amount of Each Receipt this Period

916.08

P/R Deduction (\$152.68 Monthly)

SUBTOTAL of Receipts This Page (optional)

1728.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John Rocco Clu Msfs

Mailing Address 16 Midland Road

City State Zip Code
Lynnfield MA 01940-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80274

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Charles R. Eckardt

Mailing Address 620 Meetinghouse Road

City State Zip Code
Rydal PA 19046-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR809274

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Terrence L. Wolf

Mailing Address 119 Great Circle Road

City State Zip Code
Landenberg PA 19350-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR817274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1240.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gilbert A. Ridgely

Mailing Address 314 Mannering Drive

City State Zip Code
Dover DE 19901-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR819274

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark D. Caldon

Mailing Address Route 1 Box 66E

City State Zip Code
Liverpool WV 25252-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR823274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Mariano C. Fontanilla

Mailing Address 86-15 Elmhurst Avenue
Apt. 6L

City State Zip Code
Elmhurst NY 11372-2596

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR829274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

726.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Gail L. Hoffman
Mailing Address 6419 Clearview Street

City State Zip Code
Philadelphia PA 19119-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR836274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Ronald Kradel
Mailing Address 200 Fairmont Road

City State Zip Code
Chicora PA 16025-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert P. Ducato
Mailing Address 10 Franklin Street

City State Zip Code
Westfield NY 14787-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR843274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Rosemary E. Harrington

Mailing Address 121 Park Avenue

City State Zip Code
 Morrisville PA 19067-6276

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Asset Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR844274

Amount of Each Receipt this Period

120.12

P/R Deduction (\$9.24 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
Mr. Al Howell

Mailing Address PO Box G

City State Zip Code
 Bath PA 18014-0169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR847274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia J. Guldy

Mailing Address 2026 Yonkee Drive

City State Zip Code
 Windsor CO 80550-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84907274

Amount of Each Receipt this Period

250.02

P/R Deduction (\$83.34 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

490.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. David A. Herlicka

Mailing Address 2 Chablis Court

City State Zip Code
 Bedford NH 03110-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84923274

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Abullah K. Kanji

Mailing Address 9821 N Keystone Avenue

City State Zip Code
 Skokie IL 60076-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85320274

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Romeo Lazzarone

Mailing Address 2080 Brittany Meadows Drive

City State Zip Code
 Reno NV 89521-5271

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85340274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City State Zip Code
Princeton Junction NJ 08550-2019

FEC ID number of contributing federal political committee. **C**

Name of Employer
New York Life Insurance Company

Occupation
Svp - Fmd & L&a Chief Financial Office

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR855274

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Andrew Frazier

Mailing Address 373 Orange Road

City State Zip Code
Montclair NJ 07042-4326

FEC ID number of contributing federal political committee. **C**

Name of Employer
New York Life Insurance Company

Occupation
Employee

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR856274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Earlene M. Neidert

Mailing Address PO Box G

City State Zip Code
Bath PA 18014-0169

FEC ID number of contributing federal political committee. **C**

Name of Employer
New York Life Insurance Company

Occupation
Agent

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR860274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. David Walsh			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86274	
Mailing Address 150 Vista Grande			Amount of Each Receipt this Period 1000.02	
City Greenbrae	State CA	Zip Code 94904-1135		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.04	P/R Deduction (\$166.67 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Thomas F. English			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR863274	
Mailing Address 27 Hedge Brook Lane			Amount of Each Receipt this Period 375.05	
City Stamford	State CT	Zip Code 06903-2029		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Svp & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.10	P/R Deduction (\$28.85 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Scott F. Della Penna			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR867274	
Mailing Address 9541 Purcell Drive			Amount of Each Receipt this Period 130.00	
City Potomac	State MD	Zip Code 20854-4500		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

1505.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kenneth J. Hittel			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR872274	
Mailing Address 250 W 90th Street Apt. 10H			Amount of Each Receipt this Period 260.00	
City New York State NY Zip Code 10024-1142		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Vice President		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		
B. Full Name (Last, First, Middle Initial) Mr. Dave Nash			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR874274	
Mailing Address 3790 N Zurich			Amount of Each Receipt this Period 150.00	
City Flagstaff State AZ Zip Code 86004-2251		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Agent		P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		
C. Full Name (Last, First, Middle Initial) Mr. B. Christopher Stokes			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR883274	
Mailing Address 3657 Patuxent River Road			Amount of Each Receipt this Period 500.04	
City Davidsonville State MD Zip Code 21035-2422		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Agent		P/R Deduction (\$83.34 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.08		

SUBTOTAL of Receipts This Page (optional)

910.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Milton A. Dugger, Jr.

Mailing Address 904 Dartmouth Road

City State Zip Code
 Baltimore MD 21212-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR884274

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Deborah L. Mumford

Mailing Address 845 Summerset Drive

City State Zip Code
 Hockessin DE 19707-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR895274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Mostafa Abdou

Mailing Address 6000 Lombardo Center #300

City State Zip Code
 Seven Hills OH 44131-6908

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR897274

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

976.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Rob Ostberg
Mailing Address 48 Greenleaf Drive

City State Zip Code
Northampton MA 01060-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR90274

Amount of Each Receipt this Period

195.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Bill Weimer
Mailing Address 7234 Hanover Grove Lane

City State Zip Code
Mechanicsvl VA 23111-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR906274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. William L. Creekmore, II
Mailing Address 1870 Portage Lane Southwest

City State Zip Code
Ocean Isle NC 28469-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR912274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Rose A. Gentile

Mailing Address 606 South Payne Street

City State Zip Code
 Alexandria VA 22314-3928

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR917274

Amount of Each Receipt this Period

174.00

P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Gordon Edward Parker, Jr.

Mailing Address 422 Discovery Road

City State Zip Code
 Virginia Beach VA 23451-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR918274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Scott K. McGuire

Mailing Address 1983 Woodlake Drive

City State Zip Code
 Benton LA 71006-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR921274

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Fielding D. Dupuy

Mailing Address 27 W 55th St. Apt. 71

City State Zip Code
 New York NY 10019-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Cvp - Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR92274

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Rick JennellMailing Address 302 Chestnut Street
PO Box 335

City State Zip Code
 Pearisburg VA 24134-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR930274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Theodore A. Mathas

Mailing Address 14 Cole Drive

City State Zip Code
 Armonk NY 10504-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Vice Chairman & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR932274

Amount of Each Receipt this Period

451.75

P/R Deduction (\$34.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

737.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Jane L. Hamrick Mailing Address 531 East 88th 3C City New York State NY Zip Code 10128-7737 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President & Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR935274 Amount of Each Receipt this Period 240.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. F. Courtney Hoge 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 New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR938274 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Charles F. Rowell, Jr. Mailing Address 1611 Blackburn Heights Drive City Sewickley State PA Zip Code 15143-8627 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR940274 Amount of Each Receipt this Period 500.11 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

860.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Prentice
Mailing Address 6003 Wilmington Drive

City State Zip Code
Burke VA 22015-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR942274

Amount of Each Receipt this Period

205.98

P/R Deduction (\$34.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Zorio
Mailing Address 9307 E Carondelet Drive

City State Zip Code
Manassas Park VA 20111-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR943274

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Janet Nichols
Mailing Address 1323 Mount Carmel Ridge Road

City State Zip Code
St. Marys WV 26170-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR957274

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

511.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 395

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Robert L. Pethal			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR962274	
Mailing Address 4507 Hazeltine Court Apt. E			Amount of Each Receipt this Period 156.00	
City	State	Zip Code		
Alexandria	VA	22312-3205		
FEC ID number of contributing federal political committee.			C	
Name of Employer New York Life Insurance Company		Occupation		
		Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$26.00 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Gerald F. Hall			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR96274	
Mailing Address 15 Fieldstone Drive			Amount of Each Receipt this Period 480.00	
City	State	Zip Code		
Westport	MA	02790-2634		
FEC ID number of contributing federal political committee.			C	
Name of Employer New York Life Insurance Company		Occupation		
		Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$80.00 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Dan Kunhardt			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR97274	
Mailing Address 11 Madison Circle			Amount of Each Receipt this Period 200.00	
City	State	Zip Code		
Greenfield	MA	01301-2703		
FEC ID number of contributing federal political committee.			C	
Name of Employer New York Life Insurance Company		Occupation		
		Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

836.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 395

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. C. Stuart Nelson Mailing Address 2424 Honeysuckle Road City State Zip Code Chapel Hill NC 27514-6820 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR987274 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 420.00	
B. Full Name (Last, First, Middle Initial) Mr. H. Dewey Young, Jr. Mailing Address 105 Windrock Lane City State Zip Code Cary NC 27511-9766 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR990274 Amount of Each Receipt this Period 100.02 P/R Deduction (\$16.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 200.04	
C. Full Name (Last, First, Middle Initial) Mr. James Bergeron Mailing Address 905 Bosley Road City State Zip Code Cockeysville MD 21030-3111 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR992274 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

610.02

TOTAL This Period (last page this line number only)

236100.94

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Gary Ackerman

Mailing Address 3000 Marcus Ave.
Suite 19

City Lake Success State NY Zip Code 11042

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 5

Transaction ID: 317794

Date of Disbursement

08 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gary Ackerman

Mailing Address 3000 Marcus Ave.
Suite 19

City Lake Success State NY Zip Code 11042

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 5

Transaction ID: 324517

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Gary Ackerman

Mailing Address 3000 Marcus Ave.
Suite 19

City Lake Success State NY Zip Code 11042

Purpose of Disbursement
Voided Check Originally Dated 5/3/05

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 5

Transaction ID: 335708

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

-2500.00

Voided Check Originally
Dated 5/3/05

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. America's Foundation

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 320053

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. America's Foundation

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329034

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. American Success PAC

Mailing Address 1155 21st Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 314558

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 335 / 395

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Americans for a Republican Majority PAC (ARMPAC)

Mailing Address 117 Second Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 325517

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

B. Bachus For Congress

Mailing Address P.O. Box 59444

City Birmingham State AL Zip Code 35259

Purpose of Disbursement
Contribution

Candidate Name
Spencer Bachus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 6

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 324501

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 313518

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Jeff Bingaman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: 323489

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 313496

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 320770

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 323496

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sherwood Boehlert

Mailing Address PO Box 819

City
New Hartford

State
NY

Zip Code
13413

Purpose of Disbursement
Contribution

Candidate Name
Sherwood L. Boehlert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 320058

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Buckeye PAC

Mailing Address 1331 H Street, NW
12th Floor

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 313493

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code
 Midland MI 48640

Purpose of Disbursement
 Contribution

Candidate Name
 Dave Camp

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 321083

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City State Zip Code
 Richmond VA 23226

Purpose of Disbursement
 Contribution

Candidate Name
 Eric I. Cantor

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 313490

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City State Zip Code
 Richmond VA 23226

Purpose of Disbursement
 Contribution

Candidate Name
 Eric I. Cantor

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 320072

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
RichmondState
VAZip Code
23226Purpose of Disbursement
ContributionCandidate Name
Eric I. Cantor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 320073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	5

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Mailing Address P.O Box 133

City
WilmingtonState
DEZip Code
19899Purpose of Disbursement
ContributionCandidate Name
Michael N. Castle011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 323490

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	5

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Chafee For Senate

Mailing Address P.O. Box #7329

City
WarwickState
RIZip Code
02887Purpose of Disbursement
ContributionCandidate Name
Lincoln Chafee011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: 329030

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	5

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Hillary

Mailing Address 509 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Hillary Rodham Clinton

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 317798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Hillary

Mailing Address 509 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Hillary Rodham Clinton

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 317799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mac Collins For Congress

Mailing Address P O Box 962

City Jackson State GA Zip Code 30233

Purpose of Disbursement
Contribution

Candidate Name
Mac Collins

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 8

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 323492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressional Majority Committee

Mailing Address P.O. Box 746

City
Bakersfield

State
CA

Zip Code
93302

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 323493

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cooper For Congress Committee

Mailing Address P.O. Box 927

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement
Contribution

Candidate Name
Jim Cooper

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 5

Transaction ID: 325513

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 325514

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Defending America's Future PAC

Mailing Address P.O. Box 763

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 317800

Date of Disbursement

08 / 24 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tom DeLay Congressional Committee

Mailing Address 7002 Riverbrook Drive Ste. 200

City State Zip Code
Sugar Land TX 77479

Purpose of Disbursement
Contribution

Candidate Name
Tom DeLay

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: 321078

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dirigo PAC

Mailing Address P.O. Box 1355

City State Zip Code
Alexandria VA 22313-1355

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 324503

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Elizabeth Dole Committee

Mailing Address PO Box 2918

City
Raleigh

State
NC

Zip Code
27602

Purpose of Disbursement
Contribution

Candidate Name
Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 1

Transaction ID: 324504

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dreier For Congress

Mailing Address P.O. Box 505

City
Upland

State
CA

Zip Code
91785

Purpose of Disbursement
Contribution

Candidate Name
David Dreier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 314557

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 323500

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feinstein For Senate

Mailing Address 601 S. Glenoaks Blvd., Suite 208

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
Dianne Feinstein

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 323494

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Feinstein For Senate

Mailing Address 601 S. Glenoaks Blvd., Suite 208

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
Dianne Feinstein

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 329037

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Vito Fossella

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name
Vito J. Fossella

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 314561

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles A. Gonzalez Congressional Committee

Mailing Address 238 West Kings Highway

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

Candidate Name
Charlie Gonzalez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 321076

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hastert For Congress Committee

Mailing Address P. O. Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Contribution

Candidate Name
J. Dennis Hastert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 329038

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. J. D. Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Contribution

Candidate Name
J.D. Hayworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 5

Transaction ID: 323498

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Herseth For Congress

Mailing Address P.O. Box 884

City
Brookings

State
SD

Zip Code
57006

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 324506

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Herseth For Congress

Mailing Address P.O. Box 884

City
Brookings

State
SD

Zip Code
57006

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 327928

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. HILLPAC

Mailing Address 1717 K ST, NW
Suite 309

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 324514

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7350.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hinojosa For Congress

Mailing Address 502 North 11th Street

City Mcallen State TX Zip Code 78501

Purpose of Disbursement
Contribution

Candidate Name
Ruben Hinojosa

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 15

Transaction ID: 329041

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Impact America

Mailing Address 1331 H Street, NW
12th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 329045

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Investment Company Institute PAC

Mailing Address 1401 H Street, NW
Suite 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 327934

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jobs, Opportunity & Education PAC

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329043

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
Contribution

Candidate Name
Nancy L. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 320054

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
Contribution

Candidate Name
Nancy L. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 323499

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Tim Johnson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 323503

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City
University Heights

State
OH

Zip Code
44118

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 324512

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City
University Heights

State
OH

Zip Code
44118

Purpose of Disbursement
Voided Check dated 11/07/2005

011

Category/
Type

Candidate Name
Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 3162214

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

-5000.00

Voided Check dated 11/07/-
2005

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 11

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 329035

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City State Zip Code
Nanticoke PA 18634

Purpose of Disbursement
Contribution

Candidate Name
Paul E. Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 321082

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sue Kelly For Congress

Mailing Address PO Box 599

City State Zip Code
Katonah NY 10536

Purpose of Disbursement
Contribution

Candidate Name
Sue W. Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 324513

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
 Seaford NY 11783

Purpose of Disbursement
 Contribution

Candidate Name
 Peter T. King

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 3

Transaction ID: 327931

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kolbe For Congress

Mailing Address P O Box 31568

City State Zip Code
 Tucson AZ 85751

Purpose of Disbursement
 Contribution

Candidate Name
 Jim Kolbe

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: 320074

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jon Kyl For U.S. Senate

Mailing Address Post Office Box 10246

City State Zip Code
 Phoenix AZ 85064

Purpose of Disbursement
 Contribution

Candidate Name
 Jon Kyl

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Transaction ID: 321085

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
Contribution

Candidate Name
John B. Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 1

Transaction ID: 329027

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 327930

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06123

Purpose of Disbursement
Contribution

Candidate Name
Joseph I. Lieberman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Transaction ID: 314562

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe LiebermanMailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06123

Purpose of Disbursement
ContributionCandidate Name
Joseph I. LiebermanOffice Sought: ☐ House
☒ Senate
☐ President

State: CT

District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 314563

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	5

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
ContributionCandidate Name
Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY

District: 14

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 313516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	5

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
ContributionCandidate Name
Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY

District: 14

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 320060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	5

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

Candidate Name
Carolyn B. Maloney

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 14

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 329040

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Martinez For Senate

Mailing Address 11 South Bumby Avenue Suite 200

City Orlando State FL Zip Code 32803

Purpose of Disbursement
Contribution

Candidate Name
Mel Martinez

Office Sought: ☐ House
☒ Senate
☐ President

State: FL District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 320068

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McCrery for Congress

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 4

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 313488

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. McCrery for Congress

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 313513

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. McCrery for Congress

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 313514

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. McNulty For Congress Committee

Mailing Address P.O. Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement
Contribution

Candidate Name
Michael R. McNulty

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 314560

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. McNulty For Congress Committee

Mailing Address P.O. Box 1560

City State Zip Code
 Green Island NY 12183

Purpose of Disbursement
 Contribution

Candidate Name
 Michael R. McNulty

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 21

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 324510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. ME Repub. Party Leadership PAC - Federal Account

Mailing Address 9 Higgins St

City State Zip Code
 Augusta ME 04330

Purpose of Disbursement
 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 324509

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
 Suite 325

City State Zip Code
 Miami FL 33169

Purpose of Disbursement
 Contribution

Candidate Name
 Kendrick Meek

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 17

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 313515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Gregory Meeks

Mailing Address 219-10 South Conduit Avenue

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement
Contribution

Candidate Name
Gregory W. Meeks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 6

Transaction ID: 314556

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michaud For Congress

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

Candidate Name
Michael Michaud

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 321077

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard E. Neal For Congress

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 323501

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. New Republican Majority Fund

Mailing Address 201 North Union Street
Suite 530

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 317795

Date of Disbursement

08 / 24 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. NO DAK PAC

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 320055

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. North Dakota Democratic NPL - Federal Account

Mailing Address 1902 East Divide

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 326926

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. PRYCE Project

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 313517

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329032

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name
Charles B. Rangel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 15

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 325516

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 314559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 327932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 327936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Mike Ross For Congress

Mailing Address P.O. Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

Candidate Name
Michael Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 329042

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City
West Conshohocken

State
PA

Zip Code
19428

Purpose of Disbursement
Contribution

Candidate Name
Rick Santorum

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 321088

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City
Montgomery

State
AL

Zip Code
36103

Purpose of Disbursement
Contribution

Candidate Name
Jeff Sessions

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District:

Transaction ID: 313489

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress 2006

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
Contribution

Candidate Name
Pete Sessions

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 324511

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Clay Shaw

Mailing Address 2600 N. 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Voided Check Originally Dated 4/14/05

Candidate Name
E. Clay Shaw, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 335711

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

-1000.00

Voided Check Originally
Dated 4/14/05

Full Name (Last, First, Middle Initial)

C. Friends Of Clay Shaw

Mailing Address 2600 N. 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Contribution

Candidate Name
E. Clay Shaw, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 317801

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Clay Shaw

Mailing Address 2600 N. 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Contribution

Candidate Name
E. Clay Shaw, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 329029

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Shelby For U S Senate

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Contribution

Candidate Name
Richard C. Shelby

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District:

Transaction ID: 326925

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement
Contribution

Candidate Name
Robert R. Simmons

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 321079

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement
Contribution

Candidate Name
Robert R. Simmons

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: 325515

Date of Disbursement

11 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 366

City Fairport State NY Zip Code 14450

Purpose of Disbursement
Contribution

Candidate Name
Louise McIntosh Slaughter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 324508

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Gordon Smith

Mailing Address 5285 S.W. Meadow Road - Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement
Contribution

Candidate Name
Gordon Smith

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 320056

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Friends of Gordon Smith

Mailing Address 5285 S.W. Meadow Road - Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement
Contribution

Candidate Name
Gordon Smith

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 320057

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Straight Talk America

Mailing Address 200 Park Avenue
26th Floor

City New York State NY Zip Code 10166

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 323502

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sweeney For Congress

Mailing Address PO Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement
Contribution

Candidate Name
John E. Sweeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 329028

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
 Union City TN 38281

Purpose of Disbursement
 Contribution

Candidate Name
 John S. Tanner

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 323495

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Craig Thomas

Mailing Address 1606 Crook Avenue

City State Zip Code
 Cheyenne WY 82001

Purpose of Disbursement
 Contribution

Candidate Name
 Craig Thomas

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 313491

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City State Zip Code
 Brooklyn NY 11233

Purpose of Disbursement
 Contribution

Candidate Name
 Edolphus Towns

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 329031

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Upton For All Of Us

Mailing Address P.O. Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 321080

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Nydia Velazquez

Mailing Address 315 Inspiration Lane

City
Gaithersburg

State
MD

Zip Code
20878

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Nydia M. Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 313492

Date of Disbursement

07 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Nydia Velazquez

Mailing Address 315 Inspiration Lane

City
Gaithersburg

State
MD

Zip Code
20878

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Nydia M. Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 324502

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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. Friends Of Weiner

Mailing Address PO Box 290-346

City
Brooklyn

State
NY

Zip Code
11229

Purpose of Disbursement
Contribution

Candidate Name
Anthony D. Weiner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 9

Transaction ID: 323497

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jerry Weller for Congress

Mailing Address P.O. Box #37

City
Joliet

State
IL

Zip Code
60434

Purpose of Disbursement
Contribution

Candidate Name
Gerald C. Weller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 321081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

201850.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sharif S. Ali

Mailing Address 13710 Hidden Dell Court

City Houston State TX Zip Code 77059-3510

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328929

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

660.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Kurt Anderson

Mailing Address 13038 Village Chase Circle

City Tampa State FL Zip Code 33618-8359

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329046

Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

333.32

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Thomas W. Blohm

Mailing Address 2816 Broadview Terrace

City Annapolis State MD Zip Code 21401-7233

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328930

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

540.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1533.32

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Frank A. Boccio

Mailing Address 280 Atlantic Avenue
Apt. 114

City East Rockaway State NY Zip Code 11518-1130

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328931

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

237.55

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Ms. Delma Bolden

Mailing Address 4567 Merrill Avenue

City Oakland State CA Zip Code 94619-2737

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328932

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

404.01

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Celia N. Boyd

Mailing Address 419A Decatur Street

City Brooklyn State NY Zip Code 11233-1507

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328933

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

715.90

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1357.46

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jorge Burgoa

Mailing Address 3451 Southwest 137 Avenue

City Miramar State FL Zip Code 33027-3204

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328938

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

450.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Clifford G. Canavera

Mailing Address 448 Pine Point Road

City Brandenburg State KY Zip Code 40108-7119

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328939

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

275.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Cathy Casper

Mailing Address 881 Cupp Ridge Road

City New Tazewell State TN Zip Code 37825-4109

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328941

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

854.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1579.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jun R. Chen

Mailing Address 1640 74th Street

City
Brooklyn

State
NY

Zip Code
11204-5127

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328945

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

202.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Lance Crawford

Mailing Address 8290 Lake Drive
Apt. 101

City
Doral

State
FL

Zip Code
33166-4670

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328948

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

660.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Jo Deberg

Mailing Address 907 Crestridge Drive

City
Kearney

State
MO

Zip Code
64060-7174

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328950

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

250.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1112.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sergy Dorfman

Mailing Address 1401 E San Angelo Avenue

City Gilbert State AZ Zip Code 85234-3628

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328952

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

364.11

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Clay Doss, Jr.

Mailing Address 215 Lakeside Drive

City Kennesaw State GA Zip Code 30144-3097

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328954

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

660.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Khashayar Dowlatshahi

Mailing Address 14430 Benefit Street
North 101

City Sherman Oaks State CA Zip Code 91423-4057

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328955

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

554.01

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1578.12

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Violet Ertel

Mailing Address 33 Zion Street

City
Kenner

State
LA

Zip Code
70065-1040

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 328956

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

381.48

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Ms. Olivia Fischer

Mailing Address 15461 3 Fathoms Bk

City
Crps Christi

State
TX

Zip Code
78418-0000

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 328957

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

468.18

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Susan D'Ettorre Friedman

Mailing Address 10923 NW 18th Place

City
Plantation

State
FL

Zip Code
33322-3455

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 328959

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

210.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1059.66

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth Heise

Mailing Address 6100 W Stonehedge Drive Apt. 322B

City Greenfield State WI Zip Code 53220-4602

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328962

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

459.99

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Ernesto Herrera

Mailing Address 609 Meadow Willow Drive

City El Paso State TX Zip Code 79922-2216

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328963

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

615.15

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Jostelyn Heslop

Mailing Address 2181 Madison Avenue

City New York State NY Zip Code 10037-2301

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328964

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

429.99

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1505.13

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Matthew Hill

Mailing Address 673 2nd Place S

City Garden City State NY Zip Code 11530-5203

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328965

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

202.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Ms. Swee Lin Hines

Mailing Address 3494 Hines Circle

City Anchorage State AK Zip Code 99516-7615

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329024

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

225.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Ronald A. Hoffman Clu

Mailing Address 7 Wilma Drive

City Lancaster State NY Zip Code 14086-2709

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328966

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

810.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1237.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Asif Huda

Mailing Address 3625 Santa Elena Circle

City Corona State CA Zip Code 92882-7913

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328968

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

499.97

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Donald Jackson

Mailing Address 1610 S Bonham St.

City Amarillo State TX Zip Code 79102-2410

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328969

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

225.42

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Hagop Nerses Kazizian

Mailing Address 2516 Redfish Drive

City Texas City State TX Zip Code 77591-9242

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328970

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

202.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

927.39

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Tariq N. Khan

Mailing Address 4610 Sylvan Glen Drive

City
Houston

State
TX

Zip Code
77084-3641

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328971

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

260.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Terry L. Lewis

Mailing Address 20010 Kingsland

City
Katy

State
TX

Zip Code
77450-3005

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328977

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

499.68

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Jim Littlefield

Mailing Address 11 Potters Avenue

City
St. Albans

State
VT

Zip Code
05478-5121

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328973

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

520.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1279.68

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Chien-Te Lu

Mailing Address 20318 Julliard Drive

City Walnut State CA Zip Code 91789-2433

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328975

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

569.97

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Kutty Mathai

Mailing Address 3182 Allison Court

City Tallahassee State FL Zip Code 32304

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328978

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

705.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Matthew McGuire

Mailing Address 10401 Cascade Drive

City Denton State TX Zip Code 76207-8658

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328980

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

810.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

2084.97

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas R. Melendy

Mailing Address 218 Tirrell Hill Road

City
Goffstown

State
NH

Zip Code
03045-2727

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328981

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.67

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence Miller

Mailing Address 4 Horseshoe Lane

City
Commack

State
NY

Zip Code
11725-5507

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.67

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Mozaffar Morowati

Mailing Address 5736 Wallis Lane

City
Woodland Hills

State
CA

Zip Code
91367-5325

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

540.32

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1581.66

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Narendra Parikh

Mailing Address 1363 Omara Drive

City Union State NJ Zip Code 07083-5210

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328986

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

810.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Brian D. Parker

Mailing Address 2211 May Wine Lane

City O'Fallon State MO Zip Code 63366-8242

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328987

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

440.46

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Bhaveshkumar Patel

Mailing Address 41-15 50th Street
Apt. 1A

City Woodside State NY Zip Code 11377-4300

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328988

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

468.18

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1718.64

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ulric Phillip

Mailing Address 1860 Flushing Avenue
Apt. 3L

City State Zip Code
Ridgewood NY 11385-1059

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328990

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

530.02

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. JERRY N PHILLIPS

Mailing Address 375 E Manley Avenue Unit 5

City State Zip Code
Southern Pns NC 28387-4900

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328991

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

520.70

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly Pillow

Mailing Address 2503 W River Rd. Ex

City State Zip Code
Greenwood MS 38930-4947

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328992

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

416.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1466.72

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mike Presley

Mailing Address 441 Towne Lake Place

City Montgomery State AL Zip Code 36117-6013

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328993

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

445.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Mark S. Proman

Mailing Address 6383 Northwest 23rd Way

City Boca Raton State FL Zip Code 33496-3611

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328994

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

1404.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Sonia Roman

Mailing Address 144 Central Avenue
Apt. 2

City Jersey City State NJ Zip Code 07306-2119

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328997

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

288.10

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

2137.10

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert Rosenberg

Mailing Address 171 E 84th Street

City
New York

State
NY

Zip Code
10028-2000

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 328998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

474.97

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Ms. Rajini Saggar

Mailing Address 1783 Somerset Lane

City
Mundelein

State
IL

Zip Code
60060-5362

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

416.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Arish Kumar Sahani

Mailing Address 54-15 108th Street

City
Corona

State
NY

Zip Code
11368-3913

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.04

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1391.01

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Molly K. Sammons

Mailing Address 5978 Annaberg Place

City State Zip Code
 Burke VA 22015-2832

Purpose of Disbursement
 Contribution Refund

Candidate Name

010
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329002

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

225.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth P. Scott, Jr., Jr.

Mailing Address 5804 Christopher Lane

City State Zip Code
 Richmond VA 23226-2626

Purpose of Disbursement
 Contribution Refund

Candidate Name

010
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329003

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

275.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Michael Shinn

Mailing Address 11781 N Lower Sacramento Road

City State Zip Code
 Lodi CA 95242-9547

Purpose of Disbursement
 Contribution Refund

Candidate Name

010
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329005

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

215.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

715.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Den Stubblefield

Mailing Address 5727 N Farris

City Fresno State CA Zip Code 93711-2426

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329007

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

4500.22

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Jerry Sullivan

Mailing Address 204 Paseo Arboles

City Fairfield State CA Zip Code 94534-1514

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329008

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

3132.16

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Leon Tacher

Mailing Address 3155 Avenue W

City Brooklyn State NY Zip Code 11229-5962

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329009

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

680.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

8312.38

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Anthony J. Taylor

Mailing Address 4672 Country Club Drive

City Highland State UT Zip Code 84003-9593

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 327922

Date of Disbursement

11 / 22 / 2005

Amount of Each Disbursement this Period

125.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Wyllys Taylor

Mailing Address PO Box 248 Oad

City Landrum State SC Zip Code 29356-0248

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329010

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

648.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Jerome A. Timmermann

Mailing Address 64 Windsor Lane

City Breeze State IL Zip Code 62230-3512

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 323487

Date of Disbursement

10 / 19 / 2005

Amount of Each Disbursement this Period

300.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1073.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth Tooke

Mailing Address 3033 Curry Lane

City
Carmel

State
IN

Zip Code
46033-9064

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 324516

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

500.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Robert Vest

Mailing Address 4303 E Cactus Road
Apt. 1088

City
Phoenix

State
AZ

Zip Code
85032-7638

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 329013

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

660.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Juan Villarreal

Mailing Address 2442 S Oakley Avenue #1

City
Chicago

State
IL

Zip Code
60608-4930

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 329014

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

268.77

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1428.77

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Michelle T. Wang

Mailing Address 11945 Long Leaf Lane

City
Houston

State
TX

Zip Code
77024-7105

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.67

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. David Weber

Mailing Address 6 Getzel Berger Boulevard
Unit 201

City
Monroe

State
NY

Zip Code
10950-6315

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 331390

Date of Disbursement

/ /

Amount of Each Disbursement this Period

468.18

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Ms. Ying Wei

Mailing Address 171 Lawn Lane

City
Upper Brookville

State
NY

Zip Code
11771-2805

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329019

Date of Disbursement

/ /

Amount of Each Disbursement this Period

275.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1263.85

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William E. Weimer

Mailing Address 1122 Bentwater Drive

City Montgomery State TX Zip Code 77356-8295

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329020

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

312.59

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Steven G. Weinkle

Mailing Address 1657 Passion Vine Circle

City Weston State FL Zip Code 33327-3661

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329021

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

480.00

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Terance Weis

Mailing Address 3630 Arrow Avenue

City Bismarck State ND Zip Code 58504-9643

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329022

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

355.47

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

1148.06

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Fern D. Weizner

Mailing Address 27 Gatto Lane

City
Pearl River

State
NY

Zip Code
10965-1002

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 329023

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2005

Amount of Each Disbursement this Period

543.96

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

543.96

TOTAL This Period (last page this line number only)

38033.88

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Bill Brady

Mailing Address 1 North LaSalle Street
Suite 2850

City Chicago State IL Zip Code 60602

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
William Brady, Jr.

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 44

Transaction ID: 329026

Date of Disbursement

12 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

B. Ron Calderon for Assembly 2006

Mailing Address 14991 Lago Drive

City Rancho Murieta State CA Zip Code 95683

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Ronald Calderon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 58

Transaction ID: 320065

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

C. Taxpayers for Dave Cox - Senate 2008

Mailing Address 1014 11th Street #106

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Dave Cox

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 5

Transaction ID: 320063

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Life Insurance Political Action Committee

Mailing Address 720 Brazos Street #202

City Austin State TX Zip Code 78701

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 324515

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

3000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Kevin McCarthy for Assembly 2006

Mailing Address 1201 K Street,
Suite 470

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Kevin McCarthy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 32

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 327933

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Nick Micozzie

Mailing Address PO Box 234

City Clifton Heights State PA Zip Code 19018

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Nicholas Micozzie

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 16

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 317796

Date of Disbursement

08 / 24 / 2005

Amount of Each Disbursement this Period

500.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Fabian Nunez 2006

Mailing Address 2005 N Street

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Fabian Nunez

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 46

Transaction ID: 320062

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

B. Perdue for a New Georgia

Mailing Address P.O. Box 12369

City
Atlanta

State
GA

Zip Code
30355-2369

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Sonny Perdue

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Transaction ID: 326924

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

C. The Gene Seaman Campaign Fund

Mailing Address 2222 Airline
Suite A9

City
Corpus Christi

State
TX

Zip Code
78414

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Gene Seaman

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 324505

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Sebelius Committee

Mailing Address PO Box 4302

City
Topeka

State
KS

Zip Code
66604

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Kathleen Sebelius

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: KS

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 324507

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2005

Amount of Each Disbursement this Period

2000.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

17500.00