

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

011

Candidate Name

Lois G. Capps

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 9530163

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 9530164

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa DeLauro

Mailing Address 129 Church Street
Suite 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement
Contribution

011

Candidate Name

Rosa L. DeLauro

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 9530165

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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