

**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. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement Contribution

011

Candidate Name

Michael Simpson

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2013

Transaction ID : 8751606

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Trey Radel

Mailing Address P.O. Box 1329

City Fort Myers State FL Zip Code 33902

Purpose of Disbursement Contribution

011

Candidate Name

Henry J. Radel III

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2013

Transaction ID : 8751607

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Trey Radel

Mailing Address P.O. Box 1329

City Fort Myers State FL Zip Code 33902

Purpose of Disbursement Contribution

011

Candidate Name

Henry J. Radel III

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2013

Transaction ID : 8751608

Amount of Each Disbursement this Period

500.00

Contribution

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

4500.00

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