

**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. Hudson Valley PAC**

Mailing Address 401 1st Street SE  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 11196957**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Common Sense Colorado**

Mailing Address P.O. Box 1978

City Denver State CO Zip Code 80201

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 11196958**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. At The Table!**

Mailing Address P.O. Box 650496

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement  
Contribution

Candidate Name

**At The Table!**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 11196959**

Amount of Each Disbursement this Period

Memo Item  
Contribution

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

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