

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2014 through 02 28 2014

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 Helen Stagias [Electronically Filed] Date 03 19 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="951349.64"/>	<input type="text" value="951349.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1056938.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="115055.17"/>	<input type="text" value="230644.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1171993.99"/>	<input type="text" value="1181993.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="136205.86"/>	<input type="text" value="146205.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1035788.13"/>	<input type="text" value="1035788.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51750.27	90269.83
(ii) Unitemized	63304.90	140374.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	115055.17	230644.35
(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)	115055.17	230644.35
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	115055.17	230644.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	115055.17	230644.35

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	135750.00	145750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	455.86	455.86
(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)).....	455.86	455.86
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	136205.86	146205.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	136205.86	146205.86

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)	115055.17	230644.35
34. Total Contribution Refunds (from Line 28(d))	455.86	455.86
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114599.31	230188.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. George B. Alden Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12528 Degas Lane
 City Dallas State TX Zip Code 75230-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -62.52

Date of Receipt 02 / 28 / 2014
Transaction ID : 9406406
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$104.20 This changes the YTD Total to \$-62.52

B. Ms. Gail A. Kincannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 11720 Emerald Falls Drive
 City Austin State TX Zip Code 78738-5329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 28 / 2014
Transaction ID : 9406407
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$316.66 This changes the YTD Total to \$200.00

C. Mr. William F. Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 489
 City Shelton State WA Zip Code 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 ▼ 0.00

Date of Receipt 02 / 25 / 2014
Transaction ID : 9406408
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$35.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Lucas Quaccia
 Full Name (Last, First, Middle Initial)
 Mailing Address 14415 Spring Meadow Court
 City Green Oaks State IL Zip Code 60048-2490
 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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR1005359883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Darin J. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Portland Place
 City Saint Louis State MO Zip Code 63108-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 02 / 28 / 2014
Transaction ID : PR1010069883
 Amount of Each Receipt this Period 208.34
 P/R Deduction (\$208.34 Monthly)

C. Mr. John J. Rocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Pleasure Island Road Suite 2B
 City Wakefield State MA Zip Code 01880-1242
 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 ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR1010379883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 605.79
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Richard K. Ryan
Full Name (Last, First, Middle Initial)

Mailing Address 2590 Spring Flower

City Reno State NV Zip Code 89521-5279

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 ▼ **307.72**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR1013629883

Amount of Each Receipt this Period **153.86**

P/R Deduction (\$76.93 Bi-Weekly)

B. Mr. Brett M. Sause
Full Name (Last, First, Middle Initial)

Mailing Address 13474 Rustling Oaks Drive

City Wye Mills State MD Zip Code 21679-2029

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR1015779883

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$250.00 Monthly)

C. Mr. Marc L. Schaefer
Full Name (Last, First, Middle Initial)

Mailing Address 10912 Lamplighter Lane

City Potomac State MD Zip Code 20854-2783

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR1016119883

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **553.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Van Ewing
Full Name (Last, First, Middle Initial)

Mailing Address 520 North Kingsbury Apt. 1507

City Chicago State IL Zip Code 60654-8771

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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR1049499883

Amount of Each Receipt this Period 230.78

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

B. Mr. Tigran Basmadjyan
Full Name (Last, First, Middle Initial)

Mailing Address 660 Bohlig Road

City Glendale State CA Zip Code 91207-1402

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 ▼ 461.52

Date of Receipt 02 / 28 / 2014
Transaction ID : PR1063039883

Amount of Each Receipt this Period 230.76

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

c. Mr. Gary T. Baumgarten
Full Name (Last, First, Middle Initial)

Mailing Address 230 W Reading Way

City Winter Park State FL Zip Code 32789-6052

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR10849883

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 628.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Frank B. Dolph III
 Full Name (Last, First, Middle Initial)
 Mailing Address 631 Intracoastal Drive
 City Fort Lauderdale State FL Zip Code 33304-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR10989883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Curtis L. Eskew Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1680 Keely Lane
 City Sarasota State FL Zip Code 34232-3061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR11019883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

C. Mr. Mark F. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Plantation Island Dr. S Suite
 City Saint Augustine State FL Zip Code 32080-3115
 FEC ID number of contributing 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 02 / 28 / 2014
Transaction ID : PR11069883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 666.67
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 106
(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 F. Lyon

Mailing Address 3084 Crooked Stick Court

City State Zip Code
 Cincinnati OH 45244-2586

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11149883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11179883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Mr. David R. Colflesh

Mailing Address PO Box 37

City State Zip Code
 Tarkio MO 64491-0037

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11189883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 106
(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. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11349883

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Paul E. Moyer

Mailing Address 3220 Briarcliff Drive

City State Zip Code
 Findlay OH 45840-4102

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11709883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Steven 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR11809883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Mark Vahala
Full Name (Last, First, Middle Initial)
Mailing Address 500 Cedar Elm Court
City Irving State TX Zip Code 75063-8467
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Life Insurance Company Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR12069883
Amount of Each Receipt this Period **250.00**
P/R Deduction (\$250.00 Monthly)

B. Mr. Curtis T. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 2204 Cherokee Circle
City Valparaiso State IN Zip Code 46383-2284
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Life Insurance Company Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **833.32**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR12529883
Amount of Each Receipt this Period **416.66**
P/R Deduction (\$416.66 Monthly)

C. Mr. Amrit L. Mittal
Full Name (Last, First, Middle Initial)
Mailing Address 215 Rugeley Road
City Western Springs State IL Zip Code 60558-0000
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 **500.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : PR12799883
Amount of Each Receipt this Period **250.00**
P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **916.66**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Breton W. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 W Stockwell Lane
 City Clinton State IA Zip Code 52732-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR12859883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

B. Mr. Steven J. Heussner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2304 Brandywine
 City McKinney State TX Zip Code 75070-4563
 FEC ID number of contributing 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 02 / 28 / 2014
Transaction ID : PR13079883
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

C. Mr. G. Joseph Pasman, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7397 Heather Ridge Court Southeast
 City Caledonia State MI Zip Code 49316-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR13309883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 106
<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. Mr. Brian T. Nowak
Full Name (Last, First, Middle Initial)

Mailing Address 104 Plaza Viaduct Sol

City San Clemente State CA Zip Code 92673-6705

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 ▼ **461.56**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR13349883

Amount of Each Receipt this Period **230.78**

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

B. Mr. William D. Heiting
Full Name (Last, First, Middle Initial)

Mailing Address 1612 Luther Court

City Marshfield State WI Zip Code 54449-6014

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **283.34**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR13399883

Amount of Each Receipt this Period **83.34**

P/R Deduction (\$83.34 Monthly)

C. Mr. Frank M. Covelli
Full Name (Last, First, Middle Initial)

Mailing Address 9134 Settlers Road

City Madison State WI Zip Code 53717-2751

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 ▼ **307.68**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR13529883

Amount of Each Receipt this Period **153.84**

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **467.96**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kenneth A. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 100
 City Blk River Falls State WI Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR13569883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. George N. Ridings
 Full Name (Last, First, Middle Initial)
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR13629883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Steven R. Kaniski
 Full Name (Last, First, Middle Initial)
 Mailing Address 9692 Sterling Pointe Court
 City Loomis State CA Zip Code 95650-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR14129883
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional).....	916.66
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 106
(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. Mr. Lloyd R. Wilson Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3148 Pine Ridge Road
 City State Zip Code
 Mountain Brk AL 35213-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR14169883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Ross-Morris Sims
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Valley View Road
 City State Zip Code
 Cortlandt Manor NY 10567-1235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR14219883
 Amount of Each Receipt this Period
 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C. Mr. Patrick L. McCraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 McDill Cove
 City State Zip Code
 Madison MS 39110-6562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Managing Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR14419883
 Amount of Each Receipt this Period
 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 634.64
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 106
(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. Jerry D. Coats

Mailing Address 165 Pebble Beach Drive

City State Zip Code
 Little Rock AR 72212-2645

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR14569883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR14699883

Amount of Each Receipt this Period
 230.78

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

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR14949883

Amount of Each Receipt this Period
 416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 897.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 55 River Drive South
1110

City Jersey City State NJ Zip Code 07310-2743

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

Name of Employer New York Life Insurance Company Occupation Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR15059883

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

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

Mailing Address 8816 S Lakewood Court

City Tulsa State OK Zip Code 74137-3124

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 ▼ **461.52**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR15079883

Amount of Each Receipt this Period
230.76

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

C. Mr. Bryan S. Norris
Full Name (Last, First, Middle Initial)

Mailing Address 639 Loyola Avenue
Suite 1900

City New Orleans State LA Zip Code 70113-3188

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.56**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR15109883

Amount of Each Receipt this Period
230.78

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

SUBTOTAL of Receipts This Page (optional)..... **615.40**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 106
(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. Daryl R. Ellis

Mailing Address 36571 Shadow Lane

City State Zip Code
 Prairieville LA 70769-3428

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR15289883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Christopher J. Prudhomme

Mailing Address 165 Emmons Canyon Lane

City State Zip Code
 Alamo CA 94507-2876

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR15389883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR15409883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 528.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Gordon D. Ellis Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11410 Sugar Lane
 City Baton Rouge State LA Zip Code 70810-2059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR15469883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Michael T. Delahaye
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 Jefferson Highway # 175
 City Baton Rouge State LA Zip Code 70806-8308
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR15479883
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

C. Mr. Eric B. Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 University Club Drive
 City Austin State TX Zip Code 78732-2409
 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 ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR15639883
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	630.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael R. Noland
 Full Name (Last, First, Middle Initial)
 Mailing Address 5933 S Knoxville Avenue
 City State Zip Code
 Tulsa OK 74135-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR15699883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Fred D. Bangasser
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 Crestway Drive Apt. 1220
 City State Zip Code
 San Antonio TX 78239-3097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR15799883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Gib Surles
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Westminster Drive
 City State Zip Code
 Houston TX 77024-5609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR16019883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert McKinley
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 Maple Valley Road
 City Houston State TX Zip Code 77056-1009
 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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR16309883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Maximo C. Muniz, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 Hillside Avenue
 City Milford State CT Zip Code 06460-7811
 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 ▼ 307.68

Date of Receipt 02 / 28 / 2014
Transaction ID : PR16549883
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

C. Ms. Karen L. Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3310 Rosemeade Drive Unit 2612
 City Fort Worth State TX Zip Code 76116-0991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR16599883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	551.29
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin R. Garman
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Brown Creek Road
 City Weatherford State TX Zip Code 76085-9640
 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 ▼ 346.17

Date of Receipt 02 / 28 / 2014
Transaction ID : PR16739883
 Amount of Each Receipt this Period 115.39
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Stuart J. Isgur
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Main Street Suite 3300
 City Fort Worth State TX Zip Code 76102-5337
 FEC ID number of contributing 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 02 / 28 / 2014
Transaction ID : PR16789883
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

C. Mr. Rodger K. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 N Houston Street
 City Bullard State TX Zip Code 75757-5128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR16889883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 490.39
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 25 OF 106
(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

Full Name (Last, First, Middle Initial)
A. Mr. Stephen N. Maus

Mailing Address 3505 Turtle Creek #10E

City State Zip Code
 Dallas TX 75219-0000

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR17029883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR17089883

Amount of Each Receipt this Period
 230.76

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

Full Name (Last, First, Middle Initial)
C. Mr. Ronald Karkela

Mailing Address 820 Recluse Court

City State Zip Code
 Casper WY 82609-3380

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR17209883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 634.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Terry K. Lewis
Full Name (Last, First, Middle Initial)

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR17349883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Mr. Marlyn Mc Clain
Full Name (Last, First, Middle Initial)

Mailing Address 208 Parkwild Drive

City Council Blfs State IA Zip Code 51503-1759

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR17549883

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. Mr. Gregory D. Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 2649 Center Court Drive

City Weston State FL Zip Code 33332-1832

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 ▼ **461.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR17609883

Amount of Each Receipt this Period
230.78

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

SUBTOTAL of Receipts This Page (optional).....▶	647.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mr. Troy G. Braswell
Full Name (Last, First, Middle Initial)

Mailing Address 16843 Highland Ridge Drive

City Village Of Loch Lloyd	State MO	Zip Code 64012-4177
-------------------------------	-------------	------------------------

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 ▼ **461.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR17909883

Amount of Each Receipt this Period

230.78

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

B. Mr. Galen D. Dody
Full Name (Last, First, Middle Initial)

Mailing Address 501 David Drive

City Clinton	State MO	Zip Code 64735-1948
-----------------	-------------	------------------------

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

Name of Employer New York Life Insurance Company	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR17939883

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C. Mr. Joel P. Blanchard
Full Name (Last, First, Middle Initial)

Mailing Address 5608 S Deer Park Drive

City Sioux Falls	State SD	Zip Code 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 ▼ **461.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR18229883

Amount of Each Receipt this Period

230.78

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

SUBTOTAL of Receipts This Page (optional).....▶	711.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Richard J. Garry
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 S Nature Run Place
 City State Zip Code
 Sioux Falls SD 57108-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR18299883
 Amount of Each Receipt this Period
 166.67
 P/R Deduction (\$166.67 Monthly)

B. Mr. Steven J. Garry
 Full Name (Last, First, Middle Initial)
 Mailing Address 2408 W Sleigh Creek Trail
 City State Zip Code
 Sioux Falls SD 57108-3002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR18309883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Kirk G. Quaschnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2977 Horseshoe Trail
 City State Zip Code
 Frisco TX 75033-7391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR18319883
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 566.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 106
(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. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18399883

Amount of Each Receipt this Period
 166.67

P/R Deduction (\$166.67 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Joseph D. Kruse

Mailing Address 609 E Saint Andrews Circle

City State Zip Code
 Dakota Dunes SD 57049-5133

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18429883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Shane M. Swanson

Mailing Address 316 East Ranney Avenue

City State Zip Code
 Vernon Hills IL 60061-4132

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

Name of Employer Occupation
 New York Life Insurance Company Zone Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18559883

Amount of Each Receipt this Period
 230.78

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 522.45

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

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

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

FOR LINE NUMBER: PAGE 30 OF 106
(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. Walter C. May

Mailing Address 2009 Royal Club Court

City State Zip Code
 Arlington TX 76017-4434

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18629883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Kevin R. Johnson

Mailing Address 4001 W 105th Street Apt. 227

City State Zip Code
 Overland Park KS 66207-4053

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18859883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. John Mc Kenna Jr.

Mailing Address 110 Churn Creek Drive

City State Zip Code
 Bozeman MT 59715-7872

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR18919883

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$150.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John P. Schwan
Full Name (Last, First, Middle Initial)

Mailing Address 112 W Perry Lane

City Mina State SD Zip Code 57451-3014

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR18979883

Amount of Each Receipt this Period **416.66**

P/R Deduction (\$416.66 Monthly)

B. Mr. Scott R. Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 16252 Placerita Canyon Road

City Santa Clarita State CA Zip Code 91321-3302

FEC ID number of contributing 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 **02 / 28 / 2014**

Transaction ID : PR18989883

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$250.00 Monthly)

C. Mr. Rakesh R. Bansal
Full Name (Last, First, Middle Initial)

Mailing Address 1 Horseshoe Court

City Monroe State NJ Zip Code 08831-2368

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR1899883

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **916.66**

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

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

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

FOR LINE NUMBER: PAGE 32 OF 106
(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. 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 Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR19439883

Amount of Each Receipt this Period
 230.78

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

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

Mailing Address 8702 E San Martin Drive

City State Zip Code
 Scottsdale AZ 85258-2606

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR19529883

Amount of Each Receipt this Period
 166.67

P/R Deduction (\$166.67 Monthly)

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

Mailing Address 5628 E Monterosa Street

City State Zip Code
 Phoenix AZ 85018-4646

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR19539883

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 697.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6174 N Paradise View Drive

City Paradise Valley	State AZ	Zip Code 85253-3816
-------------------------	-------------	------------------------

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

Name of Employer New York Life Insurance Company	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR19579883

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B. Mr. Jan Christensen
Full Name (Last, First, Middle Initial)

Mailing Address 2356 E Bear Hills Drive

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

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

Name of Employer New York Life Insurance Company	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR19719883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 1248 Rose Lane

City Lafayette	State CA	Zip Code 94549-3032
-------------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR19819883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Robert D. Hall

Mailing Address 2015 Evergreen Court

City State Zip Code
Yakima WA 98902-1200

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : PR19869883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 6509 Claret Court

City State Zip Code
Parkville MO 64152-6084

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : PR19949883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City State Zip Code
Wenatchee WA 98801-3253

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.00

Date of Receipt
02 / 28 / 2014
Transaction ID : PR20209883

Amount of Each Receipt this Period
167.00

P/R Deduction (\$167.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 667.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 106
(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 V. Brody

Mailing Address 19 Corte Miguel

City San Rafael State CA Zip Code 94903-1810

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR20789883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Louis L. Murray Jr.

Mailing Address 186 Beach Street

City Quincy State MA Zip Code 02170-2312

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR211449883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Everton M. Lewis

Mailing Address 1751 2nd Avenue Apt. 20F

City New York State NY Zip Code 10128-5379

FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR211759883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1 Chandler Drive

City State Zip Code
Ballston Lake NY 12019-1335

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : PR211929883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Mr. Ronnie D. Weller
Full Name (Last, First, Middle Initial)

Mailing Address 723 Whig Hill Road

City State Zip Code
Tionesta PA 16353-8046

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
02 / 28 / 2014
Transaction ID : PR212139883

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. Mr. Jerry M. Fish
Full Name (Last, First, Middle Initial)

Mailing Address 6300 Wilshire Boulevard
Suite 2200

City State Zip Code
Los Angeles CA 90048-5282

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
02 / 28 / 2014
Transaction ID : PR21319883

Amount of Each Receipt this Period
230.78

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 647.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Michael R. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 8976 Northeast Patton Road

City Hamilton State MO Zip Code 64644-9166

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR213419883

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 24760 Eagle River Road

City Eagle River State AK Zip Code 99577-9689

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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR213499883

Amount of Each Receipt this Period 230.78

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

C. Mr. E. Jay Bond
Full Name (Last, First, Middle Initial)

Mailing Address 6670 E Green Lake Way N

City Seattle State WA Zip Code 98103-5419

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR213579883

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 647.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Richard J. Werner
 Full Name (Last, First, Middle Initial)
 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 Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR21369883
 Amount of Each Receipt this Period
 166.67
 P/R Deduction (\$166.67 Monthly)

B. Mr. Eric K. Takao
 Full Name (Last, First, Middle Initial)
 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 Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR213869883
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

C. Mr. Angelo Haddad
 Full Name (Last, First, Middle Initial)
 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 Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR21459883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	833.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 106
<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. Mr. Kevin Choi
Full Name (Last, First, Middle Initial)

Mailing Address 12139 Summit Court

City Beverly Hills State CA Zip Code 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 ▼ **461.56**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR215319883

Amount of Each Receipt this Period **230.78**

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

B. Mr. Raymond J. Triplett
Full Name (Last, First, Middle Initial)

Mailing Address 16171 Hillvale Avenue

City Monte Sereno State CA Zip Code 95030-4159

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR21729883

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$250.00 Monthly)

C. Mr. Jerome Timmermann
Full Name (Last, First, Middle Initial)

Mailing Address 64 Windsor Lane

City Breese State IL Zip Code 62230-3512

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR218859883

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **730.78**

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

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

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

FOR LINE NUMBER: PAGE 40 OF 106
(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 R. Paulsen

Mailing Address 6280 Crooked Stick Circle

City State Zip Code
 Stockton CA 95219-1859

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR22259883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Edward D. Meracle

Mailing Address 35 Hickory Hill Drive

City State Zip Code
 Ofallon MO 63366-1949

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

Name of Employer Occupation
 New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR22480309883

Amount of Each Receipt this Period
 230.76

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

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR2249883

Amount of Each Receipt this Period
 230.78

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 711.54

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

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

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

FOR LINE NUMBER: PAGE 41 OF 106
(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. 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 Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR22849883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Jonathan R. Jaramillo

Mailing Address 1112 Bona Terra Place, Northwest

City State Zip Code
 Albuquerque NM 87114-2340

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR22909883

Amount of Each Receipt this Period
 230.78

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

Full Name (Last, First, Middle Initial)
C. Mr. Earl S. Prolman

Mailing Address 45 Wood Street

City State Zip Code
 Nashua NH 03064-1929

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR239883

Amount of Each Receipt this Period
 250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 634.64

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

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

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

FOR LINE NUMBER: PAGE 42 OF 106
(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. 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 Occupation
 New York Life Insurance Company Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : PR2589883
 Amount of Each Receipt this Period
115.39
 P/R Deduction (\$115.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Penny K. Righthand
 Mailing Address 565 Bellevue Avenue Apt. 1002
 City State Zip Code
 Oakland CA 94610-5038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : PR2759883
 Amount of Each Receipt this Period
250.00
 P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. William R. McCloe
 Mailing Address 1049 Quail Pointe Drive
 City State Zip Code
 Charleston WV 25302-1496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Senior Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : PR28542019883
 Amount of Each Receipt this Period
230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **596.15**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Jenny O. Kho
Full Name (Last, First, Middle Initial)

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 Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014
Transaction ID : PR2919883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Mr. Douglas Lathrop
Full Name (Last, First, Middle Initial)

Mailing Address 2798 N Quebec Street

City State Zip Code
Arlington VA 22207-5213

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

Name of Employer Occupation
New York Life Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014
Transaction ID : PR29430679883

Amount of Each Receipt this Period
76.93

P/R Deduction (\$76.93 Bi-Weekly)

C. Ms. Michelle R. Albright
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Sea Palms Drive West

City State Zip Code
St. Simons Island GA 31522-0000

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014
Transaction ID : PR31609209883

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	526.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 106
<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. Mr. Gerard A. Rocchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Drive South Broadway
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR3519883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Ms. Elizabeth A. Varley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8424 Frost Way
 City Annandale State VA Zip Code 22003-2221
 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 ▼ 280.76

Date of Receipt 02 / 28 / 2014
Transaction ID : PR37111819883
 Amount of Each Receipt this Period 126.92
 P/R Deduction (\$50.00 Bi-Weekly)

C. Mr. Salvatore F. Farina
 Full Name (Last, First, Middle Initial)
 Mailing Address Pobox 770487
 City Ocala State FL Zip Code 34477-0487
 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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR3859883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	588.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 106
<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

Full Name (Last, First, Middle Initial) A. Mr. Piero V. Silvestri		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR4009883
Mailing Address 808 Preston Road		Amount of Each Receipt this Period 250.00
City East Meadow	State NY	Zip Code 11554-4530
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Alison J. Flaum Meyer		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR4099883
Mailing Address PO Box 12108		Amount of Each Receipt this Period 250.00
City Austin	State TX	Zip Code 78711-2108
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Kathleen A. Donnelly		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR4109883
Mailing Address 47 Southview Circle		Amount of Each Receipt this Period 200.00
City Lake Grove	State NY	Zip Code 11755-2244
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 106
<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

Full Name (Last, First, Middle Initial) A. Mr. Richard P. Simonetti		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR448689883
Mailing Address 24 Red Oak Lane		Amount of Each Receipt this Period 230.78
City Cortlandt Manor	State NY	Zip Code 10567-6139
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Senior Vice President		P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

Full Name (Last, First, Middle Initial) B. Mr. Darin Fass		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR448739883
Mailing Address 30 Carlton Drive		Amount of Each Receipt this Period 153.86
City Mount Kisco	State NY	Zip Code 10549-4756
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Managing Partner		P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Full Name (Last, First, Middle Initial) C. Mr. William Grub		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR448759883
Mailing Address 8180 Seven Mile Drive		Amount of Each Receipt this Period 230.78
City Ponte Vedra Beach	State FL	Zip Code 32082-3109
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Managing Partner		P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

SUBTOTAL of Receipts This Page (optional).....▶	615.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Robert A. Hodgkiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 5824 Fairmount Avenue
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR448919883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. George M. Kay
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Ivy Springs Court
 City Waxhaw State NC Zip Code 28173-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR448929883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C. Mr. Joseph J. La Pietra
 Full Name (Last, First, Middle Initial)
 Mailing Address 12601 Split Creek Court
 City North Potomac State MD Zip Code 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 ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR448939883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	538.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Mark J. Madgett

Mailing Address 1203 E Lake Sammamish Shre Lane So

City Sammamish	State WA	Zip Code 98075-9612
-------------------	-------------	------------------------

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 ▼ **461.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR448959883

Amount of Each Receipt this Period
230.78

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

Full Name (Last, First, Middle Initial)
B. Mr. Jerry B. McKinney

Mailing Address 500 Liberty Street Southeast Suite 500

City Salem	State OR	Zip Code 97301-3899
---------------	-------------	------------------------

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 ▼ **461.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR448969883

Amount of Each Receipt this Period
230.78

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

Full Name (Last, First, Middle Initial)
C. Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City Livermore	State CA	Zip Code 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 ▼ **307.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR448979883

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	615.42
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 49 OF 106
(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. Michael F. Scovel

Mailing Address 6397 Shady Oaks Drive

City State Zip Code
 Frisco TX 75034-7236

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : PR449009883

Amount of Each Receipt this Period
 230.76

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

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

Mailing Address 1114 Cherokee Road

City State Zip Code
 Louisville KY 40204-1202

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

Name of Employer Occupation
 New York Life Insurance Company Zone Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : PR455489883

Amount of Each Receipt this Period
 115.38

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Domenico V. Nuzzi

Mailing Address 21 Chambry Court

City State Zip Code
 Freehold NJ 07728-9067

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : PR4589883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **471.14**

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

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

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

FOR LINE NUMBER: PAGE 50 OF 106
(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. Victor R. Miranda

Mailing Address 124 Southeast Rio Casarano

City State Zip Code
 Port St. Lucie FL 34984-6618

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR5019883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. Howard Levy

Mailing Address 21 Richard Avenue

City State Zip Code
 Sudbury MA 01776-2115

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

Name of Employer Occupation
 New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR5349883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Robert H. Petrocelli Jr.

Mailing Address 10 Byrd Street

City State Zip Code
 Rye NY 10580-2407

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR5379883

Amount of Each Receipt this Period
 166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.53

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

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

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

FOR LINE NUMBER: PAGE 51 OF 106
(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. Mr. Robert D. Hartman
 Full Name (Last, First, Middle Initial)
 Mailing Address 461 Kingston Plantation Boulevard
 City Benton State LA Zip Code 71006-3404
 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 ▼ 461.52

Date of Receipt 02 / 28 / 2014
Transaction ID : PR542569883
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. Ms. Aeramy K. Porter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 N Linden Circle
 City Wichita State KS Zip Code 67206-4074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR542829883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Michael F. Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Evergreen Lane
 City Walpole State MA Zip Code 02081-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR547629883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.76
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Todd S. Purich
 Full Name (Last, First, Middle Initial)
 Mailing Address 6332 Battlevue Drive
 City Raleigh State NC Zip Code 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR547689883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Jeffrey E. Thol
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 High Street
 City Honesdale State PA Zip Code 18431-1738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR547719883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Frank Scarpa
 Full Name (Last, First, Middle Initial)
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR5599883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	730.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 106
<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. Mr. Roberto Recine
Full Name (Last, First, Middle Initial)

Mailing Address 1402 Crestview Drive
PO Box 512

City Gwynedd Valley State PA Zip Code 19437-0512

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 02 / 28 / 2014
Transaction ID : PR5619883

Amount of Each Receipt this Period 230.76

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

B. Mr. Akshay Madan
Full Name (Last, First, Middle Initial)

Mailing Address 775 Oneida Trail

City Franklin Lakes State NJ Zip Code 07417-2216

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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR5659883

Amount of Each Receipt this Period 230.78

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

C. Mr. Michael F. Broderick
Full Name (Last, First, Middle Initial)

Mailing Address 170 Clapboardtree Street

City Westwood State MA Zip Code 02090-2906

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR566159883

Amount of Each Receipt this Period 350.00

P/R Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 811.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Marc I. Rosenthal
Full Name (Last, First, Middle Initial)

Mailing Address 5493 Pine Loch Lane

City State Zip Code
Williamsville NY 14221-8538

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 28 / 2014
Transaction ID : PR566489883

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B. Mr. Bradley J. Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 1625 Southeast Bristol Drive

City State Zip Code
Waukee IA 50263-9691

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
02 / 28 / 2014
Transaction ID : PR575549883

Amount of Each Receipt this Period
230.78

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

C. Mr. William J. Terry, III
Full Name (Last, First, Middle Initial)

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 Occupation
New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
02 / 28 / 2014
Transaction ID : PR575559883

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 534.64

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

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

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

FOR LINE NUMBER: PAGE 55 OF 106
(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. David A. Odom

Mailing Address 6732 Falcons Point

City State Zip Code
 Victor NY 14564-9806

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR575579883

Amount of Each Receipt this Period
 230.76

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

Full Name (Last, First, Middle Initial)
B. Mr. Kevin E. Boland

Mailing Address 3993 Howard Hughes Parkway #500

City State Zip Code
 Las Vegas NV 89169-6700

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

Name of Employer Occupation
 New York Life Insurance Company Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR575609883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

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

Mailing Address 64 Waterview Road

City State Zip Code
 Colchester VT 05446-6489

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

Name of Employer Occupation
 New York Life Insurance Company Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.20

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR5849883

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 769.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Nicola Iannitelli			Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR586139883
Mailing Address 1 Brown Terrace			Amount of Each Receipt this Period 153.86
City Denville	State NJ	Zip Code 07834-4902	P/R Deduction (\$76.93 Bi-Weekly)
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 ▼ 307.72		

Full Name (Last, First, Middle Initial) B. Mr. Frank Lusk			Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR586159883
Mailing Address 1647 N Jasmine			Amount of Each Receipt this Period 230.78
City Clovis	State CA	Zip Code 93619-4279	P/R Deduction (\$115.39 Bi-Weekly)
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 ▼ 461.56		

Full Name (Last, First, Middle Initial) C. Mr. Jonathan T. Paone			Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR605969883
Mailing Address 57 Van Doren Avenue			Amount of Each Receipt this Period 153.86
City Chatham	State NJ	Zip Code 07928-2213	P/R Deduction (\$38.47 Bi-Weekly)
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 ▼ 384.64		

SUBTOTAL of Receipts This Page (optional).....▶	538.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 106
<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. Mr. Larry E. Botts
Full Name (Last, First, Middle Initial)

Mailing Address 3015 E Leestown Road

City Midway State KY Zip Code 40347-9769

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR61379883

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B. Mr. Donald E. Lippencott
Full Name (Last, First, Middle Initial)

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR613829883

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

C. Mr. Leslie J. Marsh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1792

City Great Falls State MT Zip Code 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR613969883

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 106
(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. Ketler Bosse

Mailing Address 14 W Appleton Street

City State Zip Code
 Manchester NH 03104-2456

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR614039883

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mr. John T. Blanks

Mailing Address 1603 Langhorne Road

City State Zip Code
 Lynchburg VA 24503-3117

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

Name of Employer Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR614449883

Amount of Each Receipt this Period
 166.67

P/R Deduction (\$166.67 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR614469883

Amount of Each Receipt this Period
 166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.34

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

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

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

FOR LINE NUMBER: PAGE 59 OF 106
(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. Mr. Thomas J. Kanaley Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Lenox Way
 City San Francisco State CA Zip Code 94127-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR614529883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Robert J. Poindexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Janie Lane
 City Shreveport State LA Zip Code 71106-6028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR614699883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Brian P. Ruh
 Full Name (Last, First, Middle Initial)
 Mailing Address 23702 W 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR614859883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. William E. Mahoney Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 936 Intracoastal Drive Apt. 14F
 City Fort Lauderdale State FL Zip Code 33304-3666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR619883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Ms. Diane H. Gould
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 Prospect Hill Place
 City Rockville State MD Zip Code 20850-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR6389883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Arthur H. Seter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Merion Drive
 City Purchase State NY Zip Code 10577-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Senior Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR642669883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	653.86
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 106
(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. Ms. Elizabeth W. McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 College Place
 City South Orange State NJ Zip Code 07079-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR642739883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Michael P. Arnheiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N Yachtsman Drive
 City Sanibel State FL Zip Code 33957-3912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 28 / 2014
Transaction ID : PR6459883
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

C. Mr. John P. Curry
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Rippowam Road
 City Ridgefield State CT Zip Code 06877-2911
 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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR654359883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 878.22
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 106
(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. Kevin Curry

Mailing Address 75 Upland Road

City State Zip Code
 New Milford CT 06776-2102

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

Name of Employer Occupation
 New York Life Insurance Company Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR654659883

Amount of Each Receipt this Period
 154.00

P/R Deduction (\$77.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City State Zip Code
 Ridgewood NJ 07450-2306

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

Name of Employer Occupation
 New York Life Insurance Company Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR6589883

Amount of Each Receipt this Period
 230.78

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

Full Name (Last, First, Middle Initial)
C. Ms. Sheila K. Davidson

Mailing Address 45 East Ninth Street
 Apt. 6/7

City State Zip Code
 New York NY 10003-6307

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

Name of Employer Occupation
 New York Life Insurance Company Evp, Clo & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR6599883

Amount of Each Receipt this Period
 230.78

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **615.56**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Susan A. Thrope
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Random Farms Drive
 City Chappaqua State NY Zip Code 10514-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Svp, Deputy General Counsel & Secretar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR670739883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Ms. Jane Choi
 Full Name (Last, First, Middle Initial)
 Mailing Address 13729 Blue Ridge Way
 City Moorpark State CA Zip Code 93021-5007
 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 ▼ 307.68

Date of Receipt 02 / 28 / 2014
Transaction ID : PR672649883
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

C. Mr. Christopher J. Viveiros
 Full Name (Last, First, Middle Initial)
 Mailing Address 3518 Colmar Quarter
 City Norfolk State VA Zip Code 23509-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR691859883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.48
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 106
<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

Full Name (Last, First, Middle Initial) A. Mr. John T. Baier		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR6929883
Mailing Address 12 Skytop Drive		Amount of Each Receipt this Period 230.78
City Denville	State NJ	Zip Code 07834-9542
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.39 Bi-Weekly)
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 ▼ 461.56	

Full Name (Last, First, Middle Initial) B. Mr. Izhak Asher		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR694579883
Mailing Address 29 Center Drive		Amount of Each Receipt this Period 250.00
City Roslyn	State NY	Zip Code 11576-1445
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Chad W. Franks		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR695109883
Mailing Address 2211 Dampton Drive		Amount of Each Receipt this Period 153.84
City Frisco	State TX	Zip Code 75033-6508
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Corporate Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional).....▶	634.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Gary Myers
Full Name (Last, First, Middle Initial)

Mailing Address 10825 Southwest 83rd Terrace

City Augusta	State KS	Zip Code 67010-8025
-----------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR695439883

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B. Mr. Peter De La Rambelje
Full Name (Last, First, Middle Initial)

Mailing Address 9841 N Western Fork Trail

City Tucson	State AZ	Zip Code 85742-8712
----------------	-------------	------------------------

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

Name of Employer New York Life Insurance Company	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR695589883

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

C. Mr. Marc A. Bregman
Full Name (Last, First, Middle Initial)

Mailing Address 11701 E Kettleman Lane

City Lodi	State CA	Zip Code 95240-9707
--------------	-------------	------------------------

FEC ID number of contributing 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 M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : PR695709883

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Milo A. Abadilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 3308 Moncucco Court
 City San Jose State CA Zip Code 95148-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR695839883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Ms. Bik Y. Tsang
 Full Name (Last, First, Middle Initial)
 Mailing Address 1974 Troy Avenue
 City Brooklyn State NY Zip Code 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR7009883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. William F. Leisman III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Orchard Avenue
 City Weston State MA Zip Code 02493-2219
 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR706809883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 106
<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

Full Name (Last, First, Middle Initial) A. Ms. Barbara A. Bobbin-Wilkinson			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 210 Kelly Avenue			Transaction ID : PR706989883
City Tuckerton	State NJ	Zip Code 08087-2522	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Joel I. Steele			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 22 Belmont Circle			Transaction ID : PR707009883
City Columbus	State NJ	Zip Code 08022-9714	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Lee A. Kitzenberg			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 5812 Vernon Lane			Transaction ID : PR712609883
City Edina	State MN	Zip Code 55436-2250	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Ronald F. Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1575 Fairway Drive
 City Los Altos State CA Zip Code 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR712629883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Michael Gisonda
 Full Name (Last, First, Middle Initial)
 Mailing Address 2402 Northwest 36th Street
 City Boca Raton State FL Zip Code 33431-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR717549883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

C. Mr. William Van Winkle
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Breezy Point Road
 City Little Silver State NJ Zip Code 07739-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR7179883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 666.67
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Mr. George R. Shadie		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR7249883
Mailing Address 57 Teaberry Drive Sand Springs		Amount of Each Receipt this Period 250.00
City Drums	State PA	Zip Code 18222-2051
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey Varsa		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR725189883
Mailing Address 19 Alba Road # 311		Amount of Each Receipt this Period 250.00
City Wellesley	State MA	Zip Code 02481-4802
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Raouf S. Salib		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR725299883
Mailing Address 1221 Mill Creek Road		Amount of Each Receipt this Period 166.67
City Flint	State MI	Zip Code 48532-2348
FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 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 ▼ 333.34	

SUBTOTAL of Receipts This Page (optional).....▶	666.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 106
(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. Mr. Christopher O. Blunt
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Yarmouth Road
 City Rowayton State CT Zip Code 06853-1842
 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 ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR729579883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Gregory T. Yepez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Calle Vallecitos
 City Tijeras State NM Zip Code 87059-7870
 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 ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR734679883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C. Mr. Kevin L. Baumberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 11715 N 178th Circle
 City Bennington State NE Zip Code 68007-5742
 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 ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR734709883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 106
(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

Full Name (Last, First, Middle Initial)
A. Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City State Zip Code
 Syosset NY 11791-3207

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

Name of Employer Occupation
 New York Life Insurance Company Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR734719883

Amount of Each Receipt this Period
 230.78

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

Full Name (Last, First, Middle Initial)
B. Mr. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City State Zip Code
 Gibsonia PA 15044-6081

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

Name of Employer Occupation
 New York Life Insurance Company 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 Y
 02 / 28 / 2014
Transaction ID : PR7489883

Amount of Each Receipt this Period
 125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Managing Partner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR749883

Amount of Each Receipt this Period
 230.78

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 586.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ms. Tema L. Steele
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Paige Court
 City State Zip Code
 Cherry Hill NJ 08002-2817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR7649883
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

B. Mr. Michael T. Piotrowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 Stenton Avenue
 City State Zip Code
 Plymouth Meeting PA 19462-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR7779883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Edward W. Colello
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Joe's Hill Road
 City State Zip Code
 Brewster NY 10509-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Managing Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR789883
 Amount of Each Receipt this Period
 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	820.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Joseph A. Auteri
 Full Name (Last, First, Middle Initial)
 Mailing Address 2515 Garrett Road
 City Drexel Hill State PA Zip Code 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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR7979883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. John Rocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Midland Road
 City Lynnfield State MA Zip Code 01940-1265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR809883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Terrence L. Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Great Circle Road
 City Landenberg State PA Zip Code 19350-9110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR8179883
 Amount of Each Receipt this Period 167.00
 P/R Deduction (\$167.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 667.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Matthew E. Vahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1419 Pine Cove Court
 City Darien State IL Zip Code 60561-4999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Corporate Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2014
Transaction ID : PR849769883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. Brian J. Winter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1513 Oxford Road
 City Wantagh State NY Zip Code 11793-2445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR853279883
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

C. Mr. Gregory Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8318 State Route 302 Northwest
 City Gig Harbor State WA Zip Code 98329-8666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR853329883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 547.45
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 75 OF 106
(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. Michael P. Lackey
 Mailing Address 25 Zaitz Farm Road
 City State Zip Code
 Princeton Junction NJ 08550-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.80

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR853509883
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Paul T. Pasteris
 Mailing Address 534 Farm Road
 City State Zip Code
 Fayston VT 05673-7258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR853519883
 Amount of Each Receipt this Period
 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 New York Life Insurance Company Svp, Chief Risk Officer & Chief Actuar
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 02 / 28 / 2014
Transaction ID : PR8559883
 Amount of Each Receipt this Period
 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.04
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 106
<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. Mr. Scott F. Della Penna
 Full Name (Last, First, Middle Initial)
 Mailing Address 9541 Purcell Drive
 City Potomac State MD Zip Code 20854-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR8679883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Mr. David R. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Vista Grande
 City Greenbrae State CA Zip Code 94904-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR869883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

c. Mr. John J. O'Gara
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Rock Ridge Court
 City New Fairfield State CT Zip Code 06812-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR870919883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	711.56
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 OF 106
(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. Alison H. Micucci

Mailing Address 16 Munsey Road

City State Zip Code
Emerson NJ 07630-1512

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

Name of Employer Occupation
New York Life Insurance Company Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR87559883

Amount of Each Receipt this Period
157.70

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Roy E. Stachnik

Mailing Address 321 Shadow Lake Court

City State Zip Code
Grand Junction CO 81507-1672

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR880609883

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Jason M. Apolenis

Mailing Address 9125 Kittery Lane

City State Zip Code
Bethesda MD 20817-2152

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR880639883

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **574.37**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Richard C. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 744 High Woods Drive

City Franklin Lakes State NJ Zip Code 07417-2272

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 ▼ **307.72**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR880659883

Amount of Each Receipt this Period **153.86**

P/R Deduction (\$76.93 Bi-Weekly)

B. Mr. Christopher C. Battersby
Full Name (Last, First, Middle Initial)

Mailing Address 51 Mitchell Road

City Holliston State MA Zip Code 01746-2469

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR897669883

Amount of Each Receipt this Period **166.67**

P/R Deduction (\$166.67 Monthly)

C. Mr. Toby Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 8776 Boulder Rise

City Eden Prairie State MN Zip Code 55347-2419

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 ▼ **461.52**

Date of Receipt **02 / 28 / 2014**

Transaction ID : PR900659883

Amount of Each Receipt this Period **230.76**

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

SUBTOTAL of Receipts This Page (optional)..... **551.29**

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

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

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

FOR LINE NUMBER: PAGE 79 OF 106
(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. Mr. Jesse Bond
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Northwest 127th Street
 City State Zip Code
 Seattle WA 98177-4238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR902189883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Robert Ostberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Greenleaf Drive
 City State Zip Code
 Northampton MA 01062-9768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR909883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. Carroll D. Carson Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 689 Forrest Haven Court
 City State Zip Code
 Greenville SC 29609-6522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York Life Insurance Company Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR910319883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 106
<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

Full Name (Last, First, Middle Initial) A. Mr. Gordon E. Parker Jr.		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR9189883
Mailing Address 422 Discovery Road		Amount of Each Receipt this Period 166.67
City Virginia Beach	State VA	Zip Code 23451-2157
FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 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 ▼ 333.34	

Full Name (Last, First, Middle Initial) B. Mr. Michael T. Damon		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR921149883
Mailing Address 9 Little Tree Road		Amount of Each Receipt this Period 250.00
City Medway	State MA	Zip Code 02053-6131
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Vladimir Donets		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : PR926099883
Mailing Address 501 Gibson Drive Apt. 1913		Amount of Each Receipt this Period 166.67
City Roseville	State CA	Zip Code 95678-6508
FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 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 ▼ 333.34	

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

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

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

FOR LINE NUMBER: PAGE 81 OF 106
(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. A. David Erland

Mailing Address 23813 Northeast 27th Street

City State Zip Code
 Sammamish WA 98074-5485

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

Name of Employer Occupation
 New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR930199883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 New York Life Insurance Company Chairman, President & Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR9329883

Amount of Each Receipt this Period
 230.78

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

Full Name (Last, First, Middle Initial)
C. Ms. Cindi R. Fox

Mailing Address 1114 Sunset Drive

City State Zip Code
 Kimberly WI 54136-1234

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

Name of Employer Occupation
 New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR934879883

Amount of Each Receipt this Period
 153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. David R. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 5035 Sagewood Drive
 City Rancho Cucamonga State CA Zip Code 91739-5138
 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 ▼ 307.72

Date of Receipt 02 / 28 / 2014
Transaction ID : PR953169883
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Mr. Brian M. Hutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 9612 Pinkney Court
 City Potomac State MD Zip Code 20854-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR954009883
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

C. Ms. Wendy C. Katanick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3993 27th Avenue N
 City St. Petersburg State FL Zip Code 33713-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 28 / 2014
Transaction ID : PR960609883
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	445.53
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Gail A. Kincannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 11720 Emerald Falls Drive
 City Austin State TX Zip Code 78738-5329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 516.66

Date of Receipt 02 / 28 / 2014
Transaction ID : PR963069883
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

B. Mr. Mark B. Kline
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 Robert E Lee Blvd. Ste. 310
 City New Orleans State LA Zip Code 70124-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR963779883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. James E. Adkins Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10200 Wendover Drive
 City Vienna State VA Zip Code 22181-2960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : PR9659883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	916.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Edward D. Langley
 Full Name (Last, First, Middle Initial)
 Mailing Address 13035 E Coles Creek Loop
 City Hammond State LA Zip Code 70403-2190
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR967449883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Mr. Jason Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Kings View
 City San Antonio State TX Zip Code 78257-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR970489883
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C. Mr. Jerry H. Lorey
 Full Name (Last, First, Middle Initial)
 Mailing Address 10690 Goldsberry Road
 City Shreveport State LA Zip Code 71106-8345
 FEC ID number of contributing 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 M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR974019883
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	730.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Ms. Maria J. Mauceri

Mailing Address 152 E 94th Street
Apt. 5G

City New York State NY Zip Code 10128-2575

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

Name of Employer New York Life Insurance Company Occupation Vice President & Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR979749883

Amount of Each Receipt this Period
230.76

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

Full Name (Last, First, Middle Initial)
B. Mr. Richard C. Maus

Mailing Address 5762 Berkshire Lane

City Dallas State TX Zip Code 75209-2402

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR979809883

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mr. Daniel Kunhardt Jr.

Mailing Address 11 Madison Circle

City Greenfield State MA Zip Code 01301-2703

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
02 / 28 / 2014

Transaction ID : PR979883

Amount of Each Receipt this Period
225.00

P/R Deduction (\$225.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **655.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Meghann P. McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 3151 Lily Drive
 City Bozeman State MT Zip Code 59718-6088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 28 / 2014
Transaction ID : PR982249883
 Amount of Each Receipt this Period
 125.00
 P/R Deduction (\$125.00 Monthly)

B. Mr. Robert A. Moro
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Wenwood Drive
 City Hauppauge State NY Zip Code 11788-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 28 / 2014
Transaction ID : PR988659883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	51750.27

**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. Building Relationships in Diverse Geographic Environments PAC (Bridge PAC)		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 499 South Capitol St SW Suite 422		Transaction ID : 9313465
City Washington	State DC	
Purpose of Disbursement Contribution Contribution		Amount of Each Disbursement this Period
Candidate Name Building Relationships in Diverse Geographic Environments PAC (Bridge PAC)		5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: District:		

Full Name (Last, First, Middle Initial) B. Democrats Win Seats (DWS PAC)		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address P.O. Box 83142		Transaction ID : 9313466
City Gaithersburg	State MD	
Purpose of Disbursement Contribution Contribution		Amount of Each Disbursement this Period
Candidate Name		5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: District:		

Full Name (Last, First, Middle Initial) C. Eye of the Tiger Political Action Committee; The		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address PO Box 2485		Transaction ID : 9313467
City Springfield	State VA	
Purpose of Disbursement Contribution Contribution		Amount of Each Disbursement this Period
Candidate Name Eye of the Tiger Political Action Committee; The		2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Blue Hen PAC

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Blue Hen PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9313468

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Supporting Conservatives of Today and Tomorrow (SCOTT PAC)

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9313469

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. GOP Generation Y Fund

Mailing Address P.O. Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9313470

Amount of Each Disbursement this Period

2500.00

Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Holding Onto Oregon's Priorities

Mailing Address P.O. Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

011

Candidate Name

Holding Onto Oregon's Priorities

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2014

Transaction ID : 9313476

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Check Voided

011

Candidate Name

Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2014

Transaction ID : 9313487

Amount of Each Disbursement this Period

-3000.00

Check Voided

Full Name (Last, First, Middle Initial)

C. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City Clemmons State NC Zip Code 27012

Purpose of Disbursement
Contribution

011

Candidate Name

Virginia Ann Foxx

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2014

Transaction ID : 9314471

Amount of Each Disbursement this Period

2500.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

011

Candidate Name

Chris Stewart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9314472

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gibbs For Congress

Mailing Address 13871 TR 473

City State Zip Code
Lakeville OH 44638

Purpose of Disbursement
Contribution

011

Candidate Name

Robert Gibbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9314473

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City State Zip Code
Kansas City MO 64112

Purpose of Disbursement
Contribution

011

Candidate Name

Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Transaction ID : 9314474

Amount of Each Disbursement this Period

3000.00

Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Blaine for Congress

Mailing Address P.O. Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement Contribution

011

Candidate Name

W. Blaine Luetkemeyer

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	4

Transaction ID : 9314477

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address P.O. Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement Contribution

011

Candidate Name

W. Blaine Luetkemeyer

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	4

Transaction ID : 9314478

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement Contribution

011

Candidate Name

Diane L. Black

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	4

Transaction ID : 9314479

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

1	0	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Capito for West Virginia

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contribution

011

Candidate Name

Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 9314480

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Capito for West Virginia

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contribution

011

Candidate Name

Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : 9314481

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address P.O. Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Contribution

011

Candidate Name

John B. Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Convention

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : 9314482

Amount of Each Disbursement this Period

4900.00

Contribution

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

7400.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 P.O. Box 261172

City State Zip Code
Hartford CT 06126

Purpose of Disbursement
Contribution

011

Candidate Name

John B. Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	4		

Transaction ID : 9314483

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mia Love

Mailing Address PO Box 255

City State Zip Code
Riverton UT 84065

Purpose of Disbursement
Contribution

011

Candidate Name

Mia Love

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	4		

Transaction ID : 9314485

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Martha Roby For Congress

Mailing Address PO Box 195

City State Zip Code
Montgomery AL 36101

Purpose of Disbursement
Check Voided

011

Candidate Name

Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	4		

Transaction ID : 9317422

Amount of Each Disbursement this Period

-	5	0	0	.	0	0
---	---	---	---	---	---	---

Check Voided

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

6	0	0	.	0	0
---	---	---	---	---	---

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

6	0	0	.	0	0
---	---	---	---	---	---

**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. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Contribution

011

Candidate Name

Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 9317423

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Contribution

011

Candidate Name

Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 9317424

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Davis For Congress

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Check Voided

011

Candidate Name

Danny K. Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2014

Transaction ID : 9317425

Amount of Each Disbursement this Period

-1000.00

Check Voided

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

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. Davis For Congress

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011

Candidate Name

Danny K. Davis

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : 9317426

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Christopher Van Hollen

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9345405

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Christopher Van Hollen

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9345406

Amount of Each Disbursement this Period

5000.00

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

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. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement
Contribution

011

Candidate Name

Marion Michael Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9345408

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
Contribution

011

Candidate Name

Randy Neugebauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9345409

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
Contribution

011

Candidate Name

Randy Neugebauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9345410

Amount of Each Disbursement this Period

500.00

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)
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 Todd Young, Inc.

Mailing Address PO Box 1053

City State Zip Code
Bloomington IN 47402

Purpose of Disbursement
Contribution

011

Candidate Name

Todd Christopher Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345411

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Contribution

011

Candidate Name

Kenny E. Marchant

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345412

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address PO Box 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement
Contribution

011

Candidate Name

Bradley Scott Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345413

Amount of Each Disbursement this Period

5000.00

Contribution

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Schneider For Congress

Mailing Address PO Box 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement
Contribution

011

Candidate Name

Bradley Scott Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345414

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress Committee

Mailing Address P.O. Box 118

City State Zip Code
Utica NY 13503

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345415

Amount of Each Disbursement this Period

1250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Martha Roby For Congress

Mailing Address PO Box 195

City State Zip Code
Montgomery AL 36101

Purpose of Disbursement
Contribution

011

Candidate Name

Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345416

Amount of Each Disbursement this Period

1500.00

Contribution

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

7750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Randy Hultgren For Congress

Mailing Address PO Box 717

City State Zip Code
St Charles IL 60174

Purpose of Disbursement
Contribution

011

Candidate Name

Randy Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : 9345417

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address P.O. Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
Contribution

011

Candidate Name

Ben R. Lujan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : 9345418

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City State Zip Code
Ballwin MO 63022

Purpose of Disbursement
Contribution

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	4

Transaction ID : 9345419

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. David Scott For Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contribution

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345420

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contribution

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345421

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Contribution

011

Candidate Name

Richard L. Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9345422

Amount of Each Disbursement this Period

2500.00

Contribution

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

5000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Victory Now PAC

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Victory Now PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9356719

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Investment Company Institute Political Action Committee (ICI PAC)

Mailing Address 1401 H Street, NW
Suite 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Investment Company Institute Political Action Committee (ICI PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9356720

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. GOP Generation Y Fund

Mailing Address P.O. Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 9356721

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9356722

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : 9356723

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Doug Centilli For Congress

Mailing Address P.O. Box 1947

City Baytown State TX Zip Code 77522

Purpose of Disbursement
Contribution

011

Candidate Name

Doug Centilli

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : 9356727

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)
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. McHenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
Contribution

011

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : 9365030

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City State Zip Code
Encinitas CA 92024

Purpose of Disbursement
Contribution

011

Candidate Name

Juan C. Vargas

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : 9365031

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kirk for Senate

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : 9365032

Amount of Each Disbursement this Period

1000.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Crenshaw For Congress Campaign

Mailing Address 7235 Bonneval Road
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement
Contribution

Candidate Name
Ander Crenshaw

Office Sought: House
 Senate
 President
State: FL District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : 9365035
Amount of Each Disbursement this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Roberts for Senate

Mailing Address PO Box 433

City Grand Bend State KS Zip Code 67530

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : 9365036
Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address P.O. Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Contribution Funds Reported On Jan 31 Year End

Candidate Name
John B. Larson

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 24 / 2013

Transaction ID : 9406168
Amount of Each Disbursement this Period
100.00

[MEMO ITEM]
Contribution Funds Reported On Jan 31 Year End

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 P.O. Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 12/24/2013

011

Category/
Type

Candidate Name

John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Convention

State: CT District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 9406169

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Contribution Re-designated funds for trans. dated 12/24/2013

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

0.00

135750.00