

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

Office Use Only

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

New York Life Insurance Company Political Action Committee

ADDRESS (number and street)

51 Madison Ave.

Room 1109

☐ Check if different
than previously
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00158881

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer

Helen Stagias

Signature of Treasurer

Electronically Filed by Helen Stagias

Date

07

31

2007

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		360960.88
(b) Cash on Hand at Beginning of Reporting Period	360960.88	
(c) Total Receipts (from Line 19)	489148.24	489148.24
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	850109.12	850109.12
7. Total Disbursements (from Line 31)	497109.44	497109.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	352999.68	352999.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

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

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

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	305571.02	305571.02
(i) Itemized (use Schedule A)		
(ii) Unitemized	183516.24	183516.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	489087.26	489087.26
(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) ➡	489087.26	489087.26
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.)	60.98	60.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	489148.24	489148.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	489148.24	489148.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	484850.00	484850.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-1502.18	-1502.18
(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))	-1502.18	-1502.18
29. Other Disbursements.....	13761.62	13761.62
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	497109.44	497109.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	497109.44	497109.44

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)	489087.26	489087.26
34. Total Contribution Refunds (from Line 28(d))	-1502.18	-1502.18
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	490589.44	490589.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 288

(check only one)

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

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

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Ms. Joanne E. Jenkins

Mailing Address 7 Liberty Way

City State Zip Code
 Loudonville NY 12211-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Governmental Affairs Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: 1356293

Amount of Each Receipt this Period

600.00

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

Mr. Sanford Stoddard

Mailing Address 18 Katydidd Lane

City State Zip Code
 Weston CT 06883-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: 1369849

Amount of Each Receipt this Period

300.00

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

Mr. Christopher J. Viveiros

Mailing Address 44 Michael Drive

City State Zip Code
 Bristol RI 02809-4549

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 2506153

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Judith Breakstone

Mailing Address 1736 Ward Street

City State Zip Code
Berkeley CA 94703-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 3252658

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$101.00 This changes the YTD Total to \$30-3.00

B. Full Name (Last, First, Middle Initial)
Ms. Lorrie F. Moody

Mailing Address 13471 Running Horse Drive

City State Zip Code
Moreno Valley CA 92553-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: 3252659

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$83.34 This changes the YTD Total to \$250-.02

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

Mailing Address 1912 Saddlecreek

City State Zip Code
Wichita KS 67206-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 7

Transaction ID: 802634

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David A. Ponder
Mailing Address 2705 Falling Timber Trail

City State Zip Code
Edgewater MD 21037-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR100360991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Rudy Pope
Mailing Address 10351 Agecroft Manor Court

City State Zip Code
Mechanicville VA 23116-5110

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 ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR100371991

Amount of Each Receipt this Period

230.82

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

C. Full Name (Last, First, Middle Initial)
Ms. Pat Nowak
Mailing Address 98 Logwood Street

City State Zip Code
South Burlington VT 05403-6444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR100991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

720.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. C. E. Nivens Mailing Address 3320 Randolph Park Cr City State Zip Code Gastonia NC 28056-6675 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1013991 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Thomas H. Herlong, Sr., Sr. Mailing Address 65 Bouknight Road City State Zip Code Johnston SC 29832-2505 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1014991 Amount of Each Receipt this Period 208.02 P/R Deduction (\$34.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Richard Schwartz Mailing Address 3044 Kennington Way City State Zip Code Kokomo IN 46902-5079 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR101750991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1708.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Terrill Mailing Address PO Box 935 405 Riverview City State Zip Code Craig CO 81626-0935 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR103103991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Tom Flournoy, Jr., Jr. Mailing Address 2014 Carlyle Place 5300 Zebulon Road City State Zip Code Macon GA 31210-2199 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1036991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Billy J. Watson Mailing Address 3435 Indian Lake Trail City State Zip Code Pelham AL 35124-2718 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1037991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.04

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 11 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Carol Wiley Mailing Address 69-11A 188th Street City State Zip Code Flushing NY 11365-3752 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.82			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR104299991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">230.82</td> </tr> </table> P/R Deduction (\$38.47 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	230.82									
M	M	/	D	D	/	Y	Y	Y	Y														
230.82																							
B. Full Name (Last, First, Middle Initial) Mr. Jerry L. Spivey Mailing Address 1307 Fairway Drive City State Zip Code Elberton GA 30635-2611 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR1048991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table> P/R Deduction (\$50.00 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	300.00									
M	M	/	D	D	/	Y	Y	Y	Y														
300.00																							
C. Full Name (Last, First, Middle Initial) Mr. Warren Budd, Jr., Jr. Mailing Address PO Box 1723 City State Zip Code Newnan GA 30264-1723 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR1050991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">240.00</td> </tr> </table> P/R Deduction (\$40.00 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	240.00									
M	M	/	D	D	/	Y	Y	Y	Y														
240.00																							

SUBTOTAL of Receipts This Page (optional)**770.82****TOTAL** This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 12 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Thomas H. Smoot, II, II Mailing Address 102 Park Avenue PO Box 21755 City State Zip Code St. Simons Island GA 31522-0855 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1052991 Amount of Each Receipt this Period 2499.96 P/R Deduction (\$416.66 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 2499.96
B. Full Name (Last, First, Middle Initial) Mr. Charlton Rogers, Jr., Jr. Mailing Address 1557 E Hencart Road City State Zip Code Glennville GA 30427-3108 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054991 Amount of Each Receipt this Period 240.00 P/R Deduction (\$40.00 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 240.00
C. Full Name (Last, First, Middle Initial) Mr. Dean H. Grant Mailing Address 3669 Sussex Drive City State Zip Code Milledgeville GA 31061-9382 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1058991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 1000.02

SUBTOTAL of Receipts This Page (optional)**3739.98****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Columbus GA 31904-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1068991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Kent E. Moss
Mailing Address 11409 Paldao Road

City State Zip Code
Tampa FL 33618-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1078991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Salwyn M. Parker
Mailing Address 505 Woodbine Lane

City State Zip Code
El Paso TX 79912-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1092991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Frank B. Dolph, III, III
Mailing Address 631 Intracoastal Drive

City State Zip Code
Fort Lauderdale FL 33304-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1098991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

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

City State Zip Code
Santa Cruz CA 95062-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Curt L. Eskew, Jr., Jr.
Mailing Address 1680 Keely Lane

City State Zip Code
Sarasota FL 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1101991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1730.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William F. Lyon
Mailing Address 3809 Arbor Lane

City State Zip Code
Cincinnati OH 45255-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1114991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Mark I. Burton
Mailing Address 22781 Foxridge

City State Zip Code
Mission Viejo CA 92692-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1117991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 905 Olive
PO Box 37

City State Zip Code
Tarkio MO 64491-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1118991

Amount of Each Receipt this Period

249.96

P/R Deduction (\$41.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

1000.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Ms. Kim D. King

Mailing Address 8037 Lea Court

City State Zip Code
Holland OH 43528-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1128991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

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

Mr. Larry E. Beebe

Mailing Address 3209 Stone Wall Road

City State Zip Code
Maumee OH 43537-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1134991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mr. J. P. Lyons

Mailing Address 54 Cranmore Road

City State Zip Code
Wellesley MA 02181-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR113991

Amount of Each Receipt this Period

500.10

P/R Deduction (\$83.35 Monthly)

SUBTOTAL of Receipts This Page (optional)

1230.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Hensel Mailing Address PO Box 132 City State Zip Code Strasburg OH 44680-0132 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1139991 Amount of Each Receipt this Period 480.00 P/R Deduction (\$80.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Scott Wilcox Mailing Address 11609 Kings Circle City State Zip Code Oklahoma City OK 73162-2048 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1141991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$55.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Jeff King Mailing Address 8037 Lea Court City State Zip Code Holland OH 43528-8042 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1143991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1030.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James R. Vavra

Mailing Address 461 Northwest Riven Rock Place

City State Zip Code
Lees Summit MO 64081-2092

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1154991

Amount of Each Receipt this Period

250.12

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

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

Mailing Address PO Box 443

City State Zip Code
London OH 43140-0443

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1155991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Tom Staebler

Mailing Address 7303 Red Bank Road

City State Zip Code
Westerville OH 43082-8241

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1165991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

760.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Michael A. Yashnyk

Mailing Address 83 Crestwood Boulevard

City State Zip Code
 Farmingdale NY 11735-5802

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1167991

Amount of Each Receipt this Period

250.12

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

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

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
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1170991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Ms. Barbara F. Hinebaugh

Mailing Address 3201 Westmont Place

City State Zip Code
 the Villages FL 32162-7640

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1175991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dave Baker			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1176991	
Mailing Address 31686 Lake Road			Amount of Each Receipt this Period 500.04	
City Bay Village	State OH	Zip Code 44140-1027		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.04	P/R Deduction (\$83.34 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Steven D. Meier			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1180991	
Mailing Address 4575 Lanercost Way			Amount of Each Receipt this Period 300.00	
City Columbus	State OH	Zip Code 43220-2916		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. Fred Eisner			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1188991	
Mailing Address 432 E Glengary Circle			Amount of Each Receipt this Period 300.00	
City Highland Heights	State OH	Zip Code 44143-3623		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1100.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Andrew N. Reiss

Mailing Address 1288 Bridle Estates Drive

City State Zip Code
Yardley PA 19067-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.95

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR118991

Amount of Each Receipt this Period

209.95

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

B. Full Name (Last, First, Middle Initial)
Mr. Peter W. Scheid

Mailing Address 3175 Scarborough Road

City State Zip Code
Cleveland Heights OH 44118-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1191991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Timothy I. Miller

Mailing Address 285 Main Street

City State Zip Code
Dunstable MA 01827-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1034.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 500 Cedar Elm Court

City State Zip Code
Irving TX 75063-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1206991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

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

Mailing Address 2761 Manu Court

City State Zip Code
Glenview IL 60026-1077

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1219991

Amount of Each Receipt this Period

1100.01

P/R Deduction (\$200.00 Mo-
nthly)

C. Full Name (Last, First, Middle Initial)
Mr. Edwin R. Bochtler

Mailing Address 11077 Saffold Way

City State Zip Code
Reston VA 20190-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1221991

Amount of Each Receipt this Period

221.26

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

SUBTOTAL of Receipts This Page (optional)

2321.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David E. Levee
Mailing Address 982 Vernon Avenue

City State Zip Code
Glencoe IL 60022-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1229991

Amount of Each Receipt this Period

535.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Julius G. Alberico
Mailing Address 302 Silver Creek Lane

City State Zip Code
Norwalk CT 06850-1646

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 ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1243991

Amount of Each Receipt this Period

730.87

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

C. Full Name (Last, First, Middle Initial)
Mr. Curtis T. Schultz
Mailing Address 2204 Cherokee

City State Zip Code
Valparaiso IN 46383-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1252991

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

2765.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Raman K. Patel

Mailing Address 3281 Pleasant Run

City State Zip Code
 Northbrook IL 60062-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1259991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

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

Mr. Larry D. Massey

Mailing Address 3761 Mountain Way Cove

City State Zip Code
 Snellville GA 30039-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1266991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

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

Mr. Tom Gavin

Mailing Address 449 Vista Court

City State Zip Code
 Benicia CA 94510-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1268991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1410.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Amrit Mittal Mailing Address 215 Rugeley Rdd City State Zip Code Western Springs IL 60558-1954 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1279991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. James Kageleiry Mailing Address 8 Hayes Lane City State Zip Code Dover NH 03820-4213 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR12991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. V. K. Johnson Mailing Address 133 Longmeade Drive City State Zip Code Ofallon IL 62269-7023 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1300991 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 2717 Brookside Lane

City State Zip Code
McKinney TX 75070-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1307991

Amount of Each Receipt this Period

586.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 260 S Lake Drive

City State Zip Code
Stamford CT 06903-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1312991

Amount of Each Receipt this Period

1000.09

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

C. Full Name (Last, First, Middle Initial)
Mr. David Duchene

Mailing Address 25 Kingsview Lane N

City State Zip Code
Plymouth MN 55447-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1315991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

2086.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Bloomfld Hills MI 48302-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1323991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. G. J. Pasman, Jr., Jr.
Mailing Address 7397 Heather Ridge Southeast

City State Zip Code
Caledonia MI 49316-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1330991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey W. Slattery
Mailing Address 4052 Walton Ridge Court

City State Zip Code
Mason OH 45040-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1331991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1125.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City State Zip Code
Sylvania OH 43560-9452

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1334991

Amount of Each Receipt this Period

1000.09

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

B. Full Name (Last, First, Middle Initial)
Ms. Varda N. Fink

Mailing Address 13325 Old Forge Road

City State Zip Code
Silver Spring MD 20904-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1335991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Jungen

Mailing Address N81 W23285 Five Iron Way

City State Zip Code
Sussex WI 53089-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1346991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Gary E. Wendlandt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1349991	
Mailing Address 45 Gramercy Park North Apt. 2B		Amount of Each Receipt this Period 223.60	
City New York	State NY	Zip Code 10010-6308	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior E.V.P. & Chief Investment Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.60		
B. Full Name (Last, First, Middle Initial) Mr. Gerry Stadler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1351991	
Mailing Address E10011 Fawn Lane		Amount of Each Receipt this Period 300.00	
City Reedsburg	State WI	Zip Code 53959-9632	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mr. Ken Olson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1356991	
Mailing Address N6591 Potter Road PO Box 100		Amount of Each Receipt this Period 1050.00	
City Black 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional)

1573.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. George N. Ridings

Mailing Address 887 West Main Street
PO Box 1750

City State Zip Code
Richmond KY 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1362991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B. Full Name (Last, First, Middle Initial)
Mr. George Nichols, III

Mailing Address 10010 Gary Road

City State Zip Code
Potomac MD 20854-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1372991

Amount of Each Receipt this Period

961.61

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

C. Full Name (Last, First, Middle Initial)
Mr. Norman M. Bryant

Mailing Address 14911 Forest Oaks Drive

City State Zip Code
Louisville KY 40245-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1402991

Amount of Each Receipt this Period

345.00

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

SUBTOTAL of Receipts This Page (optional)

2306.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Lake Park GA 31636-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1409991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Steven R. Kanesh
Mailing Address 9692 Sterling Point Court

City State Zip Code
Loomis CA 95650-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1412991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Lloyd R. Wilson
Mailing Address 3148 Pine Ridge Road

City State Zip Code
Birmingham AL 35213-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1416991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2300.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Ross-Morris Sims Mailing Address 91 Valley View Road City Cortlandt Manor State NY Zip Code 10567-1235 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1421991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. R. Frank Avrett Mailing Address 4343 N Scottsdale Road Suite 220 City Scottsdale State AZ Zip Code 85251-3344 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 ▼ 810.44			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1423991 Amount of Each Receipt this Period 810.44 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Tim Ellen Mailing Address 113 Highland Point Drive City La Grange State GA Zip Code 30240-3791 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1428991 Amount of Each Receipt this Period 252.00 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1387.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joe W. Donaldson
Mailing Address 106 Glynlakes Drive

City State Zip Code
Pike Road AL 36064-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1437991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Pat Ingram
Mailing Address PO Box 900

City State Zip Code
Cleveland MS 38732-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1449991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1456991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1710.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Timothy A. Martin
Mailing Address 106 Lake Shore Drive

City State Zip Code
Russellville AR 72802-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1461991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas L. McConathy
Mailing Address 11813 Towering Oaks Drive

City State Zip Code
Baton Rouge LA 70810-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1469991

Amount of Each Receipt this Period

500.11

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

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen T. Davenport
Mailing Address 1337 Huron Avenue

City State Zip Code
Metairie LA 70005-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1476991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1000.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Tim C. Fitzgerald

Mailing Address 12086 Ellerbe Road

City State Zip Code
Shreveport LA 71115-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1494991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 8816 S Lakewood Court

City State Zip Code
Tulsa OK 74137-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1507991

Amount of Each Receipt this Period

1000.09

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

C. Full Name (Last, First, Middle Initial)
Mr. Dom V. Cianciotti

Mailing Address 3 Malcoms Landing

City State Zip Code
Northport NY 11768-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR150991

Amount of Each Receipt this Period

503.04

P/R Deduction (\$83.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

2003.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 639 Loyola Avenue
Suite 1900

City State Zip Code
New Orleans LA 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 ▼

596.26

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1510991

Amount of Each Receipt this Period

596.26

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

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

Mailing Address 3922 Patterson Road

City State Zip Code
New Orleans LA 70114-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1515991

Amount of Each Receipt this Period

250.02

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

C. Full Name (Last, First, Middle Initial)
Mr. Sidney A. Triche

Mailing Address 312 West 23rd
PO Box 159

City State Zip Code
Larose LA 70373-0159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1516991

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1296.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 37 Westcliff Drive

City State Zip Code
Dix Hills NY 11746-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR151991

Amount of Each Receipt this Period

384.70

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

B. Full Name (Last, First, Middle Initial)
Mr. Daryl R. Ellis

Mailing Address 521 Louray Court

City State Zip Code
Baton Rouge LA 70809-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1528991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Bonin

Mailing Address 633 Gertrude Drive

City State Zip Code
St. Martinville LA 70582-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1530991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

934.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 502 Princeton Woods Loop

City State Zip Code
Lafayette LA 70508-6672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1538991

Amount of Each Receipt this Period

730.87

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

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

Mailing Address 3307 Henderson Bayou Road

City State Zip Code
Lake Charles LA 70605-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1540991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 2296 Eliza Beaumont Lane

City State Zip Code
Baton Rouge LA 70808-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1546991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1480.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael T. Delahaye

Mailing Address 6415 Sevenoaks

City State Zip Code
Baton Rouge LA 70806-7335

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1547991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Eric B. Campbell

Mailing Address 240 E 47th Street
Apt. 22C

City State Zip Code
New York NY 10017-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
E.V.P. - Chief Distribution Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1563991

Amount of Each Receipt this Period

1000.09

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

C. Full Name (Last, First, Middle Initial)
Mr. Jerry R. Tinsley

Mailing Address 18724 Nautical Drive Apt. 1

City State Zip Code
Cornelius NC 28031-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.65

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1566991

Amount of Each Receipt this Period

384.65

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

SUBTOTAL of Receipts This Page (optional)

1884.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael Noland Mailing Address 5933 S Knoxville City State Zip Code Tulsa OK 74135-7806 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1569991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Randell T. Nichols Mailing Address 5501 Royal Oak Drive Northeast City State Zip Code Albuquerque NM 87111-7701 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Field Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.50			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1576991 Amount of Each Receipt this Period 207.50 P/R Deduction (\$41.50 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Fred Bangasser Mailing Address 2108 Key W Cove City State Zip Code Austin TX 78746-7256 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1579991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2207.54

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Raymond Vitek, Jr., Jr.

Mailing Address 818 San Marino

City State Zip Code
Sugar Land TX 77478-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1582991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 6230 Stefani Drive

City State Zip Code
Dallas TX 75225-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior V.P. - West Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1588991

Amount of Each Receipt this Period

1046.09

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

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

Mailing Address 98 Logwood Street

City State Zip Code
South Burlington VT 05403-6444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR158991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1586.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jim Erben Mailing Address 302 Jack Nicklaus City Austin State TX Zip Code 78738-1714 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1591991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Michael G. Morgan Mailing Address 2791 Nightwind Court City Frisco State TX Zip Code 75034-4669 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Cvp - Zone Finance & Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.40			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1597991 Amount of Each Receipt this Period 222.40 P/R Deduction (\$19.24 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Tom Ball, III, III Mailing Address 2200 Westlake Drive City Austin State TX Zip Code 78746-2933 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1608991 Amount of Each Receipt this Period 480.00 P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1702.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Frank J. Ollari Mailing Address 4430 Douglaston Parkway Apt. 6F City Douglaston State NY Zip Code 11363-1829 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR160991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Lawson J. Schuford, Jr., Jr. Mailing Address 201 Plano Street City Shreveport State LA Zip Code 71103-2056 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.20		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1610991 Amount of Each Receipt this Period 250.20 P/R Deduction (\$41.70 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Frank Knox Mailing Address 1904 Morning Star City Edmond State OK Zip Code 73034-6541 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1620991 Amount of Each Receipt this Period 600.00 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1100.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 1277 Treat Boulevard Suite 600

City State Zip Code
Walnut Creek CA 94597-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Vice President - Pacific Agenci

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1630991

Amount of Each Receipt this Period

650.00

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

B. Full Name (Last, First, Middle Initial)
Ms. A. Saenz

Mailing Address 2002 S Westgate Drive

City State Zip Code
Weslaco TX 78596-9310

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1640991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Trenton D. Lewis

Mailing Address 452 Raccoon Street

City State Zip Code
Lake Mary FL 32746-3802

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 ▼

495.25

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1642991

Amount of Each Receipt this Period

495.25

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

SUBTOTAL of Receipts This Page (optional)

1645.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Joe Still Mailing Address 3717 Raguet Street City Nacogdoches State TX Zip Code 75965-2511 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1658991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Elizabeth S. Gonzales Mailing Address 10309 Yellowstone Drive City Austin State TX Zip Code 78747-3947 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1667991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Michael D. Burson Mailing Address 22 Canterbury Lane City Sandy Hook State CT Zip Code 06482-1583 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1668991 Amount of Each Receipt this Period 290.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

840.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kevin R. Garman
Mailing Address 5012 Avenue Avignon

City State Zip Code
Lutz FL 33558-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1673991

Amount of Each Receipt this Period

730.87

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

B. Full Name (Last, First, Middle Initial)
Mr. David M. Humbert
Mailing Address 6802 Canon Wren Drive

City State Zip Code
Austin TX 78746-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1674991

Amount of Each Receipt this Period

520.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Stuart Isgur
Mailing Address 2025 Huntington Lane

City State Zip Code
Fort Worth TX 76110-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1678991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Marcel R. Frey
Mailing Address 1703 S Medio River Circle

City State Zip Code
Sugar Land TX 77479-5315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1682991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Robinson, Jr., Jr.
Mailing Address 12131 Broken Bough

City State Zip Code
Houston TX 77024-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1690991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Steve Maus
Mailing Address 4821 Augusta Drive

City State Zip Code
Frisco TX 75034-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1702991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

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

Mailing Address PO Box 12425

City State Zip Code
 Dallas TX 75225-0425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1703991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

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

Mr. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City State Zip Code
 Granite Bay CA 95746-6158

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1708991

Amount of Each Receipt this Period

520.00

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

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

Ms. Patricia A. Doss

Mailing Address 23717 Rockrose Drive

City State Zip Code
 Golden CO 80401-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1709991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2520.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Fountain Hills AZ 85268-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1716991

Amount of Each Receipt this Period

730.87

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

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

City State Zip Code
Horace ND 58047-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1720991

Amount of Each Receipt this Period

636.58

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

C. Full Name (Last, First, Middle Initial)
Mr. Jim Johnson
Mailing Address 1635 Cliff Avenue

City State Zip Code
Duluth MN 55811-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1726991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2367.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Terry K. Lewis
Mailing Address 5612 Dale Avenue

City State Zip Code
Edina MN 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1734991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Craig Roslien
Mailing Address 4210 Queens Way

City State Zip Code
Minnetonka MN 55345-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1742991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Dennis J. Bell
Mailing Address 10576 Sunset Terrace

City State Zip Code
Clive IA 50325-6554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1757991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1720.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory D. Jensen
Mailing Address 16850 Berkshire Court

City State Zip Code
Sw Ranches FL 33331-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1760991

Amount of Each Receipt this Period

1000.09

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

B. Full Name (Last, First, Middle Initial)
Mr. Brad L. Willson
Mailing Address 4905 Elm Street

City State Zip Code
Bellaire TX 77401-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1768991

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Troy G. Braswell
Mailing Address 16843 Hghld Ridge Drive

City State Zip Code
Belton MO 64012

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1790991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2260.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Galen D. Dody

Mailing Address 501 David Drive

City State Zip Code
 Clinton MO 64735-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1793991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. David A. Lyons

Mailing Address 405 Barrett Road

City State Zip Code
 Lawrence NY 11559-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1804991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

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

Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City State Zip Code
 Sioux Falls SD 57108-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.65

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1822991

Amount of Each Receipt this Period

704.65

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

SUBTOTAL of Receipts This Page (optional)

2204.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Greg Blanchard Clu Chfc Mailing Address 4720 W 127th Place City Broomfield State CO Zip Code 80020-5737 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1823991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Vern O. Bills Mailing Address 826 National City Belle Fourche State SD Zip Code 57717-2032 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1825991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Parkin Lee Mailing Address 716 Westminster Road City Brooklyn State NY Zip Code 11230-2402 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR182991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1550.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Rich Garry Mailing Address 805 Batcheller Lane City State Zip Code Sioux Falls SD 57105-6715 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1829991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Steve Garry Mailing Address 2600 East Orchard Trail City State Zip Code Sioux Falls SD 57103 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1830991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Joe Vlock Mailing Address 3505 South 161 Street City State Zip Code Omaha NE 68130-2134 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1834991 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

2500.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City State Zip Code
 Santa Ana CA 92706-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1839991

Amount of Each Receipt this Period

826.68

P/R Deduction (\$166.67 Monthly)

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

Mr. Mike Norman

Mailing Address 5977 Blue Hills Court

City State Zip Code
 Reno NV 89502-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1846991

Amount of Each Receipt this Period

425.00

P/R Deduction (\$75.00 Monthly)

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

Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City State Zip Code
 Vernon Hills IL 60061-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1855991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2251.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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. Guy Richardson

Mailing Address 1151 Southwest Mission Avenue

City State Zip Code
 Topeka KS 66604-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1866991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Royse J. Huff

Mailing Address 506 Fairway Place

City State Zip Code
 Fairfield IA 52556-3630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1867991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City State Zip Code
 Staten Island NY 10309-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR186991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1710.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. O. L. Elrick, Jr., Jr.

Mailing Address 1440 N Gatewood
#51

City State Zip Code
Wichita KS 67206-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1884991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

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

Mr. Kevin R. Johnson

Mailing Address 1232 W 62nd Street

City State Zip Code
Kansas City MO 64113-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1885991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Clarence Meigs

Mailing Address 20040 Southeast Grandvw Avenue

City State Zip Code
Pratt KS 67124-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1887991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1540.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. John J. McKenna, Jr., Jr.

Mailing Address 3924 Baxter Lane
PO Box 11532

City State Zip Code
Bozeman MT 59719-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1891991

Amount of Each Receipt this Period

900.00

P/R Deduction (\$150.00 Monthly)

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

Mr. John P. Schwan

Mailing Address 1320 N Arch

City State Zip Code
Aberdeen SD 57401-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1897991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Rakesh Bansal

Mailing Address 5 Rutledge Court

City State Zip Code
Plainsboro NJ 08536-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR189991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2900.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeff Marsh
Mailing Address 1749 W 15th Avenue

City State Zip Code
Torrington WY 82240-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1917991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Frank J. Engraff
Mailing Address 31381 Avenida Madrid

City State Zip Code
San Juan Capo CA 92675-5391

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1919991

Amount of Each Receipt this Period

538.51

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

C. Full Name (Last, First, Middle Initial)
Mr. David R. Somerville, Jr., Jr.
Mailing Address 725 Rosarita

City State Zip Code
Fullerton CA 92835-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1926991

Amount of Each Receipt this Period

228.99

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1267.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. James J. Killgore Mailing Address 4123 Campus Green Lp City State Zip Code Lacey WA 98516-6241 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1933991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Scott Maycock Mailing Address 359 County Road 250 City State Zip Code Durango CO 81301-6976 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1934991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Joseph L. Tigert Mailing Address 8620 Brentmoor Street City State Zip Code Wichita KS 67206-2404 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Managing Partner Aggregate Year-to-Date ▼ 1000.09			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1943991 Amount of Each Receipt this Period 1000.09 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1550.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 10620 Washington Circle

City State Zip Code
Anchorage AK 99515-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1950991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

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

Mailing Address 9290 E Thompson Peak Parkway
Lot 412

City State Zip Code
Scottsdale AZ 85255-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1952991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mailing Address 4545 E Exeter Boulevard

City State Zip Code
Phoenix AZ 85018-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1953991

Amount of Each Receipt this Period

1800.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Purchase NY 10577-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1959991

Amount of Each Receipt this Period

1000.09

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

B. Full Name (Last, First, Middle Initial)
Mr. Jan Christensen
Mailing Address 2356 E Bearhills Drive

City State Zip Code
Draper UT 84020-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1971991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Donna L. Del Mastro

Mailing Address 610 the Village
#306

City State Zip Code
Redondo Beach CA 90277-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1975991

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

1808.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Walnut Creek CA 94598-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1976991

Amount of Each Receipt this Period

390.00

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

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

City State Zip Code
Reno NV 89509-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1980991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gary Bacon
Mailing Address 1099 Kentfield Drive

City State Zip Code
Salinas CA 93901-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1984991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bob D. Hall
Mailing Address 2015 Evergreen Court

City State Zip Code
Yakima WA 98909-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1986991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B. Full Name (Last, First, Middle Initial)
Mr. Rick G. Austin
Mailing Address 6509 Claret Court

City State Zip Code
Kansas City MO 64152-6084

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1994991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

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

City State Zip Code
Yorba Linda CA 92886-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2005991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

3000.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Ms. Sharon A. Rockett

Mailing Address 310 6th Street

City State Zip Code
 Raymond WA 98577-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2011991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Dan Fortier

Mailing Address 8706 Webster Avenue

City State Zip Code
 Yakima WA 98908-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2017991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

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
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2020991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 1816 E 5th Street

City State Zip Code
 Brooklyn NY 11223-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR203991

Amount of Each Receipt this Period

405.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Cannon, III, III

Mailing Address 30700 19th Avenue S

City State Zip Code
 Federal Way WA 98003-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2039991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Robert J. Fincham, Jr.

Mailing Address 19333 Soda Springs Drive

City State Zip Code
 Bend OR 97702-1091

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2042991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1905.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

City State Zip Code
Santa Clara CA 95050-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2044991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Victoria Simmaly
Mailing Address 235 Flournoy Street

City State Zip Code
San Francisco CA 94112

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2053991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Yoshio Kinjo
Mailing Address 241 S Peralta Hills Drive

City State Zip Code
Anaheim CA 92807-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2060991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Barbara L. Cole Mailing Address 1052 S Laughingbrook Court City State Zip Code Anaheim CA 92808-2136 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2061991 Amount of Each Receipt this Period 499.98 P/R Deduction (\$83.33 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. John H. Horstmann Mailing Address 804 Country View Circle City State Zip Code Fresno CA 93720-0725 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2069991 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Katherine Huebert Mailing Address 294 Robinwood Circle City State Zip Code Reedley CA 93654-2767 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2070991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William V. Brody

Mailing Address 19 Corte Miguel

City State Zip Code
 San Rafael CA 94903-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2078991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Stanley F. Goodin

Mailing Address 6117 Carriage Hse Way

City State Zip Code
 Reno NV 89519-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2082991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Christie S. Mueller

Mailing Address 6841 Ripley Lane N

City State Zip Code
 Renton WA 98056-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2099991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1900.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Stephen C. Dill

Mailing Address 4082 Prestwick Lane

City State Zip Code
 Palmdale CA 93551-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2102991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mr. Robert H. Perry

Mailing Address 1227 E Meadow Ridge Road

City State Zip Code
 Sandy UT 84094-5713

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2104991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mr. Narottam N. Patel

Mailing Address 10 B Ashwood Mall

City State Zip Code
 Old Bridge NJ 08857-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21172991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Deborah Lewis Mailing Address 1300 S Arlington Ridge #314 City State Zip Code Arlington VA 22202-1964 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21173991 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Mark Heinemann Mailing Address 1 Hanford Street City State Zip Code Melville NY 11747-1323 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21189991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. John A. Forte Mailing Address 5 York Place City State Zip Code Latham NY 12110-3135 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21192991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1460.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. David Brown			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 524 Terrace Avenue			Transaction ID: PR21194991	
City State Zip Code Garden City South NY 11530-5442			Amount of Each Receipt this Period <div>250.02</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.02</div>		
B. Full Name (Last, First, Middle Initial) Mr. Seymour Sternberg			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 9 Stoneleigh Manor Lane			Transaction ID: PR211991	
City State Zip Code Purchase NY 10577-2232			Amount of Each Receipt this Period <div>1000.09</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Chairman & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1000.09</div>		
C. Full Name (Last, First, Middle Initial) Mr. Ronnie D. Weller			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address Hc#2 Box 146E			Transaction ID: PR21213991	
City State Zip Code Tionesta PA 16353-9208			Amount of Each Receipt this Period <div>500.04</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.04</div>		

P/R Deduction (\$41.67 Monthly)

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

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. John E. Horstmann

Mailing Address 7684 Kincaid

City State Zip Code
 Fresno CA 93711-0363

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2122991

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

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

Mr. John T. Alexander

Mailing Address 372 Baymount Drive

City State Zip Code
 Statesville NC 28625-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21234991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City State Zip Code
 Hamersville OH 45130-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21249991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2040.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Todd Olig Mailing Address 1006 Dewey Street City Kiel State WI Zip Code 53042-1242 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21273991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Oscar A. Anzaldo Mailing Address 2704 Bonniebrook City Stockton State CA Zip Code 95207-1308 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2128991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Budo Perry Mailing Address 305 S Soctt City Fort Gibson State OK Zip Code 74434-8722 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21299991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

850.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gene Silvis
Mailing Address 9837 E 85th Street

City State Zip Code
Tulsa OK 74133-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21300991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. S. C. Patterson
Mailing Address 1501 Presto Way Northwest

City State Zip Code
Albuquerque NM 87104-2396

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21307991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Sanford Bressick
Mailing Address 611 El Dorado Court

City State Zip Code
Santa Rosa CA 95404-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2130991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Zerbe M. Mellish Mailing Address 2503 Valleyfield City State Zip Code Houston TX 77080-4406 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21311991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Jerry M. Fish Mailing Address 55 Winding River Trail City State Zip Code Bentleyville OH 44022-3607 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 598.12			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2131991 Amount of Each Receipt this Period 598.12 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Sue Zwiener Mailing Address 10630 Dodge Mower Road City State Zip Code Blooming Prairie MN 55917-6934 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.98			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21324991 Amount of Each Receipt this Period 349.98 P/R Deduction (\$58.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1198.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Michael Brown			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21341991	
Mailing Address 8976 Northeast Patton Road			Amount of Each Receipt this Period 499.98	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$83.33 Monthly)	
B. Full Name (Last, First, Middle Initial) Mr. Michael D. Bookout			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21349991	
Mailing Address 35230 Kenai Spur Highway			Amount of Each Receipt this Period 250.12	
City Soldotna	State AK	Zip Code 99669-7622		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Joe Hong			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21367991	
Mailing Address 317 Edgewater Drive			Amount of Each Receipt this Period 1000.02	
City Milpitas	State CA	Zip Code 95035-4428		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	P/R Deduction (\$166.67 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1750.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Richard J. Werner

Mailing Address 1380 King James Court

City State Zip Code
Oak Park CA 91377-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2136991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

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

Mr. Alan Silver

Mailing Address 201 Mission Street Suite 1940

City State Zip Code
San Francisco CA 94105-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21375991

Amount of Each Receipt this Period

450.00

P/R Deduction (\$90.00 Monthly)

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

Mr. Annamalai Palani

Mailing Address 5837 Corte Mente

City State Zip Code
Pleasanton CA 94566-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21384991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1180.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City State Zip Code
 Kailua HI 96734-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21386991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Forrest G. Hindley

Mailing Address 17609 White Marble Drive

City State Zip Code
 Monument CO 80132-7445

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2138991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Jerry Sullivan

Mailing Address 204 Paseo Arboles

City State Zip Code
 Fairfield CA 94534-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21403991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

2500.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jerry Macias Mailing Address 1530 Avenida Quintas City Las Cruces State NM Zip Code 88001-3509 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2143991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Angelo A. Haddad Mailing Address 354 Garnsey Avenue City Bakersfield State CA Zip Code 93309-1849 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2145991 Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Jeanne M. Carbone Mailing Address 669 Pelham Road Apt. C2 City New Rochelle State NY Zip Code 10805-1113 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR214991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1000.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kevin Choi			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4442 Saint Clair Avenue			Transaction ID: PR21531991	
City State Zip Code Studio City CA 91604-1207			Amount of Each Receipt this Period <div>461.58</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
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 ▼ <div>461.58</div>		
B. Full Name (Last, First, Middle Initial) Mr. Robert A. Zaniwski			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4196 Pacifico Lane			Transaction ID: PR21533991	
City State Zip Code Las Vegas NV 89135-2524			Amount of Each Receipt this Period <div>250.12</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Life Product Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.12</div>		
C. Full Name (Last, First, Middle Initial) Ms. Jeannette L. Smith			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 3734 Vancouver Drive			Transaction ID: PR21534991	
City State Zip Code Reno NV 89511-6048			Amount of Each Receipt this Period <div>325.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation Manager - Life Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>325.00</div>		

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

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

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

SUBTOTAL of Receipts This Page (optional)

1036.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert J. Polilli
Mailing Address 4522 Perdita Lane

City State Zip Code
Lutz FL 33558-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21545991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Rick K. Stivers
Mailing Address 7564 Linidisfarne Lane

City State Zip Code
Franklin TN 37064-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2154991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Albert J. Schiff
Mailing Address 11 Mohawk Lane

City State Zip Code
Greenwich CT 06831-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21559991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2250.23

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Tony Bolado

Mailing Address 698 N Helena

City State Zip Code
 Anaheim CA 92805-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2168991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Ms. Cynthia R. Bolker

Mailing Address 147 27th Street

City State Zip Code
 Del Mar CA 92014-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2171991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mr. Ray Triplett

Mailing Address 16171 Hillvale Avenue

City State Zip Code
 Monte Sereno CA 95030-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2172991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William S. Anders

Mailing Address 15 Grand Place

City State Zip Code
 Newtown CT 06470-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Management Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2176991

Amount of Each Receipt this Period

500.11

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

B. Full Name (Last, First, Middle Initial)
Mr. Nick Ameli, Jr., Jr.

Mailing Address 4113 Coal Heritage Road

City State Zip Code
 Bluewell WV 24701-9193

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21881991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mailing Address 3311 E Dartmouth

City State Zip Code
 Mesa AZ 85213-7046

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21892991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.13

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David L. Aguirre
Mailing Address 7518 South 240 E

City State Zip Code
Midvale UT 84047-2169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21893991

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Douglas G. Sawicki
Mailing Address 114 Bushwick Road

City State Zip Code
Poughkeepsie NY 12603-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218991

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Mr. Lon G. Wilson
Mailing Address 4240 Tahoe Drive

City State Zip Code
Anchorage AK 99502-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21908991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1610.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Louis Ventura Mailing Address 8417 Carron Drive City Pico Rivera State CA Zip Code 90660-3402 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2193991 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Christine Young Mailing Address 55 Berryessa Way City Hillsborough State CA Zip Code 94010-7301 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2194991 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. George E. Carr Mailing Address 2791 Leo Circle City Riverside State CA Zip Code 92503-6050 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2202991 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. L. B. Nole			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2207991	
Mailing Address 3170 Viaduct Ponciana # 6			Amount of Each Receipt this Period 600.00	
City	State	Zip Code		
Lake Worth	FL	33467-3303		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)	
B. Full Name (Last, First, Middle Initial) Ms. Barbara J. Norman			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2219991	
Mailing Address 13672 Orchard Gate Road			Amount of Each Receipt this Period 250.02	
City	State	Zip Code		
Poway	CA	92064-2126		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	P/R Deduction (\$41.67 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. John J. Englert			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2223991	
Mailing Address 4948 Saratoga			Amount of Each Receipt this Period 300.00	
City	State	Zip Code		
Redding	CA	96002-9419		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1150.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 288

(check only one)

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

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

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Richard Paulsen

Mailing Address 6280 Crooked Stick Avenue

City State Zip Code
 Stockton CA 95219-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2225991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City State Zip Code
 Hillsborough CA 94010-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2228991

Amount of Each Receipt this Period

1000.09

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

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

Mr. Jim Rutledge

Mailing Address 10484 Janice Lynn Circle

City State Zip Code
 Cypress CA 90630

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2234991

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

2208.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mitchell D. Rosenberg

Mailing Address 870 Camino El Carizo

City State Zip Code
 Thousand Oaks CA 91360-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR2236991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 12516 Plaza Amada

City State Zip Code
 San Diego CA 92128-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: PR2243991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City State Zip Code
 Stamford CT 06906-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

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

Transaction ID: PR224991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1750.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Gary N. Laurin

Mailing Address 721 Hearst Way

City State Zip Code
 Corona CA 92882-6397

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2253991

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

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

Mr. Donald G. Presley

Mailing Address 4502 Obispo Avenue

City State Zip Code
 Lakewood CA 90712-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2257991

Amount of Each Receipt this Period

390.00

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

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

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City State Zip Code
 Plano TX 75093-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2284991

Amount of Each Receipt this Period

636.58

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

SUBTOTAL of Receipts This Page (optional)

1234.54

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 91 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Jonathan R. Jaramillo Mailing Address 11 Turtle Ridge Court City Ridgefield State CT Zip Code 06877-1060 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.09		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR2290991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>1000.09</td> </tr> </table> P/R Deduction (\$76.93 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									1000.09
M	M	/	D	D	/	Y	Y	Y	Y												
								1000.09													
B. Full Name (Last, First, Middle Initial) Mr. John G. Morris Mailing Address 27 Noelle Court City Amityville State NY Zip Code 11701-3097 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Systems Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR229991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>208.00</td> </tr> </table> P/R Deduction (\$16.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									208.00
M	M	/	D	D	/	Y	Y	Y	Y												
								208.00													
C. Full Name (Last, First, Middle Initial) Mr. David Smith Mailing Address 10810 Executive Drive Suite 301 City Little Rock State AR Zip Code 72211 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.09		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR2307991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>1000.09</td> </tr> </table> P/R Deduction (\$76.93 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									1000.09
M	M	/	D	D	/	Y	Y	Y	Y												
								1000.09													

SUBTOTAL of Receipts This Page (optional)

2208.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Gayle A. Yeomans
Mailing Address 777 W End Avenue

City State Zip Code
New York NY 10025-5551

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2342991

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Joan M. Cronin
Mailing Address 15 Steven Drive Apt. 7

City State Zip Code
Ossining NY 10562-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR236991

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. George R. Gordon
Mailing Address 3807 Coventry Lane

City State Zip Code
Boca Raton FL 33496-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR240991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1585.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Veronica E. McCarthy

Mailing Address 67118 Dartmouth Street

City State Zip Code
Forest Hills NY 11375-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR250991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Ms. Maryann L. Ingenito

Mailing Address 305 Edinboro Road

City State Zip Code
Staten Island NY 10306-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR252991

Amount of Each Receipt this Period

730.87

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City State Zip Code
Darien CT 06820-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Retirement Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR258991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1981.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Cordell Hoffer Mailing Address 65 Otterkill Road City New Windsor State NY Zip Code 12533-8830 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR259991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Enrico R. Sorrentino Mailing Address 1256 Turnbury Lane City North Wales State PA Zip Code 19454-3658 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 ▼ 636.58			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR262991 Amount of Each Receipt this Period 636.58 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Solomon Goldfinger Mailing Address 14719 70th Avenue City Flushing State NY Zip Code 11367-1715 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp & Senior Advisor To the C.O.O. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.05			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR267991 Amount of Each Receipt this Period 440.05 P/R Deduction (\$33.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2076.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 8 Park Place

City State Zip Code
Short Hills NJ 07078-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp and Chief Investment Officer - L&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR279991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Marat Gakyma

Mailing Address 340 Travis Avenue

City State Zip Code
Staten Island NY 10314-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR281991

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Patrick G. Boyle

Mailing Address 7 Holmes Court

City State Zip Code
Morristown NJ 07960-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR285991

Amount of Each Receipt this Period

600.60

P/R Deduction (\$46.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1058.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Eileen T. Slevin
Mailing Address 32 Dykers Farm Road

City State Zip Code
North Haledon NJ 07508-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR289991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Joel A. Shapiro
Mailing Address 200 E 66th Street #302D

City State Zip Code
New York NY 10021-9188

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR293991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Paul Delisio
Mailing Address 99 Wildflower Lane

City State Zip Code
Shokan NY 12481-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR304991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

790.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Michael M. Oleske

Mailing Address 59 the Neck

City State Zip Code
 Manhasset NY 11030-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR308991

Amount of Each Receipt this Period

500.11

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

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

Ms. Lenora Wilson

Mailing Address 9817 Hadrians Way

City State Zip Code
 Shreveport LA 71118-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.19

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR314991

Amount of Each Receipt this Period

229.19

P/R Deduction (\$41.67 Monthly)

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

Mr. Kenneth H. Hower

Mailing Address 123 W Houston Avenue

City State Zip Code
 Clovis CA 93611-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR319991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1729.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John H. O'Byrne
Mailing Address 18 Crowne Pond Lane

City State Zip Code
Wilton CT 06897-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327991

Amount of Each Receipt this Period

475.82

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

B. Full Name (Last, First, Middle Initial)
Mr. Gerard A. Rocchi
Mailing Address 789 Mountain Laurel Road

City State Zip Code
Fairfield CT 06824-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR351991

Amount of Each Receipt this Period

1031.61

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

C. Full Name (Last, First, Middle Initial)
Ms. Kornelia Caulo Seyfried
Mailing Address 303 Frederick Street

City State Zip Code
Dix Hills NY 11746-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR361991

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1715.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 39-856 Morningside Drive

City State Zip Code
Rancho Mirage CA 92270-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR366991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jules DelVecchio

Mailing Address 4 Sackett Circle

City State Zip Code
Larchmont NY 10538-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR379991

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Salvatore F. Farina

Mailing Address 5 Sir Kenneth Court

City State Zip Code
Northport NY 11768-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR385991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1805.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Frank M. Boccio

Mailing Address 18 Williamson Street

City State Zip Code
 East Rockaway NY 11518-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Individual Policy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.27

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR394991

Amount of Each Receipt this Period

439.27

P/R Deduction (\$33.79 Bi-Weekly)

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

Mr. James M. Lauzon

Mailing Address 8 New Castle Drive

City State Zip Code
 Avon CT 06001-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR39991

Amount of Each Receipt this Period

749.97

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

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

Mr. Richard A. Wadsworth

Mailing Address 2211 Chardonnay Terrace

City State Zip Code
 Parrish FL 34219-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR406991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1489.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Alison F. Souksamlane Mailing Address 15506 Clover Ridge City San Antonio State TX Zip Code 78248-1333 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR409991 Amount of Each Receipt this Period 1500.00 P/R Deduction (\$250.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Kathleen A. Donnelly Mailing Address 47 Southview Circle City Lake Grove State NY Zip Code 11755-2244 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.87			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR410991 Amount of Each Receipt this Period 730.87 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Eric S. Rubin Mailing Address 419 Freeman Avenue City Oceanside State NY Zip Code 11572-4506 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.09			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR416991 Amount of Each Receipt this Period 1000.09 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

3230.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Edward J. Kaminski

Mailing Address 63 Fern Street

City State Zip Code
 Floral Park NY 11001-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR423991

Amount of Each Receipt this Period

250.12

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

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

Mr. Anthony L. Miller

Mailing Address 1460 S Prairie Avenue

City State Zip Code
 Chicago IL 60605-2884

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.25

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR438991

Amount of Each Receipt this Period

406.25

P/R Deduction (\$31.25 Bi-Weekly)

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

Mr. James O. DeVito

Mailing Address 3 Fiske Pond Road

City State Zip Code
 Holliston MA 01746-2051

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 ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44864991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1656.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kinh-Huu Lam Mailing Address 991 Lurline Drive City State Zip Code Foster City CA 94404-1832 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44872991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Darin Fass Mailing Address 30 Carlton Drive City State Zip Code Mount Kisco NY 10549-4756 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44873991 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Steven J. Kramer Mailing Address 111 W Ravine Court City State Zip Code Mequon WI 53092-5861 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44874991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 104 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. William Grub Mailing Address 27 Desantis Drive City Highland Mills State NY Zip Code 10930-3419 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 ▼ 264.49		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR44875991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">264.49</td> </tr> </table> P/R Deduction (\$38.47 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	264.49									
M	M	/	D	D	/	Y	Y	Y	Y													
264.49																						
B. Full Name (Last, First, Middle Initial) Mr. Gregory D. Tyson Mailing Address 1122 Garden Street City Hoboken State NJ Zip Code 07030-4305 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR44878991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.12</td> </tr> </table> P/R Deduction (\$19.24 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	250.12									
M	M	/	D	D	/	Y	Y	Y	Y													
250.12																						
C. Full Name (Last, First, Middle Initial) Ms. Amelia Scott Mailing Address 3920 Arkwright Road Suite 160 City Macon State GA Zip Code 31210-1744 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.87		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR44880991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">730.87</td> </tr> </table> P/R Deduction (\$76.93 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	730.87									
M	M	/	D	D	/	Y	Y	Y	Y													
730.87																						

SUBTOTAL of Receipts This Page (optional)

1245.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Romany S. Abraham Mailing Address 3350 Hampshire Road City State Zip Code Furlong PA 18925-1254 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44881991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Brett Bargery Mailing Address 505 Liberty Court City State Zip Code Colleyville TX 76034-7619 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.50			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44884991 Amount of Each Receipt this Period 365.50 P/R Deduction (\$38.47 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Robert J. Blake Mailing Address 105 Meadow Ridge Road City State Zip Code Warwick NY 10990-2569 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Zone Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.88			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44885991 Amount of Each Receipt this Period 230.88 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

921.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Stanley M. Friedman			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 25 Round Tree Drive			Transaction ID: PR44888991	
City State Zip Code Melville NY 11747-3314			Amount of Each Receipt this Period <div>520.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
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 ▼ <div>520.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. David A. Harland			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 200 E 66th Street Apt. A-1903			Transaction ID: PR44890991	
City State Zip Code New York NY 10021-9179			Amount of Each Receipt this Period <div>260.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer New York Life Insurance Company		Occupation First V.P. & Dep Gen Counsel & Dep Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>260.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Robert A. Hodgkiss			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 5824 Fairmount Avenue			Transaction ID: PR44891991	
City State Zip Code Downers Grove IL 60516-1411			Amount of Each Receipt this Period <div>520.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
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 ▼ <div>520.00</div>		
P/R Deduction (\$40.00 Bi-Weekly)				

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. George M. Kay
Mailing Address 8930 Colonial Place

City State Zip Code
Duluth GA 30097-6650

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44892991

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph J. La Pietra
Mailing Address 12601 Split Creek Court

City State Zip Code
North Potomac MD 20878-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44893991

Amount of Each Receipt this Period

636.58

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

C. Full Name (Last, First, Middle Initial)
Mr. Mark J. Madgett
Mailing Address 24634 Southeast 9th Place

City State Zip Code
Sammamish WA 98074-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44895991

Amount of Each Receipt this Period

1040.50

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

SUBTOTAL of Receipts This Page (optional)

1937.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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 B. McKinney

Mailing Address 2601 25th Street Southeast
Suite 350

City State Zip Code
Salem OR 97302-1283

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44896991

Amount of Each Receipt this Period

500.11

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

Full Name (Last, First, Middle Initial)

B. Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City State Zip Code
Livermore CA 94550-6888

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44897991

Amount of Each Receipt this Period

365.50

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

Full Name (Last, First, Middle Initial)

C. Ms. Joyce B. Russell

Mailing Address 1005 Fraser Avenue Southeast

City State Zip Code
Huntsville AL 35801-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44898991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1190.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth N. Savoie

Mailing Address 5383 Chaucers Court

City State Zip Code
Roanoke VA 24018-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44899991

Amount of Each Receipt this Period

250.12

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

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

Mailing Address 20 W Mundhank Road

City State Zip Code
South Barrington IL 60010-9557

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.87

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44900991

Amount of Each Receipt this Period

730.87

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

C. Full Name (Last, First, Middle Initial)
Mr. Mehmood N. Daya

Mailing Address 22106 Grand Cove Court

City State Zip Code
Katy TX 77450-8097

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 ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44905991

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1481.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Troy K. Holman
Mailing Address 210 Quisset Lane

City State Zip Code
Wayne PA 19087-2185

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 ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44907991

Amount of Each Receipt this Period

455.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Kyle T. Williamson
Mailing Address 6805 Beckworth Lane

City State Zip Code
Plano TX 75024-7536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44912991

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert P. Mason
Mailing Address 7 Glarus Court

City State Zip Code
Fairport NY 14450-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR44914991

Amount of Each Receipt this Period

675.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Raj Bakshi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44916991	
Mailing Address 1675 York Avenue Apt. 4K		Amount of Each Receipt this Period 1000.00	
City New York	State NY	Zip Code 10128-6765	P/R Deduction (\$1000.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
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) ▼			
B. Full Name (Last, First, Middle Initial) Mr. Mark A. Heck		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44922991	
Mailing Address 500 Cliffwood Avenue Apt. #D-9		Amount of Each Receipt this Period 325.00	
City Matawan	State NJ	Zip Code 07747-2825	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer New York Life Insurance Company	Occupation Senior Financial Analysis Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name (Last, First, Middle Initial) Mr. Bradford L. Meigs		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44991	
Mailing Address 3 Harvest Lane		Amount of Each Receipt this Period 250.02	
City Hingham	State MA	Zip Code 02043-4233	P/R Deduction (\$41.67 Mon-thly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.02	
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) ▼			

SUBTOTAL of Receipts This Page (optional)

1575.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William P. Tate
Mailing Address 29355 Regency Circle

City State Zip Code
Westlake OH 44145-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Service Center Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR45557991

Amount of Each Receipt this Period

250.12

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

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR458991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. James P. McNicholas
Mailing Address 32 Kinzley Street

City State Zip Code
Little Ferry NJ 07643-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR46768991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

825.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. David L. Brass

Mailing Address 541 Polaris Street

City State Zip Code
 North Babylon NY 11703-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Regional Manager - Life Product Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR470991

Amount of Each Receipt this Period

250.12

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

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

Mr. Joseph M. Franklin

Mailing Address 33 Round Hill Road

City State Zip Code
 Washingtonville NY 10992-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR476991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Ms. Judith E. Campbell

Mailing Address 54 Samson Avenue

City State Zip Code
 Madison NJ 07940-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR491991

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1000.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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. Jeffrey Leiderman

Mailing Address 213 Viaduct Emilia

City State Zip Code
Palm Beach FL 33418-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR503991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John Dipalermo

Mailing Address 3297 Padilla Way

City State Zip Code
San Jose CA 95148-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR504991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Mary Hallahan

Mailing Address 172 Wayne Avenue

City State Zip Code
River Edge NJ 07661-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.88

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR512991

Amount of Each Receipt this Period

243.88

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

SUBTOTAL of Receipts This Page (optional)

1243.90

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 115 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Irving Flamer		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3 Linden Lane		Transaction ID: PR519991	
City State Zip Code Old Westbury NY 11568-1609		Amount of Each Receipt this Period 250.02	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	
B. Full Name (Last, First, Middle Initial) Mr. Thomas P. Shea		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 20 Makanna Drive		Transaction ID: PR527991	
City State Zip Code Huntington NY 11743-2935		Amount of Each Receipt this Period 730.87	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company		Occupation First Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.87	
C. Full Name (Last, First, Middle Initial) Mr. Howard Levy		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 14 Strafford Lane		Transaction ID: PR534991	
City State Zip Code Bedford NH 03110-4536		Amount of Each Receipt this Period 507.00	
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 ▼ 507.00	
SUBTOTAL of Receipts This Page (optional)		1487.89	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER: PAGE 116 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James D. Dean
Mailing Address 1648 Wimbledon Drive

City State Zip Code
Walled Lake MI 48390-3179

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54017991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Jeanmarie A. Deliso
Mailing Address 43 Primrose Drive

City State Zip Code
Longmeadow MA 01106-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54019991

Amount of Each Receipt this Period

498.00

P/R Deduction (\$83.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Jenny S. Louie
Mailing Address 72-16 267th Street

City State Zip Code
Floral Park NY 11004-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54033991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1238.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Andrew W. Rawding

Mailing Address 19 Herald Drive

City State Zip Code
 Queensbury NY 12804-9187

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54060991

Amount of Each Receipt this Period

585.00

P/R Deduction (\$45.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Wayne Thomas

Mailing Address 29 Cycas Drive

City State Zip Code
 Kenner LA 70065-6188

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54249991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

C. Full Name (Last, First, Middle Initial)
Ms. Aeramy Porter

Mailing Address 8024 Greenbriar Court

City State Zip Code
 Wichita KS 67226-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54282991

Amount of Each Receipt this Period

225.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Wesley M. Teterud

Mailing Address 11613 E 48th

City State Zip Code
 Spokane WA 99206-9494

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54284991

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

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

Mr. Ben Freedman

Mailing Address 143 Amoretti

City State Zip Code
 Lander WY 82520-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54286991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

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

Mr. William R. Lindsey

Mailing Address 664 South Wabash Avenue

City State Zip Code
 Redlands CA 92374-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54323991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1008.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

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

Ms. Linda Hulbert

Mailing Address PO Box 81402

City State Zip Code
 Fairbanks AK 99708-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR544991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mr. Michael F. Barry

Mailing Address 3 Evergreen Lane

City State Zip Code
 Walpole MA 02081-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54762991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

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

Mr. Todd Purich

Mailing Address 6332 Battlevue Drive

City State Zip Code
 Raleigh NC 27613-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54768991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City State Zip Code
Honesdale PA 18431-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR54771991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Missy Gaynor

Mailing Address 180 Peace Acre Lane

City State Zip Code
Stratford CT 06497-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR557991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mailing Address 5 Abbington Way

City State Zip Code
Morristown NJ 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 ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR559991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1750.15

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Roberto Recine			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR561991	
Mailing Address 12800 Cumberland Circle			Amount of Each Receipt this Period 260.00	
City Anchorage	State AK	Zip Code 99516-2746		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Akshay Madan			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR565991	
Mailing Address 210 Indian Trail Road			Amount of Each Receipt this Period 434.65	
City Oak Brook	State IL	Zip Code 60523-2795		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Senior V.P. - Northeastern Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 434.65	P/R Deduction (\$76.93 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Michael F. Broderick Cfp			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56615991	
Mailing Address 170 Clapboard Tree Street			Amount of Each Receipt this Period 1000.02	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	P/R Deduction (\$166.67 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1694.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Don L. Lippencott			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56616991	
Mailing Address 123 Old Post Road Box 596			Amount of Each Receipt this Period 300.00	
City Port Jefferson State NY Zip Code 11777-0596		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Mr. Jeff Perryman			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56617991	
Mailing Address 270 Spectacular Street			Amount of Each Receipt this Period 300.00	
City Henderson State NV Zip Code 89052-5907		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mr. Roy Salmon			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56626991	
Mailing Address 4255 Alta Vista Avenue			Amount of Each Receipt this Period 250.02	
City Santa Rosa State CA Zip Code 95404-1906		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		

SUBTOTAL of Receipts This Page (optional)

850.02

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

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

Mr. James M. Smith

Mailing Address 6414 Hickorycrest Drive

City State Zip Code
 Spring TX 77389-5230

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR56628991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

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

Mr. Michael E. Sproule

Mailing Address 16 Middle Beach Road

City State Zip Code
 Madison CT 06443-3053

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
E.V.P. & Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR570991

Amount of Each Receipt this Period

1000.09

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

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

Mr. Jefferson C. Boyce

Mailing Address 28 Inwood Street

City State Zip Code
 Yonkers NY 10704-2802

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57512991

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1740.20

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Barbara J. McInerney

Mailing Address 35 Sutton Place
Apt. 4E

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Corporate Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57513991

Amount of Each Receipt this Period

500.11

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

B. Full Name (Last, First, Middle Initial)
Mr. David L. Mussehl

Mailing Address 17 Nature Lane

City State Zip Code
Shelton CT 06484-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57522991

Amount of Each Receipt this Period

1000.09

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

C. Full Name (Last, First, Middle Initial)
Mr. Cheong H. Tsang

Mailing Address 1974 Troy Avenue

City State Zip Code
Brooklyn NY 11234-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57525991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2500.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Jon A. Law

Mailing Address 5 Mann Drive

City State Zip Code
 Liverpool NY 13088-5477

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Field Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57549991

Amount of Each Receipt this Period

538.51

P/R Deduction (\$60.00 Bi-Weekly)

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

Ms. Marilyn W. Arnold

Mailing Address 32 Fieldstone Lane

City State Zip Code
 Medford NJ 08055-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57550991

Amount of Each Receipt this Period

365.50

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

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

Mr. Bradley J. Jensen

Mailing Address 5004 Itasca Street

City State Zip Code
 Lubbock TX 79416-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR57554991

Amount of Each Receipt this Period

741.58

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

SUBTOTAL of Receipts This Page (optional)

1645.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 288

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. William J. Terry, III Mailing Address 43 Winchester Road City State Zip Code Arlington MA 02474-1019 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57555991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. David A. Odom Mailing Address 24719 Bogey Ridge City State Zip Code San Antonio TX 78258-4805 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57557991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) 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 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 ▼ 566.58			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57560991 Amount of Each Receipt this Period 566.58 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1216.58

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Eric Cox Mailing Address 136 Cape May Lane City State Zip Code Mount Pleasant SC 29464-6500 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57561991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Hugh J. Smith Mailing Address 10 Rock Road City State Zip Code Attleboro MA 02703-4454 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57563991 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Francis J. Ok Mailing Address 18 Robinhood Drive City State Zip Code Mountain Lakes NJ 07046-1462 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57564991 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1345.00

TOTAL This Period (last page this line number only)

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

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Ralph K. Sklar Mailing Address 6632 Liggett Drive City State Zip Code Oakland CA 94611-3204 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR575991 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Thomas J. Troeller Mailing Address 12 Crape Myrtle Drive City State Zip Code Holmdel NJ 07733-1529 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President & Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR582991 Amount of Each Receipt this Period 455.00 P/R Deduction (\$35.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Mark W. Pfaff Mailing Address 330 Stockbridge Road City State Zip Code Charlotte VT 05445-9356 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 923.16			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR584991 Amount of Each Receipt this Period 923.16 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1588.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Nicola Iannitelli
Mailing Address 148 Brittany Court

City State Zip Code
Clifton NJ 07013-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58613991

Amount of Each Receipt this Period

500.11

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert G. Karalius
Mailing Address 139 Sutcliffe Lane

City State Zip Code
Conshohocken PA 19428-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58614991

Amount of Each Receipt this Period

220.44

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

C. Full Name (Last, First, Middle Initial)
Mr. Frank Lusk
Mailing Address 15185 Wood Duck Trail Northwest

City State Zip Code
Prior Lake MN 55372-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR58615991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1720.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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. Bernard J. Zweig

Mailing Address 393 West End Avenue
Apt. 9D

City State Zip Code
New York NY 10024-6141

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR602991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Jonathan T. Paone

Mailing Address 57 Van Doren Avenue

City State Zip Code
Chatham NJ 07928-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60596991

Amount of Each Receipt this Period

250.12

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

Full Name (Last, First, Middle Initial)

C. Mr. Paul M. Holmes

Mailing Address 3200 Beechleaf Court
Suite 820

City State Zip Code
Raleigh NC 27604-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60641991

Amount of Each Receipt this Period

370.82

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

SUBTOTAL of Receipts This Page (optional)

1120.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Scot R. Bradstreet

Mailing Address PO Box 415

City State Zip Code
 Stratham NH 03885-0415

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR60991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

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

Mr. Johnson Kho

Mailing Address 110 Westminster Road

City State Zip Code
 Scarsdale NY 10583-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR612991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

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

Mr. John P. Border

Mailing Address 12720 Crown Crest Drive

City State Zip Code
 Bakersfield CA 93311-8568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61309991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1900.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ralph P. Owen
Mailing Address 3317 Highway 63

City State Zip Code
Bloomfield IA 52537-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61327991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Alan Pottebaum
Mailing Address 29 Laura Drive

City State Zip Code
Lemars IA 51031-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61338991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Bob Chrisman
Mailing Address 2660 Augusta #6303

City State Zip Code
Houston TX 77057-5682

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61363991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

790.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Larry E. Botts
Mailing Address 3015 E Leestown Road

City State Zip Code
Midway KY 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61377991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald E. Lippencott
Mailing Address 10 Hawkins Avenue

City State Zip Code
Setauket NY 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61382991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Allen W. St Amour
Mailing Address 578 Brakel Point Drive

City State Zip Code
Traverse City MI 49684-8292

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61393991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregory P. Genovese

Mailing Address 14 Woodcutters Lane

City State Zip Code
Cold Spring Harbor NY 11724-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61416991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Randall D. Hart

Mailing Address 3547 State Route 7

City State Zip Code
New Waterford OH 44445-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61424991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Russell Bicker

Mailing Address 125 Poplar Forest Drive

City State Zip Code
Slippery Rock PA 16057-8527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61435991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1000.02

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 135 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John Pereira Mailing Address 2815 E 10th Street City State Zip Code the Dalles OR 97058-4020 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61437991 Amount of Each Receipt this Period 499.98 P/R Deduction (\$83.33 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 499.98	
B. Full Name (Last, First, Middle Initial) Mr. Alvin R. Barnett Mailing Address 126 Meadow Street City State Zip Code Garden City NY 11530-6600 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61440991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 250.02	
C. Full Name (Last, First, Middle Initial) Mr. Thomas J. Kanaley Mailing Address 150 Lenox Way City State Zip Code San Francisco CA 94127-1113 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61452991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)			1000.02	
TOTAL This Period (last page this line number only)				

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

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

FOR LINE NUMBER: PAGE 136 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William S. Bennett, Jr., Jr.

Mailing Address 20708 Northeast 90th Street

City State Zip Code
Redmond WA 98053-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61466991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mailing Address PO Box 489

City State Zip Code
Shelton WA 98584-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61474991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Brian Ruh

Mailing Address 23702 Steintal Road

City State Zip Code
Kiel WI 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61485991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1710.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 2402 Laureldale Park Lane

City State Zip Code
Spring TX 77386-2974

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61497991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Brad Burton

Mailing Address 11050 Vale Road

City State Zip Code
Oakton VA 22124-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61509991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Lynn Fedor

Mailing Address 115 Peninsula Drive

City State Zip Code
Peachtree Cty GA 30269-6646

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61543991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Kurt Anderson

Mailing Address 13038 Village Chase Circle

City State Zip Code
Tampa FL 33618-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.49

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61547991

Amount of Each Receipt this Period

615.49

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

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

Mailing Address 3 Muirfield Road

City State Zip Code
Falmouth ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61566991

Amount of Each Receipt this Period

220.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Barry A. Schub

Mailing Address 4 Wren Court

City State Zip Code
Morristown NJ 07960-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.73

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61569991

Amount of Each Receipt this Period

384.73

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

SUBTOTAL of Receipts This Page (optional)

1220.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Ms. Michele M. Kenaga

Mailing Address 3 Pequot Drive

City State Zip Code
 Norwalk CT 06855-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR61572991

Amount of Each Receipt this Period

220.44

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

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

Mr. Robert J. Hebron

Mailing Address 231 Wyoming Avenue

City State Zip Code
 Maplewood NJ 07040-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615991

Amount of Each Receipt this Period

500.11

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

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

Mr. Thomas R. Carluccio, Sr., Sr.

Mailing Address 1206 Southwest Catalina Street

City State Zip Code
 Palm City FL 34990-3879

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR628991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

970.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Ron Rapp		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR63209991	
Mailing Address #10 Cottonwood Landing 101 East 4th Street		Amount of Each Receipt this Period 250.02	
City South Sioux City	State NE	Zip Code 68776-1761	P/R Deduction (\$41.67 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 250.02		
B. Full Name (Last, First, Middle Initial) Mr. Alan H. Shortell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR63216991	
Mailing Address 161 Farrington Avenue		Amount of Each Receipt this Period 250.12	
City Sleepy Hollow	State NY	Zip Code 10591-1304	P/R Deduction (\$19.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 250.12		
C. Full Name (Last, First, Middle Initial) Ms. Julia A. Warren		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR633991	
Mailing Address 78 Crest Drive		Amount of Each Receipt this Period 500.11	
City South Orange	State NJ	Zip Code 07079-1037	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Managing Director Aggregate Year-to-Date ▼ 500.11		

SUBTOTAL of Receipts This Page (optional)

1000.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James J. Coffee
Mailing Address 327 Lakeside Dr. N

City State Zip Code
Forked River NJ 08731-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR637991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Ms. Diane H. Gould
Mailing Address 1102 Prospect Hill Place

City State Zip Code
Rockville MD 20850-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR638991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Bernee V. Kapili M.D.
Mailing Address 200 East End Avenue
Apt. 14G

City State Zip Code
New York NY 10128-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64242991

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1750.25

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 142 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Arthur H. Seter Mailing Address 1 Merion Drive City State Zip Code Purchase NY 10577-1301 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp & Deputy Chief Investment Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR64266991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.11</td> </tr> </table> P/R Deduction (\$38.47 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	500.11									
M	M	/	D	D	/	Y	Y	Y	Y														
500.11																							
B. Full Name (Last, First, Middle Initial) Ms. Carol S. Mayer Mailing Address 27 Spook Ridge Road City State Zip Code U Saddle River NJ 07458-1525 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation V.P. & Associate General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.25			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR64268991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.25</td> </tr> </table> P/R Deduction (\$19.25 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	250.25									
M	M	/	D	D	/	Y	Y	Y	Y														
250.25																							
C. Full Name (Last, First, Middle Initial) Ms. Elizabeth W. McCarthy Mailing Address 124 College Place City State Zip Code South Orange NJ 07079-2506 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 884.71			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR64273991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">884.71</td> </tr> </table> P/R Deduction (\$76.93 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	884.71									
M	M	/	D	D	/	Y	Y	Y	Y														
884.71																							

SUBTOTAL of Receipts This Page (optional)

1635.07

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 143 / 288

(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Douglas W. Pelz Mailing Address 2404 Thomas Hill Drive City State Zip Code Coeur D Alene ID 83815-6334 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64543991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) Mr. Michael Arnheiter Mailing Address 220 N Falmouth Highway City State Zip Code North Falmouth MA 02556-3102 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR645991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 1000.02	
C. Full Name (Last, First, Middle Initial) Ms. Ellen M. Coletto Mailing Address 61 Chester Avenue City State Zip Code Brooklyn NY 11218-2020 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64710991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Cvp - Information Systems Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)**1625.02****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Harry W. DeHaven

Mailing Address 9065 Bethel Road

City State Zip Code
Gainesville GA 30506-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64719991

Amount of Each Receipt this Period

250.12

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

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

Mailing Address 5707 Sodus Shores

City State Zip Code
Sodus NY 14551-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR64720991

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Puneet Seth

Mailing Address 2 Betsy Ross Court

City State Zip Code
East Brunswick NJ 08816-3264

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65434991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

900.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. John P. Curry

Mailing Address 905 Foxhollow Run

City State Zip Code
 Alpharetta GA 30004-0959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior V.P. - South Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65435991

Amount of Each Receipt this Period

615.44

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

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

Mr. Daniel F. Clements

Mailing Address 600 Rosinccress Court

City State Zip Code
 San Ramon CA 94582-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65439991

Amount of Each Receipt this Period

365.50

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

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

Mr. Ashwani K. Rana

Mailing Address 637 Norante Court

City State Zip Code
 Pleasanton CA 94566-2234

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 ▼

298.16

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR65441991

Amount of Each Receipt this Period

298.16

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

SUBTOTAL of Receipts This Page (optional)

1279.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Cande J. Olsen Mailing Address 85 Canterbury Road City Chatham State NJ Zip Code 07928-2901 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp - Regulatory Modernization Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.09			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR656991 Amount of Each Receipt this Period 1000.09 P/R Deduction (\$76.93 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Anthony R. Malloy Mailing Address 329 Beechwood Road City Ridgewood State NJ Zip Code 07450-2306 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR658991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Wesley Morris Mailing Address 789 Rock Springs Road City Kingsport State TN Zip Code 37664-5265 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65987991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Sheila K. Davidson			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR659991	
Mailing Address 45 East Ninth Street Apt. 6/7			Amount of Each Receipt this Period 1000.09	
City New York	State NY	Zip Code 10003-6307		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation E.V.P. - Law & Corporate Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.09	P/R Deduction (\$76.93 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Ms. Victoria C. Buhrow			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66021991	
Mailing Address 21 81st Avenue			Amount of Each Receipt this Period 325.00	
City Treasure Island	State FL	Zip Code 33706-5212		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Jean-Louis M. Pedat			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66022991	
Mailing Address 148 West 70th Street Apt. 8			Amount of Each Receipt this Period 520.00	
City New York	State NY	Zip Code 10023-4412		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Cvp - Internet Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

1845.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John A. Cullen
Mailing Address 527 Parkview Avenue

City State Zip Code
Westfield NJ 07090-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp Controller & Chief Accounting Off.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66023991

Amount of Each Receipt this Period

260.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert A. McLoughlin
Mailing Address 6 Hollywood Drive

City State Zip Code
Dobbs Ferry NY 10522-3009

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66024991

Amount of Each Receipt this Period

325.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Helen M. Napoli
Mailing Address 2 Oxford Road

City State Zip Code
North Caldwell NJ 07006-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR66025991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Nathan W. Fincher		Date of Receipt <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	
Mailing Address 206 Casting Street Southeast		Transaction ID: PR66026991	
City Albany	State OR	Zip Code 97322-7347	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>919.30</div>	
Name of Employer New York Life Insurance Company	Occupation Associate Sales Development Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>919.30</div>		
B. Full Name (Last, First, Middle Initial) Mr. Leonard J. Mackesy		Date of Receipt <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	
Mailing Address 8 Hillside Avenue		Transaction ID: PR66027991	
City Kearny	State NJ	Zip Code 07032-1633	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>325.00</div>	
Name of Employer New York Life Insurance Company	Occupation Cvp - Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>325.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Mark H. Rodden		Date of Receipt <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	
Mailing Address 2641 Freeman Manor Drive		Transaction ID: PR66980991	
City Jones	State OK	Zip Code 73049-8703	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.09</div>	
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 ▼ <div>1000.09</div>		
SUBTOTAL of Receipts This Page (optional) ▶		<div>2244.39</div>	
TOTAL This Period (last page this line number only) ▶		<div></div>	

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

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

FOR LINE NUMBER: PAGE 150 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Thomas J. Warga Mailing Address 2500 Abbey Lane City State Zip Code Seaford NY 11783-3509 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Svp & General Auditor Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR669991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Ronald O. McCombs Mailing Address 1663 Baywood Drive City State Zip Code Concord CA 94521-1252 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Sales Development Manager Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67003991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Alexander A. Burbatsky Mailing Address 9 Stepping Stone Crescent City State Zip Code Dix Hills NY 11746-5011 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Svp Aggregate Year-to-Date ▼ 250.12			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67013991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Peter Brigando
Mailing Address 64 Musiker Avenue

City State Zip Code
Randolph NJ 07869-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67059991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Frederick B. Van Blaricom
Mailing Address 201 E 39th Street

City State Zip Code
Savannah GA 31401-9019

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67090991

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Mr. Stephen A. Bloom
Mailing Address 40 Southall Lane

City State Zip Code
Red Bank NJ 07701-5761

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Chief Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670991

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

750.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark W. Talgo
Mailing Address 5 Stony Hill Road

City State Zip Code
West Harrison NY 10604-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67213991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Gregory F. Appel
Mailing Address 113 Park Road Extension

City State Zip Code
Goldens Brg NY 10526-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67242991

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Dennis M. Cleary
Mailing Address 9343 246th Street

City State Zip Code
Floral Park NY 11001-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR67243991

Amount of Each Receipt this Period

260.00

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

SUBTOTAL of Receipts This Page (optional)

770.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Eric J. Grossman Mailing Address 8310 35 Avenue Apt. 40 City State Zip Code Jackson Heights NY 11372-5317 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Assistant Vice President - Architectur Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67256991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Joseph J. Hogan Mailing Address 8448 Eagle Preserve Way City State Zip Code Sarasota FL 34241-9449 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67261991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Richard C. Dipippo Mailing Address 16619 Harbor Town Drive City State Zip Code Silver Spring MD 20905-4082 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR68991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1575.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. John T. Baier

Mailing Address 12 Skytop Drive

City State Zip Code
Denville NJ 07834-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR692991

Amount of Each Receipt this Period

1000.09

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

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

Mr. Izhak Asher

Mailing Address 29 Center Drive

City State Zip Code
Roslyn NY 11576-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69457991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Mr. Harris Kagan

Mailing Address 1608 Pandora Avenue

City State Zip Code
Los Angeles CA 90024-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69462991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Leonard Isaacs
Mailing Address 66 Boulder Ridge Road

City State Zip Code
Scarsdale NY 10583-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69471991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Fitzpatrick
Mailing Address 103 Prospect Avenue

City State Zip Code
Waterloo IA 50703-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69529991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gary Myers
Mailing Address 10825 Southwest 83 Terrace

City State Zip Code
Augusta KS 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69543991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1280.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Amy O'Donnell
Mailing Address 4467 Holly Street

City State Zip Code
Springfield OR 97478-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69556991

Amount of Each Receipt this Period

221.26

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

B. Full Name (Last, First, Middle Initial)
Mr. Marc Bregman
Mailing Address 2063 Providence Way

City State Zip Code
Lodi CA 95242-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69570991

Amount of Each Receipt this Period

696.68

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Milo Abadilla
Mailing Address 3308 Moncucco Court

City State Zip Code
San Jose CA 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR69583991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1167.96

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Leslie C. Griffin Mailing Address 1301 N Courthouse Road #906 City Arlington State VA Zip Code 22201-2535 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69639991 Amount of Each Receipt this Period 285.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President Aggregate Year-to-Date ▼ 285.00		
B. Full Name (Last, First, Middle Initial) Ms. Marguerite E. Morrison Mailing Address 20 West 86th Street #6A City New York State NY Zip Code 10024-3604 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69660991 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Managing Director Aggregate Year-to-Date ▼ 260.00		
C. Full Name (Last, First, Middle Initial) Ms. Bik Y. Tsang Mailing Address 1974 Troy Avenue City Brooklyn State NY Zip Code 11234-3020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR700991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Agent Aggregate Year-to-Date ▼ 1000.02		

SUBTOTAL of Receipts This Page (optional)

1545.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 158 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William F. Leisman, III, III
Mailing Address 4 Orchard Avenue

City State Zip Code
Weston MA 02193-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70680991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Anil K. Jain
Mailing Address 6 Orleans Court

City State Zip Code
Commack NY 11725-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70683991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joel Steele
Mailing Address 22 Belmont Circle

City State Zip Code
Columbus NJ 08022-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70700991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mailing Address 8251 Pembridge

City State Zip Code
Woodridge IL 60517-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70708991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Philbert Demarie, III, III

Mailing Address 24 Woodvine Court

City State Zip Code
Covington LA 70433-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70709991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joe K. Lau

Mailing Address 11278 Del Golfo

City State Zip Code
Yuma AZ 85367-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70716991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Michael D. Dixon

Mailing Address 5055 Pathfinder

City State Zip Code
Oak Park CA 91377-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70718991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

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

Mr. Don Wilson

Mailing Address 9622 Victor Road

City State Zip Code
Anchorage AK 99515-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR70720991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

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

Mr. Grant H. Davis

Mailing Address 165 Mopus Bridge Road

City State Zip Code
Ridgefield CT 06877-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR710991

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1150.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Lee Kitzenberg
Mailing Address 5814 Vernon Lane

City State Zip Code
Edina MN 55436-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71260991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael Shock
Mailing Address 21 Rebecca Lane

City State Zip Code
Conway AR 72032-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71761991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Heedo Han
Mailing Address 29241 Las Brisas Road

City State Zip Code
Valencia CA 91354-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR71766991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1600.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Dan L. Ting			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71791991	
Mailing Address C/O Nylife International 51 Madison Avenue, Room 1016			Amount of Each Receipt this Period 256.20	
City New York	State NY	Zip Code 10010-1603		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Country Head - Taiwan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.20	P/R Deduction (\$19.24 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Bill Van Winkle			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR717991	
Mailing Address 41 Breezy Point			Amount of Each Receipt this Period 540.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$90.00 Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. George R. Shadie			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR724991	
Mailing Address 57 Teaberry Drive Sand Springs			Amount of Each Receipt this Period 1000.02	
City Drums	State PA	Zip Code 18222-2051		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	P/R Deduction (\$166.67 Monthly)	

SUBTOTAL of Receipts This Page (optional)

1796.22

TOTAL This Period (last page this line number only)

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

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Daniel Stoll Mailing Address 16 Kingston Circle City Lockport State NY Zip Code 14094-5606 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72519991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Francis M. Evans Mailing Address 1222 W 41st Street City La Grange State IL Zip Code 60525-5802 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.68			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72528991 Amount of Each Receipt this Period 216.68 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Raouf Salib Mailing Address 1221 Millcreek Drive City Flint State MI Zip Code 48532-2348 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72529991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1516.70

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Christopher O. Blunt 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 Svp & C.O.O. of Life & Annuity Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 636.58		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72957991 Amount of Each Receipt this Period 636.58 P/R Deduction (\$76.93 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Scott L. Lenz Mailing Address 41 Bellevue Avenue City Summit State NJ Zip Code 07901-2007 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President & Associate Tax Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72959991 Amount of Each Receipt this Period 390.00 P/R Deduction (\$30.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. John M. Hayes Mailing Address 7 Sun Valley Way City Long Valley State NJ Zip Code 07853-3038 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72960991 Amount of Each Receipt this Period 390.00 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1416.58

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Edward J. Fitzgerald Mailing Address 121 Stratford Road City State Zip Code West Hempstead NY 11552-1723 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73455991 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Randy K. Cox Mailing Address 541 Oak Grove Road City State Zip Code Chesapeake VA 23320 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.87			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73462991 Amount of Each Receipt this Period 730.87 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Scott G. Ayers Mailing Address 40 Tabor Place City State Zip Code South Burlington VT 05403-5609 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73465991 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1770.87

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Gregory T. Yopez 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Managing Partner Aggregate Year-to-Date ▼ 531.58			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73467991 Amount of Each Receipt this Period 531.58 P/R Deduction (\$76.93 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Scott E. Stone Mailing Address 3445 Stratford Road # 3203 City Atlanta State GA Zip Code 30326 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Zone Vice President Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73475991 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Gayl Thomas Mailing Address 3044 Ten Mile Drive City Sparks State NV Zip Code 89436-7027 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Cvp - Information Systems Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73481991 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1376.58

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Thomas S. Heller			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73486991	
Mailing Address 230 Mahwah Road			Amount of Each Receipt this Period 250.12	
City Mahwah	State NJ	Zip Code 07430-1440		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Cvp - Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Paul J. Appel			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73487991	
Mailing Address 110 Wagoner Lane 2019 Hemlock Farms			Amount of Each Receipt this Period 250.12	
City Hawley	State PA	Zip Code 18428-9073		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Cvp - Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.12	P/R Deduction (\$19.24 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Irwin Silber			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73494991	
Mailing Address 104 McNamara Road			Amount of Each Receipt this Period 225.00	
City Spring Valley	State NY	Zip Code 10977-1406		
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company		Occupation Vice President & Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

725.24

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard M. Walsh

Mailing Address 32 Hilltop Road

City State Zip Code
Waccabuc NY 10597-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73503991

Amount of Each Receipt this Period

325.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Lindsay J. Malkiewich

Mailing Address 7 Bent Birch Place

City State Zip Code
Parsippany NJ 07054-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73504991

Amount of Each Receipt this Period

325.00

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

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

Mailing Address 4109 Michael Neill Drive

City State Zip Code
Austin TX 78730-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Ltc Zone Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73518991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Binh Q. Nguyen
Mailing Address 4093 Autinori Court

City State Zip Code
San Jose CA 95148-3709

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73523991

Amount of Each Receipt this Period

250.12

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas A. Clough
Mailing Address 172 Summer Avenue

City State Zip Code
Reading MA 01867-2824

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR73525991

Amount of Each Receipt this Period

250.12

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

C. Full Name (Last, First, Middle Initial)
Mr. John F. Horwitz
Mailing Address 168 Upland Road

City State Zip Code
Sharon MA 02067-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74158991

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

825.24

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Mark F. Nestleroth

Mailing Address 1741 Airy Hill Road

City State Zip Code
 Manheim PA 17545-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR743991

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

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

Mr. Michael J. Pagano

Mailing Address 390 Forest Avenue

City State Zip Code
 Glen Ridge NJ 07028-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74504991

Amount of Each Receipt this Period

250.12

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

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

Mr. Sam Mancino

Mailing Address 106 Four Winds Drive

City State Zip Code
 Middletown NJ 07748-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74516991

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

708.26

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Monique A. McClure Mailing Address 346 11th Street #4 City State Zip Code Brooklyn NY 11215-4039 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74522991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Sandra L. Bograd Mailing Address 33-3502 Hudson Street City State Zip Code Jersey City NJ 07302-6543 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp & Chief Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 776.99		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74527991 Amount of Each Receipt this Period 776.99 P/R Deduction (\$76.93 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. James J. Smith Mailing Address 22 Palmer Terrace City State Zip Code Riverside CT 06878-2103 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.10		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74530991 Amount of Each Receipt this Period 208.10 P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1235.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William T. Feakes

Mailing Address 9445 Nicklaus Lane

City State Zip Code
Crystal Lake IL 60014-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Annuity Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74542991

Amount of Each Receipt this Period

260.00

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

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

Mailing Address 13104 Glenfield Road

City State Zip Code
Leawood KS 66209-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74543991

Amount of Each Receipt this Period

260.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Brian A. Murdock

Mailing Address 96 Husted Lane

City State Zip Code
Greenwich CT 06830-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74552991

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1520.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bruce Cumby
Mailing Address 816 Ellis Avenue

City State Zip Code
Newtown Sq PA 19073-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR747991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Peter J. McAvinn
Mailing Address 49 Fiske Road

City State Zip Code
Wellesley MA 02481-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR74991

Amount of Each Receipt this Period

1000.09

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

C. Full Name (Last, First, Middle Initial)
Ms. Barbara N. Filippelli
Mailing Address 5170 Dove Point Lane

City State Zip Code
Salisbury MD 21801-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR749991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Smith

Mailing Address 99 Cascade Road

City State Zip Code
Stamford CT 06903-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR752991

Amount of Each Receipt this Period

1000.09

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

B. Full Name (Last, First, Middle Initial)
Ms. Tema L. Steele

Mailing Address 104 Van Buren Road

City State Zip Code
Voorhees NJ 08043-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR764991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Nguyen B. Mai

Mailing Address 600 Trapelo Road
Apt. 15

City State Zip Code
Waltham MA 02452-7996

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR76991

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

2250.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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 T. Piotrowicz

Mailing Address 504 Anthony Drive

City State Zip Code
Plymouth Mtng PA 19462-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR777991

Amount of Each Receipt this Period

2499.96

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Amato Berardi

Mailing Address 52 Pineview Drive

City State Zip Code
Hntingdon Valley PA 19006-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR785991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Edward W. Colello

Mailing Address 42 Scenic Ridge Drive

City State Zip Code
Brewster NY 10509-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR78991

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

3300.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Morrison
Mailing Address 1451 Radbill Circle

City State Zip Code
Berwyn PA 19312-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR796991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Auteri
Mailing Address 2515 Garrett Road

City State Zip Code
Drexel Hill PA 19026-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR797991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John Rocco Clu Msfs
Mailing Address 16 Midland Road

City State Zip Code
Lynnfield MA 01940-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

2000.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Charles R. Eckardt
Mailing Address 620 Meetinghouse Road

City State Zip Code
Rydal PA 19046-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR809991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Terrence L. Wolf
Mailing Address 119 Great Circle Road

City State Zip Code
Landenberg PA 19350-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR817991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gilbert A. Ridgely
Mailing Address 314 Mannering Drive

City State Zip Code
Dover DE 19901-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR819991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1240.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 178 / 288

(check only one)

☒ 11a ☐ 11b ☐ 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. Mariano C. Fontanilla

Mailing Address 86-15 Elmhurst Avenue
Apt. 6L

City State Zip Code
Elmhurst NY 11372-2596

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR829991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Mary A. McGinley

Mailing Address 98 Hillcrest Lane

City State Zip Code
Peekskill NY 10566-6925

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84211991

Amount of Each Receipt this Period

260.00

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

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia J. Guldy

Mailing Address 2026 Yankee Drive

City State Zip Code
Windsor CO 80550-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84907991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

970.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bernard Zaleski
Mailing Address 9461 Cross Creek Court

City State Zip Code
Wichita KS 67206-4066

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84918991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David A. Herlicka
Mailing Address 2 Chablis Court

City State Zip Code
Bedford NH 03110-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84923991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Frank J. Feola
Mailing Address 6039 Walden Court

City State Zip Code
Mentor OH 44060-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84926991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

Mr. Irving A. Rose

Mailing Address 3 Tree Hollow Lane

City State Zip Code
Dix Hills NY 11746-6315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84962991

Amount of Each Receipt this Period

427.70

P/R Deduction (\$83.34 Monthly)

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

Ms. Sylvia M. Forster

Mailing Address 11 Ridge Road

City State Zip Code
Succasunna NJ 07876-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR84974991

Amount of Each Receipt this Period

260.00

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

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

Mr. Jenkins Mikell, III, III

Mailing Address 8 Lord Nelson Court

City State Zip Code
Columbia SC 29209-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85318991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1187.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 288

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David L. Johnson

Mailing Address 27694 Highway 30

City State Zip Code
Glidden IA 51443-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85319991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David L. Towry, Sr., Sr.

Mailing Address 924 Sahalee Court Southeast

City State Zip Code
Salem OR 97306-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85322991

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John T. Richards

Mailing Address 5801 Papaya Place Northeast

City State Zip Code
Albuquerque NM 87111-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR85326991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1040.04

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Brian Winter 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85327991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Lydia Patricio Mailing Address 2627 Alemany Boulevard City San Francisco State CA Zip Code 94112-4101 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85330991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Romeo Lazzarone Mailing Address 2080 Brittany Meadows Drive City Reno State NV Zip Code 89521-5271 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85340991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

850.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 183 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Rupa Mehta Mailing Address 5423 Twin Creeks Drive City Valrico State FL Zip Code 33594-8283 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85341991 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Paul T. Pasteris Mailing Address 534 Farm Road City Fayston State VT Zip Code 05673-7258 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.11			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85351991 Amount of Each Receipt this Period 500.11 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Joel M. Steinberg Mailing Address 44 Spruce Street City Princeton Junction State NJ Zip Code 08550-2019 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Svp - Fmd & L&a Chief Financial Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR855991 Amount of Each Receipt this Period 630.00 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1630.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Shauna L. Soper Mailing Address 11855 Villa Creek Avenue City State Zip Code Baton Rouge LA 70810-7341 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85667991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Robert Ziegler Mailing Address 11 Windham Loop Apt. 4Ee City State Zip Code Staten Island NY 10314-5937 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 ▼ 250.12		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86097991 Amount of Each Receipt this Period 250.12 P/R Deduction (\$19.24 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. William Mattox Mailing Address 3742 N Tazewell Street City State Zip Code Arlington VA 22207-4572 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 998.16		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86098991 Amount of Each Receipt this Period 998.16 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1498.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas F. English
Mailing Address 27 Hedge Brook Lane

City State Zip Code
Stamford CT 06903-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR863991

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Scott F. Della Penna
Mailing Address 9541 Purcell Drive

City State Zip Code
Potomac MD 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 ▼

300.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR867991

Amount of Each Receipt this Period

300.82

P/R Deduction (\$38.47 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. David Walsh
Mailing Address 150 Vista Grande

City State Zip Code
Greenbrae CA 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 ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR86991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1800.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John J. O'Gara
Mailing Address 8 Rock Ridge Court

City State Zip Code
New Fairfield CT 06812-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87091991

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas S. McArdle
Mailing Address 10 Boyd Road

City State Zip Code
Hazlet NJ 07730-1461

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87101991

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Adam G. Clemens
Mailing Address 161 E 79th Street
Apt. 8B

City State Zip Code
New York NY 10021-0480

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87108991

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1250.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James A. Wolf
Mailing Address 300 Windmill Hill Lane

City State Zip Code
Pipe Creek TX 78063-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87117991

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Boua Keo T. Chang
Mailing Address 2210 Skillman Avenue
Apt. #311

City State Zip Code
Saintpaul MN 55109-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87125991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Wayne J. Francigues, Jr., Jr.
Mailing Address 2408 Fagot Street

City State Zip Code
Metairie LA 70001-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87132991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kenneth J. Hittel			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR872991	
Mailing Address 250 W 90th Street Apt. 10H			Amount of Each Receipt this Period 325.44	
City New York State NY Zip Code 10024-1142		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.44		
B. Full Name (Last, First, Middle Initial) Ms. Donna White Niziak			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87527991	
Mailing Address 7 Cutler Street			Amount of Each Receipt this Period 250.12	
City Hopedale State MA Zip Code 01747-1001		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 ▼ 250.12		
C. Full Name (Last, First, Middle Initial) Mr. Frank R. Jones			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87545991	
Mailing Address 500 Virginia Street East Suite 1100			Amount of Each Receipt this Period 250.12	
City Charleston State WV Zip Code 25301-2151		FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company		Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.12		

SUBTOTAL of Receipts This Page (optional)

825.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Bradley K. Wright
Mailing Address 5528 Ash Grove Circle

City State Zip Code
Montgomery AL 36116-1150

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87548991

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Christopher D. Lundquist
Mailing Address 300 E Esplanade Drive Suite 2050

City State Zip Code
Oxnard CA 93036-0267

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87549991

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark S. Niziak
Mailing Address 7 Cutler Street

City State Zip Code
Hopedale MA 01747-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87558991

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

760.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Alison 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
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87559991

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan G. Sailer
Mailing Address 12 Cherry Lane

City State Zip Code
Port Jeff Station NY 11776-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Systems Programming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87562991

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Helen J. Stagias
Mailing Address 3079 48th Street

City State Zip Code
Astoria NY 11103-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87573991

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

760.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Tony H. Elavia

Mailing Address 9 Fox Run Lane

City State Zip Code
 Lexington MA 02420-2338

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 ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87582991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Walter A. Lauzau

Mailing Address 357 Rambling Road

City State Zip Code
 East Amherst NY 14051-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR87590991

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Roy Stachnik

Mailing Address 326 Main Street Suite 230

City State Zip Code
 Grand Junction CO 81501-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR88060991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City State Zip Code
Franklin Lakes NJ 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 ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR88065991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. B. Christopher Stokes

Mailing Address 3657 Patuxent River Road

City State Zip Code
Davidsonville MD 21035-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR883991

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Milton A. Dugger, Jr., Jr.

Mailing Address 904 Dartmouth Road

City State Zip Code
Baltimore MD 21212-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR884991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

2050.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City State Zip Code
Ponte Vedra FL 32082-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR888991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Xavier Decaire

Mailing Address 8 Pacer Court

City State Zip Code
Newark DE 19711-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.77

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR890991

Amount of Each Receipt this Period

218.77

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Christopher W. Battersby Cfp

Mailing Address 51 Mitchell Road

City State Zip Code
Holliston MA 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR89766991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1468.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Karen Stawicki
Mailing Address 14976 Venado Drive

City State Zip Code
Rancho Murieta CA 95683-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR89991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Judith Breakstone
Mailing Address 1736 Ward Street

City State Zip Code
Berkeley CA 94703-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR90427991

Amount of Each Receipt this Period

404.00

P/R Deduction (\$101.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Steven M. Brinton

Mailing Address 3000 Connor
#33

City State Zip Code
Salt Lake City UT 84109-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR90470991

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1904.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Rob Ostberg Mailing Address 48 Greenleaf Drive City Northampton State MA Zip Code 01060-9768 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR90991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. JAMES EARL CHAPMAN Mailing Address 5810 Magnolia Avenue City Rialto State CA Zip Code 92377-3950 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR91237991 Amount of Each Receipt this Period 333.36 P/R Deduction (\$83.34 Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Derek Chu Mailing Address 405 Camelback Road City Pleasant Hill State CA Zip Code 94523-1370 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR91441991 Amount of Each Receipt this Period 1000.02 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2333.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Felix S. Chu Mailing Address 11 Mercury Court City Pleasant Hill State CA Zip Code 94523-2167 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR91442991 Amount of Each Receipt this Period 500.04 P/R Deduction (\$83.34 Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Clint G. Cornette Mailing Address 1505 Country Club Road City Wilmington State NC Zip Code 28403-4818 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR91797991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Rose A. Gentile Mailing Address 606 South Payne Street City Alexandria State VA Zip Code 22314-3928 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR917991 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1050.06

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 288

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. David K. Cote Mailing Address 20 Driscoll Road City State Zip Code Selah WA 98942-9316 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR91829991 Amount of Each Receipt this Period 250.02 P/R Deduction (\$41.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 250.02	
B. Full Name (Last, First, Middle Initial) Mr. Gordon E. Parker, Jr., Jr. Mailing Address 422 Discovery Road City State Zip Code Virginia Beach VA 23451-2157 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR918991 Amount of Each Receipt this Period 718.68 P/R Deduction (\$166.67 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 718.68	
C. Full Name (Last, First, Middle Initial) Mr. Mark C. Cupp Mailing Address 15199 Pine Bluff Lane City State Zip Code Fontana CA 92336-1011 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR92028991 Amount of Each Receipt this Period 312.54 P/R Deduction (\$20.84 Monthly)	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation Agent Aggregate Year-to-Date ▼ 312.54	

SUBTOTAL of Receipts This Page (optional)

1281.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael T. Damon

Mailing Address 9 Little Tree Road

City State Zip Code
Medway MA 02053-6131

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR92114991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Scott K. McGuire

Mailing Address 1983 Woodlake Drive

City State Zip Code
Benton LA 71006-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR921991

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Kevin Doyle

Mailing Address 75 Bradfield Avenue
Apt. 3

City State Zip Code
Roslindale MA 02132-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR92687991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

980.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. 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
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93019991

Amount of Each Receipt this Period

230.82

P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Terry G. Fenwick

Mailing Address 2309 Stannye Drive

City State Zip Code
Louisville KY 40229-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93218991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Theodore A. Mathas

Mailing Address 14 Cole Drive

City State Zip Code
Armonk NY 10504-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice Chairman & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR932991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1480.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 288

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) 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 New York Life Insurance Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 461.58			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR93487991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">461.58</td> </tr> </table> P/R Deduction (\$76.93 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	461.58									
M	M	/	D	D	/	Y	Y	Y	Y														
461.58																							
B. Full Name (Last, First, Middle Initial) Mr. Jim Franson Mailing Address 36135 Eagle Court City State Zip Code Ingleside IL 60041-9551 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR93531991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">208.35</td> </tr> </table> P/R Deduction (\$41.67 Monthly)	M	M	/	D	D	/	Y	Y	Y	Y	208.35									
M	M	/	D	D	/	Y	Y	Y	Y														
208.35																							
C. Full Name (Last, First, Middle Initial) Ms. Jane L. Hamrick Mailing Address 531 East 88th 3C City State Zip Code New York NY 10128-7737 FEC ID number of contributing federal political committee. C Name of Employer New York Life Insurance Company Occupation Vice President & Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR935991 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table> P/R Deduction (\$25.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	300.00									
M	M	/	D	D	/	Y	Y	Y	Y														
300.00																							

SUBTOTAL of Receipts This Page (optional)**969.93****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Zacharias Fthenakis

Mailing Address 99 Whistler Road

City State Zip Code
Manhasset NY 11030-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93613991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Roxane Kronon Galati

Mailing Address 525 Turtle Hatch Road

City State Zip Code
Naples FL 34103-8540

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93668991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. James A. Gallacher

Mailing Address 1691 Blanc Lane

City State Zip Code
Cantonment FL 32533-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93678991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joshua Q. Gardner
Mailing Address 2533 Silver Spur Trail

City State Zip Code
Billings MT 59105-3764

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 ▼

461.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR93755991

Amount of Each Receipt this Period

461.58

P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. F. C. Hoge
Mailing Address 3027 Golf Colony Drive

City State Zip Code
Salem VA 24153-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR938991

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Charles F. Rowell, Jr.
Mailing Address 1611 Blackburn Heights Drive

City State Zip Code
Sewickley PA 15143-8627

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR940991

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1961.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Prentice
Mailing Address 6003 Wilmington Drive

City State Zip Code
Burke VA 22015-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR942991

Amount of Each Receipt this Period

205.98

P/R Deduction (\$34.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard L. Haden, Jr., Jr.
Mailing Address 4515 Ridgecrest Lane

City State Zip Code
Colonial Heights VA 23834-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR94431991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Stanley Hunter
Mailing Address 411 Theodore Fremd Avenue

City State Zip Code
Rye NY 10580-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR95373991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

756.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gerald F. Hall

Mailing Address 15 Fieldstone Drive

City State Zip Code
Westport MA 02790-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR96991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. Jason Leonard

Mailing Address 84 Minton Lane

City State Zip Code
West Barnstable MA 02668-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.30

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR97048991

Amount of Each Receipt this Period

769.30

P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Jason Matthews

Mailing Address 4021 Rockford Drive

City State Zip Code
Antioch CA 94509-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR97959991

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2019.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 288

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Dan Kunhardt
Mailing Address 11 Madison Circle

City State Zip Code
Greenfield MA 01301-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR97991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jay P. Miller
Mailing Address 5407 Landon Circle

City State Zip Code
Boynton Beach FL 33437-1677

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR98552991

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Lorrie F. Moody
Mailing Address 13471 Running Horse Drive

City State Zip Code
Moreno Valley CA 92553-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR98780991

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

933.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. C. Stuart Nelson
Mailing Address 2424 Honeysuckle Road

City State Zip Code
Chapel Hill NC 27514-6820

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR987991

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Deanna M. Mulligan
Mailing Address 126 Dingle Ridge Road

City State Zip Code
North Salem NY 10560-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR98960991

Amount of Each Receipt this Period

538.51

P/R Deduction (\$-76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John A. Womack, Jr., Jr.
Mailing Address 1100 N Rotary Drive

City State Zip Code
High Point NC 27262-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR991991

Amount of Each Receipt this Period

228.00

P/R Deduction (\$38.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

976.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. James Bergeron
Mailing Address 905 Bosley Road

City State Zip Code
Cockeysville MD 21030-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR992991

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David Oestreicher
Mailing Address 10 Timberlane Drive

City State Zip Code
Williamsville NY 14221-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR99502991

Amount of Each Receipt this Period

229.18

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas H. Pace

Mailing Address 6510 Daisy

City State Zip Code
Arlington TX 76017-4970

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR99684991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1079.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Karen M. Palmer

Mailing Address 645 Kindig Road

City State Zip Code
 Littlestown PA 17340-9169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR99739991

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

305571.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ABC PAC, Inc.

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1391770

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gary Ackerman

Mailing Address 3000 Marcus Ave.
Suite 19

City Lake Success State NY Zip Code 11042

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 5

Transaction ID: 999149

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Gary Ackerman

Mailing Address 3000 Marcus Ave.
Suite 19

City Lake Success State NY Zip Code 11042

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 5

Transaction ID: 2498661

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. America's Health Insurance Plan PAC (AHIP PAC)

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1391781

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. American Council of Life Insurers PAC

Mailing Address 1201 K Street, Suite 1820

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1340169

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Arcuri For Congress

Mailing Address 2617 Crestway

City Utica State NY Zip Code 13501

Purpose of Disbursement
Contribution

Candidate Name
Michael Arcuri

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 24

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1340125

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

14000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bachus For Congress

Mailing Address P.O. Box 59444

City
Birmingham

State
AL

Zip Code
35259

Purpose of Disbursement
Contribution

Candidate Name
Spencer Bachus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 6

Transaction ID: 2467563

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Baker For Congress Committee

Mailing Address Post Office Box 1694

City
Baton Rouge

State
LA

Zip Code
70821

Purpose of Disbursement
Contribution

Candidate Name
Richard H. Baker

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 6

Transaction ID: 2467564

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Baker For Congress Committee

Mailing Address Post Office Box 1694

City
Baton Rouge

State
LA

Zip Code
70821

Purpose of Disbursement
Contribution

Candidate Name
Richard H. Baker

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 6

Transaction ID: 2571231

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City Barrington State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name
Melissa Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 1340123

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City Barrington State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name
Melissa Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 1340172

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City Barrington State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name
Melissa Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 2571241

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 992907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
Contribution

Candidate Name
Robert F. Bennett

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: 2521113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Berkley For Congress

Mailing Address 3069 Conquista Court

City
Las Vegas

State
NV

Zip Code
89121

Purpose of Disbursement
Contribution

Candidate Name
Shelley Berkley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 2562720

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Biggert For Congress

Mailing Address P.O. Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement
Contribution

Candidate Name
Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 2575719

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blue Dog PAC

Mailing Address 236 Massachusetts Avenue, NE - Sui

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 992959

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 400 North Capitol Street, NW
#585

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 951243

Date of Disbursement

01 / 26 / 2007

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 NE Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Earl Blumenauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 3

Transaction ID: 1148596

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 2562738

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name
John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 1158853

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name
John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 2521149

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contribution

Candidate Name
Kevin Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 8

Transaction ID: 1152551

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kevin Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contribution

Candidate Name
Kevin Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 8

Transaction ID: 1158852

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Ginny Brown-Waite

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement
Contribution

Candidate Name
Virginia Brown-Waite

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 5

Transaction ID: 2529915

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution

Candidate Name
Vern Buchanan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 1003395

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement
Contribution

Candidate Name
Jim Bunning

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 1340178

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 2562736

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement
Contribution

Candidate Name
Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 992940

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement
Contribution

Candidate Name
Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 992942

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 2562733

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Mailing Address P.O Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
Contribution

Candidate Name
Michael N. Castle

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 2736080

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address PO Box 5419

City
Tampa

State
FL

Zip Code
33675

Purpose of Disbursement
Contribution

Candidate Name
Katherine Castor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: 2562740

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement
Contribution

Candidate Name
Thomas Cole

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 4

Transaction ID: 951522

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement
Contribution

Candidate Name
Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 1340173

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement
Contribution

Candidate Name
Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 2571246

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement
Contribution

Candidate Name
Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 2571247

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Commerce, Hope, Innovation and Progress PAC

Mailing Address 228 South Washington Street
Suite B-20

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562750

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee for Leadership and Progress

Mailing Address P.O. Box 31107

City
Bethesda

State
MD

Zip Code
20524-1107

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2571228

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for the Preservation of Capitalism

Mailing Address P.O. Box 22614

City
Alexandria

State
VA

Zip Code
22304

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2571239

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Congressional Black Caucus PAC

Mailing Address 1701 Pennsylvania Avenue, NW
Suite 960

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2736089

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Crapo For US Senate

Mailing Address PO Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement
Contribution

Candidate Name
Michael Crapo

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Transaction ID: 2754277

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 992934

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 1003355

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 1391767

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 2046099

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 2571242

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 2736091

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Webster PAC

Mailing Address P.O. Box 519

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562735

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

Candidate Name
Artur Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 7

Transaction ID: 2046084

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name
Geoffrey Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 4

Transaction ID: 1152552

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name
Geoffrey Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 4

Transaction ID: 2467561

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Defend America PAC

Mailing Address 14480 Pinehurst Lane

City Ashland State VA Zip Code 23005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2521125

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1148602

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

15000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 921401

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dirigo PAC

Mailing Address P.O. Box 1355

City Alexandria State VA Zip Code 22313-1355

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2046090

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dreier For Congress

Mailing Address P.O. Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement
Contribution

Candidate Name
David Dreier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 26

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2736092

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dick Durbin

Mailing Address PO Box 1949

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Richard J. Durbin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: 1340159

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Durbin

Mailing Address PO Box 1949

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Richard J. Durbin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: 2521158

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ellison For Congress

Mailing Address PO Box 11818

City
Minneapolis

State
MN

Zip Code
55411

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Keith Ellison

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 5

Transaction ID: 2575715

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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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 Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 998206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 1158851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 2521146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

Candidate Name
Rahm Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 2521147

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 916507

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 2046093

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
Contribution

Candidate Name
Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 2498665

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Enzi For US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Contribution

Candidate Name
Michael Enzi

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 2562715

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Every Republican Is Crucial (ERICPAC)

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562714

Date of Disbursement

06 / 12 / 2007

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)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2571240

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Contribution

Candidate Name
Mike Ferguson

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2562716

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. First State PAC

Mailing Address P.O. Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2531565

Date of Disbursement

05 / 30 / 2007

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)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Vito Fossella

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name
Vito J. Fossella

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 951519

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Vito Fossella

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name
Vito J. Fossella

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 2521112

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1199738

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2531451

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement
Contribution

Candidate Name
Rodney Frelinghuysen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2531566

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Garrett For Congress

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Contribution

Candidate Name
Scott Garrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 5

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1213186

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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. Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Void Contribution dated 7/17/2006

Candidate Name
Scott Garrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

State: NJ District: 5

Transaction ID: 2918141

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-2000.00

Void Contribution dated
7/17/2006

Full Name (Last, First, Middle Initial)

B. Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Contribution

Candidate Name
Scott Garrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 5

Transaction ID: 2498658

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Giffords For Congress

Mailing Address PO Box 27565

City
Tucson

State
AZ

Zip Code
85726

Purpose of Disbursement
Contribution

Candidate Name
Gabrielle Giffords

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: 1340120

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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. Gillibrand For Congress

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
Contribution

Candidate Name
Kirsten Gillibrand

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 1156502

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gillibrand For Congress

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
Contribution

Candidate Name
Kirsten Gillibrand

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 1340068

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Glacier PAC

Mailing Address 203 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1391784

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lindsey Graham for U.S. Senate

Mailing Address P.O. Box 1155

City Seneca State SC Zip Code 29679

Purpose of Disbursement
Contribution

Candidate Name
Lindsey O. Graham

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Transaction ID: 2531574

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 811524

Date of Disbursement

01 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 2521160

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Growth & Prosperity PAC

Mailing Address 1200 Trinity Drive

City
Alexandra

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 992919

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hagel For Senate Committee

Mailing Address PO Box 241497

City
Omaha

State
NE

Zip Code
68124

Purpose of Disbursement
Contribution

Candidate Name
Chuck Hagel

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NE District:

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1199741

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Hall For Congress

Mailing Address PO Box 274

City
Hopewell Junction

State
NY

Zip Code
12533

Purpose of Disbursement
Contribution

Candidate Name
John Hall

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1340067

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC

Mailing Address P.O. Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2529919

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Wally Herger For Congress

Mailing Address P.O. Box 1500

City
Chico

State
CA

Zip Code
95927

Purpose of Disbursement
Contribution

Candidate Name
Wally Herger

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 2

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1158826

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Wally Herger For Congress

Mailing Address P.O. Box 1500

City
Chico

State
CA

Zip Code
95927

Purpose of Disbursement
Contribution

Candidate Name
Wally Herger

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 2

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2046083

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephanie Herseth Sandlin for South Dakota

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57006

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 999162

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Herseth Sandlin for South Dakota

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57006

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 999163

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stephanie Herseth Sandlin for South Dakota

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57006

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: SD District: 0

Transaction ID: 2467565

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HILL PAC

Mailing Address 1717 K ST, NW
Suite 309

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 811526

Date of Disbursement

01 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoosiers for Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name

Baron Hill

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 9

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1003528

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hooley For Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement
Contribution

Candidate Name

Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 5

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1199744

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name
Steny H. Hoyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 951521

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name
Steny H. Hoyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 992943

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name
Steny H. Hoyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 2046096

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name
Steny H. Hoyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 2562742

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Impact America

Mailing Address 1331 H Street, NW
12th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2046100

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Investment Company Institute PAC

Mailing Address 1401 H Street, NW
Suite 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 811525

Date of Disbursement

01 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

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)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Steve Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 2

Transaction ID: 1003388

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Steve Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 2

Transaction ID: 2529918

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Steve Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 2

Transaction ID: 2562741

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jobs, Opportunities & Education PAC (JOE-PAC)

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562753

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Tubbs Jones

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 1391782

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement
Contribution

Candidate Name
Paul E. Kanjorski

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: 915489

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
 Seaford NY 11783

Purpose of Disbursement
 Contribution

Candidate Name
 Peter T. King

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 3

Transaction ID: 1340142

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
 Seaford NY 11783

Purpose of Disbursement
 Contribution

Candidate Name
 Peter T. King

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 3

Transaction ID: 2046098

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code
 Boca Raton FL 33433

Purpose of Disbursement
 Contribution

Candidate Name
 Ronald Klein

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 999152

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

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)
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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 Mary Landrieu

Mailing Address 607 14th Street Nw
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Mary Landrieu

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 1003529

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
Contribution

Candidate Name
John B. Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 1

Transaction ID: 2521126

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1003399

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 2467562

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 2523163

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 2531573

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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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 Blanche Lincoln

Mailing Address PO Box 3197

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

Candidate Name
Blanche L. Lincoln

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 2521159

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Linder For Congress

Mailing Address P. O. Box 4026

City
Duluth

State
GA

Zip Code
30096

Purpose of Disbursement
Contribution

Candidate Name
John Linder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 7

Transaction ID: 2562721

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Trent Lott For Mississippi

Mailing Address PO Box 22824

City
Jackson

State
MS

Zip Code
39225

Purpose of Disbursement
Contribution

Candidate Name
Trent Lott

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: 2523161

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nita Lowey For Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
Contribution

Candidate Name
Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: 1340175

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Majority Committee Political Action Committee

Mailing Address 675 North Washington St., #410

City
Alexandra

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 920638

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Majority Committee Political Action Committee

Mailing Address 675 North Washington St., #410

City
Alexandra

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1156501

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

Candidate Name
Carolyn B. Maloney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: 998205

Date of Disbursement

02 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

Candidate Name
Carolyn B. Maloney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: 1144647

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Marshall

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name
Jim Marshall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 8

Transaction ID: 1340119

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
James Matheson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 2575718

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement
Contribution

Candidate Name
Kevin McCarthy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 2498662

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McCrery for Congress

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 1003398

Date of Disbursement

02 / 14 / 2007

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**

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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

Candidate Name
Patrick McHenry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: 999146

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
Suite 325

City State Zip Code
Miami FL 33169

Purpose of Disbursement
Contribution

Candidate Name
Kendrick Meek

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: 992941

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Gregory Meeks

Mailing Address 219-10 South Conduit Avenue

City State Zip Code
Springfield Garden NY 11413

Purpose of Disbursement
Contribution

Candidate Name
Gregory W. Meeks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 6

Transaction ID: 1158827

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Gregory Meeks

Mailing Address 219-10 South Conduit Avenue

City Springfield Garden State NY Zip Code 11413

Purpose of Disbursement
Contribution

Candidate Name
Gregory W. Meeks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 6

Transaction ID: 2531548

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michaud For Congress

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

Candidate Name
Michael Michaud

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 2521143

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16031

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contribution

Candidate Name
Dennis Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 3

Transaction ID: 1199740

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Leadership PAC

Mailing Address P.O. Box #5577

City
New York

State
NY

Zip Code
10027

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2828815

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1158878

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street N.E.

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562743

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

15000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Neal For Congress

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 992930

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E. Neal For Congress

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 1340126

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC (AKA NDC)

Mailing Address 777 North Capitol Street, NE
Suite 410

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2736084

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. NODAK PAC

Mailing Address P.O. Box 75214

City
Washington

State
DC

Zip Code
20013-5214

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2529916

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. North Dakota Democratic NPL - Federal Account

Mailing Address 1902 East Divide

City
Bismarck

State
ND

Zip Code
58501

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2467559

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. North Dakota Democratic NPL - Federal Account

Mailing Address 1902 East Divide

City
Bismarck

State
ND

Zip Code
58501

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2736088

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress Inc.

Mailing Address Pob 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contribution

Candidate Name
William Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 1199739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street
Suite 610

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Contribution

Candidate Name
Nancy Pelosi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 8

Transaction ID: 2531562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Earl Pomeroy For Congress

Mailing Address PO Box 746

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
Contribution

Candidate Name
Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 951518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Earl Pomeroy For Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 1391685

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Earl Pomeroy For Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 2523154

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Earl Pomeroy For Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 2523155

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Porter for Congress

Mailing Address 1111 Marycrest Road Ste G

City Henderson State NV Zip Code 89014

Purpose of Disbursement
Contribution

Candidate Name
Jon Porter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 1158825

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Porter for Congress

Mailing Address 1111 Marycrest Road Ste G

City Henderson State NV Zip Code 89014

Purpose of Disbursement
Contribution

Candidate Name
Jon Porter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 2531552

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Prosperity PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562748

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 921096

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 1158824

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 1158876

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 2531570

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pryor For U.S. Senate Committee

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

Candidate Name
Mark Pryor

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 1391768

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Pryor For U.S. Senate Committee

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

Candidate Name
Mark Pryor

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 2531572

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Putnam For Congress

Mailing Address Post Office Box 2257

City State Zip Code
Bartow FL 33831

Purpose of Disbursement
Contribution

Candidate Name
Adam Putnam

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 2498659

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City State Zip Code
Minnetonka MN 55305

Purpose of Disbursement
Contribution

Candidate Name
Jim Ramstad

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 1158854

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City State Zip Code
Minnetonka MN 55305

Purpose of Disbursement
Contribution

Candidate Name
Jim Ramstad

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 1391786

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
Contribution

Candidate Name
Jim Ramstad

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 2571237

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
Contribution

Candidate Name
Jim Ramstad

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 3

Transaction ID: 2571238

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name
Charles B. Rangel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 1340176

Date of Disbursement

03 / 23 / 2007

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)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name
Charles B. Rangel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 2562712

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Red PAC

Mailing Address 104 Hume Avenue

City Alexandra State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 951523

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Red PAC

Mailing Address 104 Hume Avenue

City Alexandra State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1143198

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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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 Harry Reid

Mailing Address PO Box 85223

City
Las Vegas

State
NV

Zip Code
89185

Purpose of Disbursement
Contribution

Candidate Name
Harry Reid

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Transaction ID: 1340174

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 2046085

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Republican Mainstreet Partnership PAC

Mailing Address 1350 I NW, Suite 560

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 1158877

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Party of Kentucky

Mailing Address P. O. Box 1068

City
Frankfort

State
KY

Zip Code
40602

Purpose of Disbursement
Contribution - Federal Account

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1340168

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution - Federal Account

Full Name (Last, First, Middle Initial)

B. Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 2521110

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 2571233

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Pat Roberts

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 2521135

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Pat Roberts

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 2562717

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Pat Roberts

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 2571230

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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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 Jay Rockefeller

Mailing Address PO Box 1909

City
Charleston

State
WV

Zip Code
25327

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
John D. Rockefeller, IV

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: 1340165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jay Rockefeller

Mailing Address PO Box 1909

City
Charleston

State
WV

Zip Code
25327

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
John D. Rockefeller, IV

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Transaction ID: 1391785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Ross For Congress

Mailing Address P.O. Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Michael Ross

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 1148601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Ross For Congress

Mailing Address P.O. Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

Candidate Name
Michael Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 2531452

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address P. O. Box 1919

City
Jamesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contribution

Candidate Name
Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 2521144

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P. O. Box 1919

City
Jamesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contribution

Candidate Name
Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 2531563

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Salazar For Senate

Mailing Address PO Box 600

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Contribution

Candidate Name
Ken Salazar

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 2112234

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Allyson Schwartz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 999153

Date of Disbursement

02 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Allyson Schwartz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 2529917

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement
Contribution

Candidate Name
Allyson Schwartz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 2562755

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address 162 Hurt Street Ne

City
Atlanta

State
GA

Zip Code
30307

Purpose of Disbursement
Contribution

Candidate Name
David Scott

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 913823

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 422 C Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2467560

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Shays For Congress

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 992926

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Christopher Shays For Congress

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 1158855

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Christopher Shays For Congress

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 2531549

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Shays For Congress

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 2571229

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
John Sununu

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 2736081

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
John Sununu

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 2736082

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
 Union City TN 38281

Purpose of Disbursement
 Contribution

Candidate Name
 John S. Tanner

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 992864

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
 Suite E

City State Zip Code
 Burlingame CA 94010

Purpose of Disbursement
 Contribution

Candidate Name
 Ellen O. Tauscher

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: 992939

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Mailing Address 224 North Phillips Avenue Ste 210

City State Zip Code
 Sioux Falls SD 57104

Purpose of Disbursement
 Contribution

Candidate Name
 John Thune

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 951525

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Contribution

Candidate Name
Patrick Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 1391684

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Contribution

Candidate Name
Patrick Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 1391783

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Together for Our Majority Political Action Committ

Mailing Address P.O. Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 811522

Date of Disbursement

01 / 11 / 2007

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement
Contribution

Candidate Name
Edolphus Towns

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 2498660

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address 3701 Connecticut Avenue, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2562746

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

Candidate Name
Fred Upton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 2571243

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Nydia M Velazquez to Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Contribution

Candidate Name
Nydia M. Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 12

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2521111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Weiner

Mailing Address PO Box 290-346

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement
Contribution

Candidate Name
Anthony D. Weiner

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 9

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 951524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jerry Weller for Congress

Mailing Address P.O. Box #37

City Joliet State IL Zip Code 60434

Purpose of Disbursement
Contribution

Candidate Name
Gerald C. Weller

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 920877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Western Majority Project

Mailing Address 233 Massachusetts Avenue, NE - 2nd

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2562744

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Roger Wicker

Mailing Address P.O. Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
Contribution

Candidate Name
Roger F. Wicker

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MS District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1158850

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

484850.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Judith Breakstone

Mailing Address 1736 Ward Street

City Berkeley State CA Zip Code 94703-2106

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2046101

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

101.00

Contribution Refund

Full Name (Last, First, Middle Initial)

B. Mr. Colin P. Case

Mailing Address 790 Eldert Lane
Apt. 9N

City Brooklyn State NY Zip Code 11208-4726

Purpose of Disbursement
Voided Contribution Refund 12/15/05

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344873

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-20.84

Voided Contribution Refund
12/15/05

Full Name (Last, First, Middle Initial)

C. Ms. Sheri Caveza-Smith

Mailing Address 745 Green Way

City Santa Rosa State CA Zip Code 95404-5314

Purpose of Disbursement
Voided Contribution Refund 12/09/05

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3228047

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-125.00

Voided Contribution Refund
12/09/05

SUBTOTAL of Disbursements This Page (optional)

-44.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael J. Clarke

Mailing Address 4105 Charles Avenue

City Culver City State CA Zip Code 90232-4008

Purpose of Disbursement
Voided Contribution Refund - 3/24/06

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344874

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-70.00

Voided Contribution Refund
- 3/24/06

Full Name (Last, First, Middle Initial)

B. Mr. Sergy Dorfman

Mailing Address 1401 E San Angelo Avenue

City Gilbert State AZ Zip Code 85234-3628

Purpose of Disbursement
Contribution Refund; Reissue

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1213188

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

364.11

Contribution Refund; Reissue

Full Name (Last, First, Middle Initial)

C. Mr. Sergy Dorfman

Mailing Address 1401 E San Angelo Avenue

City Gilbert State AZ Zip Code 85234-3628

Purpose of Disbursement
Voided Contribution Refund - 12/9/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1354616

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-364.11

Voided Contribution Refund
- 12/9/05

SUBTOTAL of Disbursements This Page (optional)

-70.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Violet Ertel

Mailing Address 33 Zion Street

City Kenner State LA Zip Code 70065-1040

Purpose of Disbursement
Contribution Refund; Reissue

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1213190

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

381.48

Contribution Refund; Reissue

Full Name (Last, First, Middle Initial)

B. Ms. Violet Ertel

Mailing Address 33 Zion Street

City Kenner State LA Zip Code 70065-1040

Purpose of Disbursement
Voided Contribution Refund - 12/9/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344875

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-381.48

Voided Contribution Refund
- 12/9/05

Full Name (Last, First, Middle Initial)

C. Ms. Susan D'Ettorre Friedman

Mailing Address 10923 NW 18th Place

City Plantation State FL Zip Code 33322-3455

Purpose of Disbursement
Voided Contribution Refund 12/9/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344862

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-210.00

Voided Contribution Refund
12/9/05

SUBTOTAL of Disbursements This Page (optional)

-210.00

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Roger Gainer

Mailing Address 287 Morning Sun Avenue

City
Mill Valley

State
CA

Zip Code
94941-3523

Purpose of Disbursement
Void - Contribution Refund 1/24/06

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3179832

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-2.50

Void - Contribution Refund
1/24/06

Full Name (Last, First, Middle Initial)

B. Ms. In Sook Kwon

Mailing Address 28152 Ridgecove Court

City
Ranch Pls Vrds

State
CA

Zip Code
90275-3387

Purpose of Disbursement
Voided Contribution Refund 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3228057

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-34.67

Voided Contribution Refund
12/12/05

Full Name (Last, First, Middle Initial)

C. Mr. Terry L. Lewis

Mailing Address 20010 Kingsland

City
Katy

State
TX

Zip Code
77450-3005

Purpose of Disbursement
Voided Contribution Refund - 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344865

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-499.68

Voided Contribution Refund
- 12/12/05

SUBTOTAL of Disbursements This Page (optional)

-536.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Larry C. McAninch

Mailing Address 512 Maple Avenue

City
Du Bois

State
PA

Zip Code
15801-2312

Purpose of Disbursement
Voided Contribution Refund 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3228043

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-156.00

Voided Contribution Refund
12/12/05

Full Name (Last, First, Middle Initial)

B. Ms. Lorrie F. Moody

Mailing Address 13471 Running Horse Drive

City
Moreno Valley

State
CA

Zip Code
92553-3254

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2487440

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

83.34

Contribution Refund

Full Name (Last, First, Middle Initial)

C. Mr. Fred J. O'Brien

Mailing Address 191 Minnow Brook Road

City
Milton

State
VT

Zip Code
05468-3489

Purpose of Disbursement
Voided Contribution Refund 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3228032

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-195.00

Voided Contribution Refund
12/12/05

SUBTOTAL of Disbursements This Page (optional)

-267.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Narendra Parikh

Mailing Address 1363 Omara Drive

City Union State NJ Zip Code 07083-5210

Purpose of Disbursement
Contribution Refund; Reissue

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1213192

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

810.00

Contribution Refund; Reissue

Full Name (Last, First, Middle Initial)

B. Mr. Narendra Parikh

Mailing Address 1363 Omara Drive

City Union State NJ Zip Code 07083-5210

Purpose of Disbursement
Voided Contribution Refund - 12/12/2005

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344872

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-810.00

Voided Contribution Refund
- 12/12/2005

Full Name (Last, First, Middle Initial)

C. Mr. Robert Ritchie

Mailing Address 63 Columbia Terrace

City Weehawken State NJ Zip Code 07086-7061

Purpose of Disbursement
Voided Contribution Refund 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3228054

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-45.00

Voided Contribution Refund
12/12/05

SUBTOTAL of Disbursements This Page (optional)

-45.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Molly K. Sammons

Mailing Address 5978 Annaberg Place

City State Zip Code
Burke VA 22015-2832

Purpose of Disbursement
Voided Contribution Refund - 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344869

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-225.00

Voided Contribution Refund
- 12/12/05

Full Name (Last, First, Middle Initial)

B. Mr. Robert Tucker

Mailing Address 825 N Red Robin Street

City State Zip Code
Orange CA 92869-1904

Purpose of Disbursement
Voided Contribution Refund 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3231328

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

-62.52

Voided Contribution Refund
12/12/05

Full Name (Last, First, Middle Initial)

C. Mr. Juan Villarreal

Mailing Address 2442 S Oakley Avenue #1

City State Zip Code
Chicago IL 60608-4930

Purpose of Disbursement
Voided Contribution Refund - 12/12/05

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1344870

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

-268.77

Voided Contribution Refund
- 12/12/05

SUBTOTAL of Disbursements This Page (optional)

-556.29

TOTAL This Period (last page this line number only)

-1730.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. AOLIC LIFE PAC

Mailing Address 100 South Third Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2467566

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

4000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

B. Life Insurance Political Action Committee

Mailing Address 720 Brazos Street #202

City Austin State TX Zip Code 78701

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2498664

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

4000.00

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

C. Pennsylvania Insurance Political Action Committee

Mailing Address 1600 Market Street - Suite 1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 2467651

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

4000.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. United Ways Of The Greater Tri-State Area

Mailing Address 120 Wall Street
4th Floor

City New York State NY Zip Code 10005

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1343027

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2007

Amount of Each Disbursement this Period

1761.62

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

1761.62

TOTAL This Period (last page this line number only)

13761.62