



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**New York Life Insurance Company Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		911975.92
(b) Cash on Hand at Beginning of Reporting Period.....	911975.92	
(c) Total Receipts (from Line 19) .....	123378.37	123378.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1035354.29	1035354.29
7. Total Disbursements (from Line 31).....	-14500.00	-14500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1049854.29	1049854.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period: From: 01 / 01 / 2013 To: 01 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40153.54	40153.54
(ii) Unitemized .....	83224.83	83224.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	123378.37	123378.37
(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) .....	123378.37	123378.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	123378.37	123378.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	123378.37	123378.37

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-13500.00	-13500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements .....	-1000.00	-1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-14500.00	-14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-14500.00	-14500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	123378.37	123378.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	123378.37	123378.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Lucas Quaccia**  
Full Name (Last, First, Middle Initial)

Mailing Address 14415 Spring Meadow Court

City Green Oaks State IL Zip Code 60048-2490

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR1005357879**

Amount of Each Receipt this Period 230.78

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

**B. Mr. Darin J. Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Portland Place

City Saint Louis State MO Zip Code 63108-1203

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR1010067879**

Amount of Each Receipt this Period 208.34

P/R Deduction (\$208.34 Monthly)

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

Mailing Address 720 Howards Loop

City Annapolis State MD Zip Code 21401-8740

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR1015777879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 689.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1201 South Prairie Avenue  
Unit 1001

City Chicago State IL Zip Code 60605-3421

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 ▼  
230.78

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR1049497879**

Amount of Each Receipt this Period  
230.78

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

**B. Mr. Dean H. Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 3669 Sussex Drive Northeast

City Milledgeville State GA Zip Code 31061-9382

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR10587879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 660 Bohlig Road

City Glendale State CA Zip Code 91207-1402

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR1063037879**

Amount of Each Receipt this Period  
230.76

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Kevin S. Odell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 889  
 City Claxton State GA Zip Code 30417-0889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR10647879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Frank B. Dolph III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 631 Intracoastal Drive  
 City Fort Lauderdale State FL Zip Code 33304-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR10987879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Mark F. Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Redwing Lane  
 City St. Augustine State FL Zip Code 32080-7981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR11067879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William F. Lyon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : PR11147879</b>
Mailing Address 3809 Arbor Lane		Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45255-5628
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark I. Burton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : PR11177879</b>
Mailing Address 22781 Foxridge		Amount of Each Receipt this Period 250.00
City Mission Viejo	State CA	Zip Code 92692-4703
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David R. Colflesh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : PR11187879</b>
Mailing Address PO Box 37		Amount of Each Receipt this Period 250.00
City Tarkio	State MO	Zip Code 64491-0037
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3220 Briarcliff Drive

City Findlay State OH Zip Code 45840-4102

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR11707879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 500 Cedar Elm Court

City Irving State TX Zip Code 75063-8467

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR12067879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Curtis T. Schultz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2204 Cherokee Circle

City Valparaiso State IN Zip Code 46383-2284

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR12527879**

Amount of Each Receipt this Period  
 416.66

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Amrit L. Mittal</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR12797879</b>
Mailing Address 215 Rugeley Road		Amount of Each Receipt this Period 250.00
City Western Springs	State IL	Zip Code 60558-0000
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian T. Nowak</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR13347879</b>
Mailing Address 104 Plaza Viaduct Sol		Amount of Each Receipt this Period 230.78
City San Clemente	State CA	Zip Code 92673-6705
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	Occupation Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	P/R Deduction (\$115.39 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mr. Kenneth A. Olson</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR13567879</b>
Mailing Address PO Box 100		Amount of Each Receipt this Period 250.00
City Blk River Falls	State WI	Zip Code 54615-0100
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 12 OF 61  
(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. Mr. George N. Ridings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 887 West Main Street  
PO Box 1750  
City Richmond State KY Zip Code 40476-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Insurance Company Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR13627879**  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$250.00 Monthly)

**B. Mr. Steven R. Kaneski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9692 Sterling Pointe Court  
City Loomis State CA Zip Code 95650-7120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Insurance Company Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR14127879**  
Amount of Each Receipt this Period 416.66  
P/R Deduction (\$416.66 Monthly)

**C. Mr. Lloyd R. Wilson Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3148 Pine Ridge Road  
City Mountain Brk State AL Zip Code 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 ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR14167879**  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. Patrick L. McCraw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 McDill Cove  
 City Madison State MS Zip Code 39110-6562  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR14417879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Jerry D. Coats**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 Pebble Beach Drive  
 City Little Rock State AR Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR14567879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Thomas L. McConathy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11813 Towering Oaks Drive  
 City Baton Rouge State LA Zip Code 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR14697879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12086 Ellerbe Road

City Shreveport State LA Zip Code 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 ▼ **416.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : PR14947879**

Amount of Each Receipt this Period  
**416.66**

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 8816 S Lakewood Court

City Tulsa State OK Zip Code 74137-3124

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : PR15077879**

Amount of Each Receipt this Period  
**230.76**

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

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

Mailing Address 639 Loyola Avenue Suite 1900

City New Orleans State LA Zip Code 70113-3188

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : PR15107879**

Amount of Each Receipt this Period  
**230.78**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>878.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gordon D. Ellis Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11410 Sugar Lane  
 City Baton Rouge State LA Zip Code 70810-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR15467879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Eric B. Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2108 University Club Drive  
 City Austin State TX Zip Code 78732-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR15637879**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. Mr. Michael R. Noland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5933 S Knoxville Avenue  
 City Tulsa State OK Zip Code 74135-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR15697879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 16 OF 61  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Fred D. Bangasser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7400 Crestway Drive Apt. 1220  
 City San Antonio State TX Zip Code 78239-3097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR15797879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Gib Surles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 434 Westminster Drive  
 City Houston State TX Zip Code 77024-5609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR16017879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Robert McKinley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3807 West Alabama Street Unit # 8107  
 City Houston State TX Zip Code 77027-5203  
 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 ▼ 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR16307879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Kevin R. Garman**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Saint Andrews Lane

City Aledo State TX Zip Code 76008-6905

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 ▼ 230.78

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR16737879**

Amount of Each Receipt this Period 230.78

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

**B. Mr. Marcel R. Frey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1703 S Medio River Circle

City Sugar Land State TX Zip Code 77478-5315

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 ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR16827879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Rodger K. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 N Houston Street

City Bullard State TX Zip Code 75757-5128

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR16887879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen N. Maus</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR17027879</b>
Mailing Address 3505 Turle Creek #10E		Amount of Each Receipt this Period 250.00
City Dallas	State TX	Zip Code 75219-0000
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	
		P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Mr. Marcus J. Ham</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR17087879</b>
Mailing Address 8713 Maple Hollow Court		Amount of Each Receipt this Period 230.76
City Granite Bay	State CA	Zip Code 95746-6158
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 ▼ 230.76	
		P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mr. Terry K. Lewis</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR17347879</b>
Mailing Address 5612 Dale Avenue		Amount of Each Receipt this Period 250.00
City Edina	State MN	Zip Code 55436-2469
FEC ID number of contributing federal political committee.	C	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gregory D. Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2649 Center Court Drive  
 City Weston State FL Zip Code 33332-1832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR17607879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Troy G. Braswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16843 Highland Ridge Drive  
 City Village Of Loch Lloyd State MO Zip Code 64012-4177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR17907879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Galen D. Dody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 David Drive  
 City Clinton State MO Zip Code 64735-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR17937879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR18227879**

Amount of Each Receipt this Period  
230.78

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

**B. Mr. Steven J. Garry**  
Full Name (Last, First, Middle Initial)

Mailing Address 6205 S Grand Prairie Drive

City State Zip Code  
Sioux Falls SD 57108-5302

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR18307879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 316 East Ranney Avenue

City State Zip Code  
Vernon Hills IL 60061-4132

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR18557879**

Amount of Each Receipt this Period  
230.78

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Walter C. May**  
Full Name (Last, First, Middle Initial)

Mailing Address 2009 Royal Club Court

City State Zip Code  
Arlington TX 76017-4434

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR18627879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 100 Street of Dreams

City State Zip Code  
Village Loch Loyd MO 64012-4179

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR18857879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 1320 N Arch Street

City State Zip Code  
Aberdeen SD 57401-2147

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR18977879**

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Rakesh R. Bansal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Horseshoe Court  
 City State Zip Code  
 Monroe NJ 08831-2368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR1897879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Joseph L. Tigert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8620 Brentmoor Street  
 City State Zip Code  
 Wichita KS 67206-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Managing Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR19437879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Ms. Carrie L. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5628 E Monterosa Street  
 City State Zip Code  
 Phoenix AZ 85018-4646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR19537879**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$300.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jan Christensen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2356 E Bear Hills Drive  
City Draper State UT Zip Code 84020-9672  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Insurance Company Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR19717879**  
Amount of Each Receipt this Period  
250.00  
P/R Deduction (\$250.00 Monthly)

**B. Mr. William C. Wallace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1248 Rose Lane  
City Lafayette State CA Zip Code 94549-3032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Insurance Company Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR19817879**  
Amount of Each Receipt this Period  
250.00  
P/R Deduction (\$250.00 Monthly)

**C. Mr. Robert D. Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2015 Evergreen Court  
City Yakima State WA Zip Code 98902-1200  
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 ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR19867879**  
Amount of Each Receipt this Period  
250.00  
P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6509 Claret Court

City Parkville State MO Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR19947879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 3865 Welsh Pony Lane

City Yorba Linda State CA Zip Code 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR20057879**

Amount of Each Receipt this Period  
 230.78

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

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

Mailing Address 19 Corte Miguel

City San Rafael State CA Zip Code 94903-1810

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR20787879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Louis L. Murray Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 Manthou Road Apt. 2  
 City West Roxbury State MA Zip Code 02132-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR211447879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Everton M. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1751 2nd Avenue Apt. 20F  
 City New York State NY Zip Code 10128-5379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR211757879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. John A. Forte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chandler Drive  
 City Ballston Lake State NY Zip Code 12019-1335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR211927879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael P. Daly**  
Full Name (Last, First, Middle Initial)

Mailing Address 1426 State Route 125

City Hamersville State OH Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR212497879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 16 Waterford Lane

City Beachwood State OH Zip Code 44122-7591

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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR21317879**

Amount of Each Receipt this Period  
 230.78

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

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

Mailing Address 8976 Northeast Patton Road

City Hamilton State MO Zip Code 64644-9166

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR213417879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael D. Bookout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24760 Eagle River Road  
 City Eagle River State AK Zip Code 99577-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR213497879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Eric K. Takao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 752 Pahumele Place  
 City Kailua State HI Zip Code 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 ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR213867879**  
 Amount of Each Receipt this Period  
 416.66  
 P/R Deduction (\$416.66 Monthly)

**C. Mr. Angelo Haddad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 Garnsey Avenue  
 City 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR21457879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	897.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin Choi</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR215317879</b>
Mailing Address 12139 Summit Court		Amount of Each Receipt this Period 230.78
City Beverly Hills	State CA	Zip Code 91604-1207
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Managing Partner		P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name (Last, First, Middle Initial) <b>B. Mr. Raymond J. Triplett</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR21727879</b>
Mailing Address 16171 Hillvale Avenue		Amount of Each Receipt this Period 250.00
City Monte Sereno	State CA	Zip Code 95030-4159
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Agent		P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jerome Timmermann</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR218857879</b>
Mailing Address 64 Windsor Lane		Amount of Each Receipt this Period 416.66
City Breese	State IL	Zip Code 62230-3512
FEC ID number of contributing federal political committee. C	Name of Employer New York Life Insurance Company	
Occupation Agent		P/R Deduction (\$416.66 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	897.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Richard R. Paulsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 6280 Crooked Stick Circle

City	State	Zip Code
Stockton	CA	95219-1859

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

Name of Employer	Occupation
New York Life Insurance Company	Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR22257879**

Amount of Each Receipt this Period  

250.00
--------

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 61 Holbrook Drive

City	State	Zip Code
Stamford	CT	06906-1514

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

Name of Employer	Occupation
New York Life Insurance Company	Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR2247879**

Amount of Each Receipt this Period  

230.78
--------

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

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

Mailing Address 35 Hickory Hill Drive

City	State	Zip Code
Ofallon	MO	63366-1949

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

Name of Employer	Occupation
New York Life Insurance Company	Senior Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR22480307879**

Amount of Each Receipt this Period  

230.76
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>711.54</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jonathan R. Jaramillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 El Camino Real  
 City Socorro State NM Zip Code 87801-4717  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR22907879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Earl S. Prolman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Wood Street  
 City Nashua State NH Zip Code 03064-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR237879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Michael G. Gallo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Red Mill Lane  
 City Darien State CT Zip Code 06820-3612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR2587879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Penny K. Righthand**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 Bellevue Avenue Apt. 1002  
 City State Zip Code  
 Oakland CA 94610-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR2757879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. William R. McCloe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1049 Quail Pointe Drive  
 City State Zip Code  
 Charleston WV 25302-1496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Senior Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR28542017879**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$115.38 Bi-Weekly)

**c. Ms. Jenny O. Kho**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Cumberland Drive  
 City State Zip Code  
 Yonkers NY 10704-3525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR2917879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gerard A. Rocchi**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 East 39th Street  
Apt. 30B

City New York State NY Zip Code 10016-7208

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR3517879**

Amount of Each Receipt this Period  
230.78

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

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

Mailing Address 3 Sunview Court

City Glen Cove State NY Zip Code 11542-1794

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 ▼ 230.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR3857879**

Amount of Each Receipt this Period  
230.78

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

**C. Mr. Piero V. Silvestri**  
Full Name (Last, First, Middle Initial)

Mailing Address 808 Preston Road

City East Meadow State NY Zip Code 11554-4530

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR4007879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 711.56

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Richard P. Simonetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Red Oak Lane  
 City Cortlandt Manor State NY Zip Code 10567-6139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR448687879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. William Grub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Nettlebrook Lane  
 City Alpharetta State GA Zip Code 30004-0955  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR448757879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Robert A. Hodgkiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5824 Fairmount Avenue  
 City Downers Grove State IL Zip Code 60516-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR448917879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1203 E Lake Sammamish Shre Lane So

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

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

Name of Employer New York Life Insurance Company	Occupation Managing Partner
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR448957879**

Amount of Each Receipt this Period  

230.78
--------

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

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

Mailing Address 500 Liberty Street Southeast Suite 500

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

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

Name of Employer New York Life Insurance Company	Occupation Managing Partner
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR448967879**

Amount of Each Receipt this Period  

230.78
--------

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

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

Mailing Address 6397 Shady Oaks Drive

City Frisco	State TX	Zip Code 75034-7236
----------------	-------------	------------------------

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 ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR449007879**

Amount of Each Receipt this Period  

230.76
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>692.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Douglas A. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7840 Graphic Drive  
 Suite 200  
 City Tinley Park State IL Zip Code 60477-6283  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR540667879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Robert D. Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1516 Austrina Pass  
 City Austin State TX Zip Code 78732-2398  
 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 ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR542567879**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. Ms. Aeramy K. Porter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8024 E Greenbriar Court  
 City Wichita State KS Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR542827879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 711.54  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael F. Barry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Evergreen Lane  
 City Walpole State MA Zip Code 02081-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR547627879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Todd S. Purich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6332 Battlevue Drive  
 City Raleigh State NC Zip Code 27613-7148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR547687879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Jeffrey E. Thol**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 High Street  
 City Honesdale State PA Zip Code 18431-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR547717879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR5597879**

Amount of Each Receipt this Period  
230.78

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

**B. Mr. Roberto Recine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1402 Crestview Drive  
PO Box 512

City State Zip Code  
Gwynedd Valley PA 19437-0512

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

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR5617879**

Amount of Each Receipt this Period  
230.76

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

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

Mailing Address 775 Oneida Trail

City State Zip Code  
Franklin Lakes NJ 07417-2216

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

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013  
**Transaction ID : PR5657879**

Amount of Each Receipt this Period  
230.78

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 170 Clapboardtree Street

City Westwood State MA Zip Code 02090-2906

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR566157879**

Amount of Each Receipt this Period  
350.00

P/R Deduction (\$350.00 Monthly)

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

Mailing Address 1974 Troy Avenue

City Brooklyn State NY Zip Code 11234-3020

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

Name of Employer New York Life Insurance Company Occupation Senior Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR575257879**

Amount of Each Receipt this Period  
230.76

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

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

Mailing Address 1625 Southeast Bristol Drive

City Waukees State IA Zip Code 50263-9691

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 ▼ 230.78

Date of Receipt  
01 / 31 / 2013  
**Transaction ID : PR575547879**

Amount of Each Receipt this Period  
230.78

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David A. Odom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6732 Falcons Point  
 City Victor State NY Zip Code 14564-9806  
 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 ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR57557879**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. Mr. Mark W. Pfaff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Waterview Road  
 City Colchester State VT Zip Code 05446-6489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Evp & Head of Agency  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR5847879**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Mr. Frank Lusk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1647 N Jasmine  
 City Clovis State CA Zip Code 93619-4279  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR586157879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	846.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bernard J. Zweig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 393 W End Avenue Apt. 9D  
 City New York State NY Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6027879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Jonathan T. Paone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Van Doren Avenue  
 City Chatham State NJ Zip Code 07928-2213  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR605967879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Paul M. Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4617 Hidden Harbor Lane  
 City Raleigh State NC Zip Code 27615-1682  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR606417879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Larry E. Botts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 E Leestown Road  
 City Midway State KY Zip Code 40347-9769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR61377879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Donald E. Lippencott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Hawkins Avenue  
 City Setauket State NY Zip Code 11733-3911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR613827879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Leslie J. Marsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1792  
 City Great Falls State MT Zip Code 59403-1792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR613967879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Wei-Sheng Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Orchard Way

City Warren State NJ Zip Code 07059-5060

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR614087879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**B. Mr. Thomas J. Kanaley Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Lenox Way

City San Francisco State CA Zip Code 94127-1113

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR614527879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Robert J. Poindexter**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Janie Lane

City Shreveport State LA Zip Code 71106-6028

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR614697879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Brian P. Ruh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23702 W Steinthal Road  
 City State Zip Code  
 Kiel WI 53042-4994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR614857879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. William E. Mahoney Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 Intracoastal Drive Apt. 14F  
 City State Zip Code  
 Fort Lauderdale FL 33304-3666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR617879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Ms. Diane H. Gould**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6387879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Elizabeth W. McCarthy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 College Place  
 City South Orange State NJ Zip Code 07079-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR642737879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Michael P. Arnheiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1163 Seagrape Lane  
 City Sanibel State FL Zip Code 33957-7308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6457879**  
 Amount of Each Receipt this Period  
 416.66  
 P/R Deduction (\$416.66 Monthly)

**C. Mr. John P. Curry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 Foxhollow Run  
 City Alpharetta State GA Zip Code 30004-0959  
 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR654357879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Anthony R. Malloy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 Beechwood Road  
 City State Zip Code  
 Ridgewood NJ 07450-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Senior Managing Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6587879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Ms. Sheila K. Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 East Ninth Street  
 Apt. 6/7  
 City State Zip Code  
 New York NY 10003-6307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Evp, Clo & General Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6597879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. John T. Baier**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 New York Life Insurance Company Managing Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR6927879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Izhak Asher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Center Drive  
 City Roslyn State NY Zip Code 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR694577879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Gary Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 Southwest 83rd Terrace  
 City Augusta State KS Zip Code 67010-8025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR695437879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Marc A. Bregman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11701 E Kettleman Lane  
 City Lodi State CA Zip Code 95240-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR695707879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Bik Y. Tsang**  
Full Name (Last, First, Middle Initial)

Mailing Address 1974 Troy Avenue

City Brooklyn State NY Zip Code 11234-3020

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR7007879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**B. Mr. William F. Leisman III**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Orchard Avenue

City Weston State MA Zip Code 02493-2219

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR706807879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Joel I. Steele**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Belmont Circle

City Columbus State NJ Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR707007879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Donald G. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Lane Street Apt. 903

City Anchorage	State AK	Zip Code 99501-1961
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR707207879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**B. Mr. Lee A. Kitzenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 5812 Vernon Lane

City Edina	State MN	Zip Code 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR712607879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Ronald F. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Fairway Drive

City Los Altos	State CA	Zip Code 94024-5342
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR712627879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William Van Winkle</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR7177879</b>
Mailing Address 41 Breezy Point Road		Amount of Each Receipt this Period 250.00
City Little Silver	State NJ	Zip Code 07739-1703
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. George R. Shadie</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR7247879</b>
Mailing Address 57 Teaberry Drive Sand Springs		Amount of Each Receipt this Period 250.00
City Drums	State PA	Zip Code 18222-2051
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey Varsa</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 <b>Transaction ID : PR725187879</b>
Mailing Address 19 Alba Road # 311		Amount of Each Receipt this Period 250.00
City Wellesley	State MA	Zip Code 02481-4802
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Christopher O. Blunt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Yarmouth Road  
 City Rowayton State CT Zip Code 06853-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Evp & President Insurance Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR729577879**  
 Amount of Each Receipt this Period 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**B. Mr. Scott L. Berlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Jerome Road  
 City Syosset State NY Zip Code 11791-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR734717879**  
 Amount of Each Receipt this Period 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Peter J. McAvinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 Fiske Road  
 City Wellesley State MA Zip Code 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 ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR747879**  
 Amount of Each Receipt this Period 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Tema L. Steele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Paige Court  
 City State Zip Code  
 Cherry Hill NJ 08002-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR7647879**  
 Amount of Each Receipt this Period  
 416.66  
 P/R Deduction (\$416.66 Monthly)

**B. Mr. Michael T. Piotrowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 347 Stenton Avenue  
 City State Zip Code  
 Plymouth Meeting PA 19462-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR777879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. Mr. Joseph A. Auteri**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR797879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John Rocco**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Midland Road

City Lynnfield	State MA	Zip Code 01940-1265
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR807879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**B. Mr. Joel M. Steinberg**  
Full Name (Last, First, Middle Initial)  
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, Chief Risk Officer & Chief Actuar
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR8557879**

Amount of Each Receipt this Period  
230.78

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

**C. Mr. Scott F. Della Penna**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9541 Purcell Drive

City Potomac	State MD	Zip Code 20854-4500
-----------------	-------------	------------------------

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

Name of Employer New York Life Insurance Company	Occupation Managing Partner
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR8677879**

Amount of Each Receipt this Period  
230.78

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Mr. David R. Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Vista Grande  
 City Greenbrae State CA Zip Code 94904-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR867879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. John J. O'Gara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Rock Ridge Court  
 City New Fairfield State CT Zip Code 06812-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR870917879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Jason M. Apolenis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 Prettyman Drive Apt. 8301  
 City Rockville State MD Zip Code 20850-7707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR880637879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Karen E. Stawicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14976 Venado Drive  
 City Rncho Murieta State CA Zip Code 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR897879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Thomas E. Bello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7853 Sadsbury Drive  
 City West Bloomfield State MI Zip Code 48322-5024  
 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 ▼ 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR898777879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. Toby Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8776 Boulder Rise  
 City Eden Prairie State MN Zip Code 55347-2419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR900657879**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	711.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 61  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jesse Bond**

Mailing Address 603 Northwest 127th Street

City Seattle	State WA	Zip Code 98177-4238
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR902187879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert Ostberg**

Mailing Address 48 Greenleaf Drive

City Northampton	State MA	Zip Code 01062-9768
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR907879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Mr. Carroll D. Carson Jr.**

Mailing Address 689 Forrest Haven Court

City Greenville	State SC	Zip Code 29609-6522
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR910317879**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael T. Damon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Little Tree Road  
 City Medway State MA Zip Code 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR921147879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Mr. Theodore A. Mathas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Cole Drive  
 City Armonk State NY Zip Code 10504-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Chairman, President & Ceo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR9327879**  
 Amount of Each Receipt this Period  
 230.78  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Mr. David Q. Kendrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12020 Ashland Way  
 City Shreveport State LA Zip Code 71106-9346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR961737879**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Mark B. Kline**  
Full Name (Last, First, Middle Initial)

Mailing Address 6528 Pratt Drive

City New Orleans State LA Zip Code 70122-2226

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR96377879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**B. Mr. James E. Adkins Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10200 Wendover Drive

City Vienna State VA Zip Code 22181-2960

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR9657879**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

**C. Mr. Jason Leonard**  
Full Name (Last, First, Middle Initial)

Mailing Address 29314 Sumpter Drive

City Fair Oaks State TX Zip Code 78015-4307

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 ▼ 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR970487879**

Amount of Each Receipt this Period  
 230.78

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jerry H. Lorey**  
Full Name (Last, First, Middle Initial)

Mailing Address 10690 Goldsberry Road

City Shreveport State LA Zip Code 71106-8345

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR974017879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**B. Ms. Maria J. Mauceri**  
Full Name (Last, First, Middle Initial)

Mailing Address 152 E 94th Street Apt. 5G

City New York State NY Zip Code 10128-2575

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

Name of Employer New York Life Insurance Company Occupation Vice President & Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR979747879**

Amount of Each Receipt this Period 230.76

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

**C. Mr. Robert A. Moro**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Wenwood Drive

City Hauppauge State NY Zip Code 11788-4321

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2013  
**Transaction ID : PR988657879**

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 730.76

**TOTAL** This Period (last page this line number only)..... ▶ 40153.54

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. EMPIRE Political Action Committee**

Mailing Address P.O. Box 15033

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Check Voided

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2013

**Transaction ID : 8224547**

Amount of Each Disbursement this Period

-5000.00

Check Voided

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**

Mailing Address P.O. Box 21431

City Detroit State MI Zip Code 48221

Purpose of Disbursement  
Check Voided

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2013

**Transaction ID : 8224548**

Amount of Each Disbursement this Period

-2500.00

Check Voided

Full Name (Last, First, Middle Initial)

**C. Friends Of Pete Gallego**

Mailing Address P.O. Box 1781

City San Antonio State TX Zip Code 78296

Purpose of Disbursement  
Check Voided

Candidate Name

**Pete Gallego**

Office Sought:  House  Senate  President  
State: TX District: 23

Disbursement For: 2012  Primary  General  Other (specify) ▼  
2012 General Debt

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2013

**Transaction ID : 8224549**

Amount of Each Disbursement this Period

-2500.00

Check Voided

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

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

-10000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Check Voided

011

Candidate Name

**Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2013

**Transaction ID : 8224550**

Amount of Each Disbursement this Period

-1000.00

Check Voided

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Maffei**

Mailing Address P. O. Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement  
Check Voided

011

Candidate Name

**Daniel Benjamin Maffei**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2013

**Transaction ID : 8224551**

Amount of Each Disbursement this Period

-2500.00

Check Voided

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

-3500.00

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

-13500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Friends of Dominic Pileggi**

Mailing Address 101 West Baltimore Avenue, 2nd Flo

City State Zip Code  
Media PA 19063

Purpose of Disbursement  
Check Voided

Category/  
Type

Candidate Name

**Dominic Pileggi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

/  /

**Transaction ID : 8233282**

Amount of Each Disbursement this Period

Check Voided

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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