

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

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

FOR LINE NUMBER: PAGE 31 / 352

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas G. Krach

Mailing Address 10595 Durham Place

City State Zip Code
Powell OH 43065

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 ▼

327.08

Date of Receipt

MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR11114918

Amount of Each Receipt this Period

38.48

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

B.

Full Name (Last, First, Middle Initial)
Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City State Zip Code
Cincinnati OH 45255-5628

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

Name of Employer
New York Life Insurance Company

Occupation
Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR11144918

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City State Zip Code
Mission Viejo CA 92692-4703

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

Name of Employer
New York Life Insurance Company

Occupation
Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR11174918

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

538.48

TOTAL This Period (last page this line number only)