

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 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. David R. Colflesh

Mailing Address 905 Olive  
PO Box 37

City State Zip Code  
Tarkio MO 64491-0037

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR11184918

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James K. Bork

Mailing Address 2426 Gibley Park

City State Zip Code  
Toledo OH 43617-2233

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR11224918

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry E. Beebe

Mailing Address 3209 Stone Wall Road

City State Zip Code  
Maumee OH 43537-9593

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

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 666.72

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR11344918

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$83.34 Monthly)

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

383.34

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