

**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 98 / 352
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael J. Wallace		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1654 Wheatgrass Court		<b>Transaction ID:</b> PR19804918
	City Reno	State NV	Zip Code 89509-6912
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
	Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$83.34 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William C. Wallace		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1248 Rose Lane		<b>Transaction ID:</b> PR19814918
	City Lafayette	State CA	Zip Code 94549-3032
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	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 ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Gary L. Bacon		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1099 Kentfield Drive		<b>Transaction ID:</b> PR19844918
	City Salinas	State CA	Zip Code 93901-1067
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>383.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	