

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 213 / 531
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Mr. Gerard A. Rocchi		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 789 Mountain Laurel Road		Transaction ID: PR3513060
City Fairfield	State CT	Zip Code 06824-2426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.79
Name of Employer New York Life Insurance Company	Occupation Senior Vice President	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.32	

B.

Full Name (Last, First, Middle Initial) Mr. Moshe Lebovits		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 6 Israel Zupnick Drive Unit 201		Transaction ID: PR3533060
City Monroe	State NY	Zip Code 10950-6301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

C.

Full Name (Last, First, Middle Initial) Ms. Kornelia Caulo Seyfried		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 303 Frederick Street		Transaction ID: PR3613060
City Dix Hills	State NY	Zip Code 11746-7009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.34
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$34.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.37	

SUBTOTAL of Receipts This Page (optional)	500.13
TOTAL This Period (last page this line number only)	