

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 358 / 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"/> 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. Sunil Shah		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 820 Morningside Drive		<b>Transaction ID:</b> PR707073060
City Schaumburg	State IL	Zip Code 60173-2077
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 (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. John A. Christopher		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 8251 Pembridge		<b>Transaction ID:</b> PR707083060
City Woodridge	State IL	Zip Code 60517-7733
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 (\$41.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

**C.**

Full Name (Last, First, Middle Initial) Mr. P. J. Demarie, III		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 24 Woodvine Court		<b>Transaction ID:</b> PR707093060
City Covington	State LA	Zip Code 70433-4724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 333.34
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$166.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>466.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	