

**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 25 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mr. Louis L. Murray Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 Manthou Road Apt. 2
 City West Roxbury State MA Zip Code 02132-0000
 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 **250.00**

Date of Receipt **01 / 31 / 2012**
Transaction ID : PR211446436
 Amount of Each Receipt this Period **250.00**
 P/R Deduction (\$250.00 Monthly)

B. Mr. Everton M. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1751 2nd Avenue Apt. 20F
 City New York State NY Zip Code 10128-5379
 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 **250.00**

Date of Receipt **01 / 31 / 2012**
Transaction ID : PR211756436
 Amount of Each Receipt this Period **250.00**
 P/R Deduction (\$250.00 Monthly)

C. Mr. John A. Forte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chandler Drive
 City Ballston Lake State NY Zip Code 12019-1335
 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 **250.00**

Date of Receipt **01 / 31 / 2012**
Transaction ID : PR211926436
 Amount of Each Receipt this Period **250.00**
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....