REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

SEP 23 12 27 PM '96

USE FEC MAIL LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
New York Life Insurance Co. Political Action Committee

ADDRESS (number and street) Check if different than previously reported
51 Madison Avenue, Room 910

CITY, STATE and ZIP CODE
New York, N.Y. 10010

2. FEC IDENTIFICATION NUMBER
C00158881

3. This committee qualified as a multicandidate committee ~~BEFORE THIS REPORTING PERIOD~~ prior to 1/01/96 (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20	June 20	October 20
March 20	July 20	November 20
April 20	X August 20	December 20
May 20	September 20	January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ~~XXXX~~ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 07/01/96 through 07/31/96		
6.	(a) Cash on Hand January 1, 19 96		$ 122,848.11
	(b) Cash on Hand at Beginning of Reporting Period	$ 114,262.64	
	(c) Total Receipts (from Line 19)	$ 14,859.57	$ 113,812.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 129,122.21	$ 236,660.71
7.	Total Disbursements (from Line 30)	$ 10,373.67	$ 117,912.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 118,748.54	$ 118,748.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-376-3120

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Maura McLaughlin

Signature of Treasurer: Maura R. McLaughlin

Treasurer

Date: 9/13/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 1/1/91)