

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 190
(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. Raymond J. Triplett

Mailing Address 16171 Hillvale Avenue

City State Zip Code
Monte Sereno CA 95030-4159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR21725704

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. William S. Anders

Mailing Address 10312 Strathmore Hall Street #401

City State Zip Code
North Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New York Life Insurance Company Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.76

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR21765704

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Michael R. Grinnon

Mailing Address 1521 Spring Gate Drive Unit 10404

City State Zip Code
McLean VA 22102-3417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR21867225704

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **576.94**

TOTAL This Period (last page this line number only) ▶