

**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 7 / 328
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Martha Thornton	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 2121 Cedar Crest Drive	<b>Transaction ID:</b> 5382325
	City State Zip Code Birmingham AL 35214-1443	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Marion Macaro	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 150 E 18th Street	<b>Transaction ID:</b> 5382327
	City State Zip Code New York NY 10003-2444	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Jenny Kho	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 77 Cumberland Drive	<b>Transaction ID:</b> 5382329
	City State Zip Code Yonkers NY 10704-3525	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	