

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
New York Life Insurance Company Political Action Committee

ADDRESS (number and street) 51 Madison Avenue
Room 1109
 Check if different than previously reported. (ACC)
New York NY 10010

2. **FEC IDENTIFICATION NUMBER** C00158881
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2011 through 02 28 2011

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 Helen Stagias

Signature of Treasurer Electronically Filed by Helen Stagias Date 03 18 2011

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
New York Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		541258.89
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	583269.42									
(c) Total Receipts (from Line 19)	125518.35	256028.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	708787.77	797287.77								
7. Total Disbursements (from Line 31)	214500.00	303000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	494287.77	494287.77								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	55013.05	96178.46
(ii) Unitemized	70428.42	157705.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	125441.47	253883.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	125441.47	253883.46
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	76.88	145.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	125518.35	256028.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	125518.35	256028.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	186500.00	275000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	28000.00	28000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	214500.00	303000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	214500.00	303000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	125441.47	253883.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125441.47	253883.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 109
(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. John J. Rocco

Mailing Address 2 Pleasure Island Road Suite 2B

City State Zip Code
Wakefield MA 01880-1242

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 ▼
333.34

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1010375565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Marc L. Schaefer

Mailing Address 10912 Lamplighter Lane

City State Zip Code
Potomac MD 20854-2783

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1016115565

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Richard A. Schwartz

Mailing Address 3044 Kennington Way

City State Zip Code
Kokomo IN 46902-5079

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 ▼
833.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1017505565

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **733.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 109
(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. Sidney L. Seligstein

Mailing Address 1568 Massey Pointe Lane

City State Zip Code
Memphis TN 38120-1317

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 ▼ 333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR1018435565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Van Ewing

Mailing Address 1201 South Prairie Avenue
Unit 1001

City State Zip Code
Chicago IL 60605

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR1049495565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Dean H. Grant

Mailing Address 3669 Sussex Drive Northeast

City State Zip Code
Milledgeville GA 31061-9382

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR10585565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **647.45**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Gary T. Baumgarten

Mailing Address 230 W Reading Way

City State Zip Code
Winter Park FL 32789-6052

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR10845565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Frank B. Dolph III

Mailing Address 631 Intracoastal Drive

City State Zip Code
Fort Lauderdale FL 33304-3618

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR10985565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Curtis L. Eskew Jr.

Mailing Address 1680 Keely Lane

City State Zip Code
Sarasota FL 34232-3061

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR11015565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **583.34**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Mark F. Bailey

Mailing Address 309 Redwing Lane

City State Zip Code
St. Augustine FL 32080-7981

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR11065565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City State Zip Code
Cincinnati OH 45255-5628

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR11145565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City State Zip Code
Mission Viejo CA 92692-4703

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR11175565
 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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 109
(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. David R. Colflesh

Mailing Address 905 Olive
PO Box 37

City Tarkio State MO Zip Code 64491-0037

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011

Transaction ID: PR11185565

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Michael A. Yashnyk

Mailing Address 83 Crestwood Boulevard

City Farmingdale State NY Zip Code 11735-5802

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

Name of Employer New York Life Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2011

Transaction ID: PR11675565

Amount of Each Receipt this Period 153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Paul E. Moyer

Mailing Address 3220 Briarcliff Drive

City Findlay State OH Zip Code 45840-4102

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 ▼ 400.00

Date of Receipt 02 / 28 / 2011

Transaction ID: PR11705565

Amount of Each Receipt this Period 200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 603.86

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 109
(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. Mark Vahala

Mailing Address 500 Cedar Elm Court

City Irving State TX Zip Code 75063-8467

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011

Transaction ID: PR12065565

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee Circle

City Valparaiso State IN Zip Code 46383-2284

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 ▼ 833.32

Date of Receipt 02 / 28 / 2011

Transaction ID: PR12525565

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Amrit L. Mittal

Mailing Address 215 Rugeley Road

City Western Springs State IL Zip Code 60558

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 ▼ 666.67

Date of Receipt 02 / 28 / 2011

Transaction ID: PR12795565

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **916.66**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Breton W. Williams

Mailing Address 2600 W Stockwell Lane

City State Zip Code
Clinton IA 52732-9604

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR12855565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Steven J. Heussner

Mailing Address 201 Falling Water Drive

City State Zip Code
McKinney TX 75070-8776

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
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR13075565

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. G. Joseph Pasma, Jr.

Mailing Address 7397 Heather Ridge Court Southeast

City State Zip Code
Caledonia MI 49316-9010

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR13305565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **458.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 109
(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. Brian T. Nowak		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 6111 E Cobblestones Lane		Transaction ID: PR13345565
	City Sylvania	State OH	Zip Code 43560-9452
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company		Occupation Managing Partner	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

B.	Full Name (Last, First, Middle Initial) Mr. Kenneth A. Olson		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 68-1785 Melia Street Apt. 6-211		Transaction ID: PR13565565
	City Waikoloa	State HI	Zip Code 96738-5572
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. George N. Ridings		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 887 West Main Street PO Box 1750		Transaction ID: PR13625565
	City Richmond	State KY	Zip Code 40476-1750
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	653.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 109
(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

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.

Full Name (Last, First, Middle Initial)
Mr. George Nichols, III

Mailing Address 10010 Gary Road

City Potomac State MD Zip Code 20854-4149

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR13725565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Steven R. Kaniski

Mailing Address 9692 Sterling Pointe Court

City Loomis State CA Zip Code 95650-7120

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 ▼ 833.32

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR14125565
 Amount of Each Receipt this Period: 416.66
 P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Lloyd R. Wilson Sr.

Mailing Address 3148 Pine Ridge Road

City Mountain Brk State AL Zip Code 35213-3906

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR14165565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **897.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 109

(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. Ross-Morris Sims		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 91 Valley View Road		Transaction ID: PR14215565
	City Cortlandt Manor	State NY	Zip Code 10567-1235
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company		Occupation Vice President	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

B.	Full Name (Last, First, Middle Initial) Mr. R. Frank Avrett		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 21637 North 78th Street		Transaction ID: PR14235565
	City Scottsdale	State AZ	Zip Code 85255-7720
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company		Occupation Managing Partner	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

C.	Full Name (Last, First, Middle Initial) Mr. Patrick L. McCraw		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 122 McDill Cove		Transaction ID: PR14415565
	City Madison	State MS	Zip Code 39110-6562
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company		Occupation Head of South Central Zone	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56		

SUBTOTAL of Receipts This Page (optional) ▶

538.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Jerry D. Coats

Mailing Address 165 Pebble Beach Drive

City State Zip Code
Little Rock AR 72212-2645

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR14565565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas L. McConathy

Mailing Address 11813 Towering Oaks Drive

City State Zip Code
Baton Rouge LA 70810-3162

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR14695565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Tim C. Fitzgerald

Mailing Address 12086 Ellerbe Road

City State Zip Code
Shreveport LA 71115-9568

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 ▼
833.32

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR14945565

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **897.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 109
(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. Maurice Springer

Mailing Address 25 Riga Court

City State Zip Code
Scotch Plains NJ 07076-2059

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

Name of Employer
New York Life Insurance Company

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15055565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City State Zip Code
Tulsa OK 74137-3124

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15075565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Bryan S. Norris

Mailing Address 639 Loyola Avenue
Suite 1900

City State Zip Code
New Orleans LA 70113-3188

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15105565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **538.50**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Christopher J. Prudhomme

Mailing Address 165 Emmons Canyon Lane

City Alamo State CA Zip Code 94507-2876

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

Name of Employer New York Life Insurance Company
Occupation Zone Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2011
Transaction ID: PR15385565
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Samuel L. Hebert

Mailing Address 3307 Henderson Bayou Road

City Lake Charles State LA Zip Code 70605-2248

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 02 / 28 / 2011
Transaction ID: PR15405565
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gordon D. Ellis Jr.

Mailing Address 11410 Sugar Lane

City Baton Rouge State LA Zip Code 70810-2059

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR15465565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 528.86

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Michael T. Delahaye

Mailing Address 7575 Jefferson Highway # 175

City State Zip Code
Baton Rouge LA 70806-8308

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15475565

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Eric B. Campbell

Mailing Address 2108 University Club Drive

City State Zip Code
Austin TX 78732-2409

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15635565

Amount of Each Receipt this Period
230.76

P/R Deduction (\$115.38 Bi-Weekly)

C.

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

Mailing Address 5933 S Knoxville Avenue

City State Zip Code
Tulsa OK 74135-7806

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR15695565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **630.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 109
(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. Fred D. Bangasser

Mailing Address 2108 Key West Cove

City State Zip Code
Austin TX 78746-7256

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR15795565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Gib Surles

Mailing Address 434 Westminster Drive

City State Zip Code
Houston TX 77024-5609

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR16015565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Robert McKinley

Mailing Address 2121 North California Boulevard
Suite 550

City State Zip Code
Walnut Creek CA 94596-7359

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

Name of Employer New York Life Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR16305565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **730.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 109
(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)
Ms. Karen L. Watson

Mailing Address 3301 Riverway Court

City State Zip Code
Fort Worth TX 76116-9561

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR16595565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin R. Garman

Mailing Address 3025 Bellaire Ranch Drive

City State Zip Code
Fort Worth TX 76109

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR16735565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Stuart J. Isgur

Mailing Address 2025 Huntington Lane

City State Zip Code
Fort Worth TX 76110-1743

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: 02 / 28 / 2011
Transaction ID: PR16785565
 Amount of Each Receipt this Period: 125.00
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **522.45**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Marcel R. Frey

Mailing Address 1703 S Medio River Circle

City State Zip Code
Sugar Land TX 77478-5315

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR16825565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Rodger K. Johnson

Mailing Address 910 N Houston Street

City State Zip Code
Bullard TX 75757-5128

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR16885565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Robinson Jr.

Mailing Address 12131 Broken Bough Drive

City State Zip Code
Houston TX 77024-4253

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR16905565
 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) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Stephen N. Maus

Mailing Address 4821 Augusta Drive

City State Zip Code
Frisco TX 75034-6841

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR17025565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City State Zip Code
Granite Bay CA 95746-6158

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR17085565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Mann

Mailing Address 23717 Rockrose Drive

City State Zip Code
Golden CO 80401-9185

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR17095565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **634.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 109

(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

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.	Full Name (Last, First, Middle Initial) Mr. Thomas D. Hegna Mailing Address 16931 E Jacklin Drive City State Zip Code Fountain Hills AZ 85268-5446 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1 Transaction ID: PR17165565 Amount of Each Receipt this Period 230.78
	Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56 P/R Deduction (\$115.39 Bi-Weekly)
B.	Full Name (Last, First, Middle Initial) Mr. Ronald Karkela Mailing Address 820 Recluse Court City State Zip Code Casper WY 82609-3380 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1 Transaction ID: PR17205565 Amount of Each Receipt this Period 153.86
	Name of Employer New York Life Insurance Company Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72 P/R Deduction (\$76.93 Bi-Weekly)
C.	Full Name (Last, First, Middle Initial) Mr. Terry K. Lewis Mailing Address 5612 Dale Avenue City State Zip Code Edina MN 55436-2469 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1 Transaction ID: PR17345565 Amount of Each Receipt this Period 250.00
	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 ▼ 500.00 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

634.64

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 109

(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. Marlyn Mc Clain

Mailing Address 109 S 38th Street Apt. 237

City State Zip Code
Council Blfs IA 51501-3389

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 ▼
333.34

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR17545565

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory D. Jensen

Mailing Address 16850 Berkshire Court

City State Zip Code
Sw Ranches FL 33331-1332

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR17605565

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Troy G. Braswell

Mailing Address 16843 Highland Ridge Drive

City State Zip Code
Belton MO 64012

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR17905565

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

628.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Galen D. Dody

Mailing Address 501 David Drive

City State Zip Code
Clinton MO 64735-1948

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 ▼
500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR17935565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City State Zip Code
Sioux Falls SD 57108-2013

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR18225565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Garry

Mailing Address 5710 S Nature Run Place

City State Zip Code
Sioux Falls SD 57108-5240

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 ▼
333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR18295565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **647.45**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 109
(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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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.

Full Name (Last, First, Middle Initial)
Mr. Steven J. Garry

Mailing Address 2600 E Old Orchard Trail

City State Zip Code
Sioux Falls SD 57103-4354

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR18305565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City State Zip Code
Santa Ana CA 92706-1943

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR18395565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City State Zip Code
Vernon Hills IL 60061-4132

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

Name of Employer
New York Life Insurance Company

Occupation
Zone Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR18555565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **564.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 109

(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. Walter C. May

Mailing Address 2009 Royal Club Court

City State Zip Code
Arlington TX 76017-4434

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR18625565

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City State Zip Code
Staten Island NY 10309-2110

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

Name of Employer Occupation
New York Life Insurance Company Senior Vice President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 307.72

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1865565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Kevin R. Johnson

Mailing Address 100 Street of Dreams

City State Zip Code
Village Loch Loyd MO 64012-4179

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1885565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

553.86

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. John Mc Kenna Jr.
Mailing Address 110 Churn Creek Drive
City Bozeman State MT Zip Code 59715-7872
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 ▼ 300.00
Date of Receipt 02 / 28 / 2011
Transaction ID: PR18915565
Amount of Each Receipt this Period 150.00
P/R Deduction (\$150.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Rakesh R. Bansal
Mailing Address 1 Horseshoe Court
City Monroe State NJ Zip Code 08831-2368
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 ▼ 500.00
Date of Receipt 02 / 28 / 2011
Transaction ID: PR1895565
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John P. Schwan
Mailing Address 1320 N Arch Street
City Aberdeen State SD Zip Code 57401-2147
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 ▼ 833.32
Date of Receipt 02 / 28 / 2011
Transaction ID: PR18975565
Amount of Each Receipt this Period 416.66
P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 816.66
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 109
(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. Scott R. Alexander

Mailing Address 16252 Placerita Canyon Road

City State Zip Code
Santa Clarita CA 91321-3302

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR18985565
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City State Zip Code
Wichita KS 67206-2404

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR19435565
Amount of Each Receipt this Period: 230.78
P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Pkwy. Unit 41

City State Zip Code
Scottsdale AZ 85255-4514

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR19525565
Amount of Each Receipt this Period: 166.67
P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **647.45**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 109

(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)
Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City State Zip Code
Phoenix AZ 85018-4646

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19535565

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John Glass

Mailing Address 3174 E Stella Lane

City State Zip Code
Phoenix AZ 85016-2343

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19575565

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Jan Christensen

Mailing Address 2356 Bear Hills Drive

City State Zip Code
Draper UT 84020-9672

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19715565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 109
(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. William C. Wallace

Mailing Address 1248 Rose Lane

City State Zip Code
Lafayette CA 94549-3032

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19815565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Robert D. Hall

Mailing Address 2015 Evergreen Court

City State Zip Code
Yakima WA 98902-1200

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19865565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Rick G. Austin

Mailing Address 8320 N Skiles Avenue Apt. 224

City State Zip Code
Kansas City MO 64158-7138

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR19945565

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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 109
(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. Stephen G. Bakke

Mailing Address 3865 Welsh Pony Lane

City State Zip Code
Yorba Linda CA 92886-7929

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR20055565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City State Zip Code
Wenatchee WA 98801-3253

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 ▼ 333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR20205565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. William V. Brody

Mailing Address 19 Corte Miguel

City State Zip Code
San Rafael CA 94903-1810

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR20785565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **647.45**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Stephen C. Dill

Mailing Address 4082 Prestwick Lane

City State Zip Code
Palmdale CA 93551-5381

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR21025565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Louis L. Murray Jr.

Mailing Address 71 Manthon Road Apt. 2

City State Zip Code
West Roxbury MA 02132

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR211445565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Everton M. Lewis

Mailing Address 1751 2nd Avenue Apt. 20F

City State Zip Code
New York NY 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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR211755565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 666.67

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. John A. Forte

Mailing Address 1 Chandler Drive

City State Zip Code
Ballston Lake NY 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 ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: PR211925565

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City State Zip Code
Hamersville OH 45130-9509

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 ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: PR212495565

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Coy E. Silvis

Mailing Address 9837 E 85th Street

City State Zip Code
Tulsa OK 74133-4521

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 ▼ 333.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: PR213005565

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **666.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 109
(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

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.

Full Name (Last, First, Middle Initial) Mr. Jerry M. Fish		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 16 Waterford Lane		Transaction ID: PR21315565
City Beachwood	State OH	Zip Code 44122-7591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

B.

Full Name (Last, First, Middle Initial) Mr. Michael R. Brown		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 8976 Northeast Patton Road		Transaction ID: PR213415565
City Hamilton	State MO	Zip Code 64644-9166
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Mr. Michael D. Bookout		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 150 North Tatlow		Transaction ID: PR213495565
City Palmer	State AK	Zip Code 99645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

SUBTOTAL of Receipts This Page (optional)	711.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 109
(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. E. J. Bond

Mailing Address 6670 E Green Lake Way N

City State Zip Code
Seattle WA 98103-5419

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 ▼ 333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR213575565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Werner

Mailing Address 1380 King James Court

City State Zip Code
Oak Park CA 91377-4738

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 ▼ 333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21365565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Joe L. Hong

Mailing Address 19 Cedar Lane

City State Zip Code
San Jose CA 95127-2313

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 ▼ 333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR213675565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **500.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 109
(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. Eric K. Takao

Mailing Address 752 Pahumele Place

City State Zip Code
Kailua HI 96734-3513

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR213865565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. William V. Regan III

Mailing Address 790 Bromfield Road

City State Zip Code
San Mateo CA 94402-1115

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR214025565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Angelo Haddad

Mailing Address 354 Garnsey Avenue

City State Zip Code
Bakersfield CA 93309-1849

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21455565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **666.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Kevin Choi

Mailing Address 4442 Saint Clair Avenue

City State Zip Code
Studio City CA 91604-1207

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR215315565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Richard K. Stivers

Mailing Address 129 Hartland Drive Unit 8A

City State Zip Code
Myrtle Beach SC 29572-2215

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 ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21545565

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Albert J. Schiff

Mailing Address 11 Mohawk Lane

City State Zip Code
Greenwich CT 06831-3125

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

Name of Employer
New York Life Insurance Company

Occupation
Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21559565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **544.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 109
(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
							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
New York Life Insurance Company

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21725565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

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
New York Life Insurance Company

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR21867225565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Jerome A. Timmermann

Mailing Address 64 Windsor Lane

City State Zip Code
Breese IL 62230-3512

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 ▼
833.32

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR218855565

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **916.66**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Richard L. Mucci

Mailing Address 87 Northgate

City Avon State CT Zip Code 06001-4077

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

Name of Employer: New York Life Insurance Company
Occupation: EVP, Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR22041265565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Lee B. Nole

Mailing Address 7689 Tahiti Lane

City Lake Worth State FL Zip Code 33467-4945

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: 02 / 28 / 2011
Transaction ID: PR22075565
 Amount of Each Receipt this Period: 125.00
 P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard R. Paulsen

Mailing Address 6280 Crooked Stick Circle

City Stockton State CA Zip Code 95219-1859

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR22255565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 528.86

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 109

(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. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City Hillsborough State CA Zip Code 94010-6709

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt

MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR22285565

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City Stamford State CT Zip Code 06906-1514

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

Name of Employer
New York Life Insurance Company

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt

MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR2245565

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City Plano State TX Zip Code 75093-5966

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt

MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR22845565

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

538.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial) Mr. Jonathan R. Jaramillo		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 906 El Camino Real		Transaction ID: PR22905565
City Socorro	State NM	Zip Code 87801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

B.

Full Name (Last, First, Middle Initial) Mr. Earl S. Prolman		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 45 Wood Street		Transaction ID: PR235565
City Nashua	State NH	Zip Code 03064-1929
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Mr. Jesse Maltzman		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 2525 Dunning Drive		Transaction ID: PR24054545565
City Yorktown Heights	State NY	Zip Code 10598-3802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
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 ▼ 333.34	

SUBTOTAL of Receipts This Page (optional)	647.45
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Ms. MARYANN INGENITO

Mailing Address 305 Edinboro Road

City Staten Island State NY Zip Code 10306-1204

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR2525565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City Darien State CT Zip Code 06820-3612

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR2585565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Solomon Goldfinger

Mailing Address 14719 70th Avenue

City Flushing State NY Zip Code 11367-1715

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR2675565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 692.34

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Douglas Lathrop
Mailing Address 2311 North Utah Street
City Arlington State VA Zip Code 22207-4027
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Life Insurance Company Occupation Corporate Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 307.72
Date of Receipt 02 / 28 / 2011
Transaction ID: PR29430675565
Amount of Each Receipt this Period 153.86
P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Michelle R. Albright
Mailing Address 2006 Sea Palms Drive West
City St. Simons Island State GA Zip Code 31522
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 ▼ 333.34
Date of Receipt 02 / 28 / 2011
Transaction ID: PR31609205565
Amount of Each Receipt this Period 166.67
P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gerard A. Rocchi
Mailing Address 789 Mountain Laurel Road
City Fairfield State CT Zip Code 06824-2426
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Life Insurance Company Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.56
Date of Receipt 02 / 28 / 2011
Transaction ID: PR3515565
Amount of Each Receipt this Period 230.78
P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 551.31
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Robert J. Smith Jr.
Mailing Address 39856 Morningside Drive
City Rancho Mirage State CA Zip Code 92270-3016
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 ▼ 500.00
Date of Receipt 02 / 28 / 2011
Transaction ID: PR3665565
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Salvatore F. Farina
Mailing Address 3 Sunview Court
City Glen Cove State NY Zip Code 11542-1794
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Life Insurance Company Occupation Managing Partner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.56
Date of Receipt 02 / 28 / 2011
Transaction ID: PR3855565
Amount of Each Receipt this Period 230.78
P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Piero V. Silvestri
Mailing Address 808 Preston Road
City East Meadow State NY Zip Code 11554-4530
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 ▼ 500.00
Date of Receipt 02 / 28 / 2011
Transaction ID: PR4005565
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 730.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 109
(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

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.	Full Name (Last, First, Middle Initial) Ms. Kathleen A. Donnelly		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 47 Southview Circle		Transaction ID: PR4105565
	City Lake Grove	State NY	Zip Code 11755-2244
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer New York Life Insurance Company	Occupation First Vice President	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Mr. Bradford L. Meigs		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3 Harvest Lane		Transaction ID: PR445565
	City Hingham	State MA	Zip Code 02043-4233
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Richard P. Simonetti		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 24 Red Oak Lane		Transaction ID: PR448685565
	City Cortlandt Manor	State NY	Zip Code 10567-6139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
	Name of Employer New York Life Insurance Company	Occupation Vice President	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56		

SUBTOTAL of Receipts This Page (optional)	▶	680.78
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

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

Mailing Address 820 Nettlebrook Lane

City State Zip Code
Alpharetta GA 30004-0955

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

Name of Employer
New York Life Insurance Company

Occupation
Zone Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR44875565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Amelia S. Self

Mailing Address 139 South Haven Court

City State Zip Code
Macon GA 31210-1216

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR44880565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Romany S. Abraham

Mailing Address 3350 Hampshire Road

City State Zip Code
Furlong PA 18925-1254

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR44881565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **615.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial)
Mr. Robert A. Hodgkiss

Mailing Address 5824 Fairmount Avenue

City Downers Grove State IL Zip Code 60516-1411

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448915565
Amount of Each Receipt this Period 153.86
P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph J. La Pietra

Mailing Address 12601 Split Creek Court

City North Potomac State MD Zip Code 20878-3999

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448935565
Amount of Each Receipt this Period 153.86
P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City Sammamish State WA Zip Code 98074-3447

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448955565
Amount of Each Receipt this Period 230.78
P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **538.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Jerry B. McKinney

Mailing Address 500 Liberty Street Southeast
Suite 500

City Salem State OR Zip Code 97301-3899

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448965565
Amount of Each Receipt this Period 230.78
P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City Livermore State CA Zip Code 94550-6888

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448975565
Amount of Each Receipt this Period 153.86
P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth N. Savoie

Mailing Address 205 Worth Avenue

City Lafayette State LA Zip Code 70508-6634

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

Name of Employer New York Life Insurance Company
Occupation Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR448995565
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **584.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 109
(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. Michael F. Scovel

Mailing Address 6397 Shady Oaks Drive

City Frisco State TX Zip Code 75034-7236

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR449005565
Amount of Each Receipt this Period: 153.86
P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Robert P. Mason

Mailing Address 11638 Bristol Chase Drive

City Tampa State FL Zip Code 33626-3300

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR449145565
Amount of Each Receipt this Period: 153.86
P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Domenico V. Nuzzi

Mailing Address 21 Chambrly Court

City Freehold State NJ Zip Code 07728-9067

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: 02 / 28 / 2011
Transaction ID: PR4585565
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **432.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Ms. Frances Arricale		Date of Receipt MM / DD / YYYY 02 / 28 / 2011	
Mailing Address 4- 75 48th Avenue #806		Transaction ID: PR4855565	
City Long Island City	State NY	Zip Code 11109-5510	Amount of Each Receipt this Period 153.86
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	P/R Deduction (\$76.93 Bi-Weekly)	

B.

Full Name (Last, First, Middle Initial) Mr. Victor R. Miranda		Date of Receipt MM / DD / YYYY 02 / 28 / 2011	
Mailing Address 124 Southeast Rio Casarano		Transaction ID: PR5015565	
City Port St. Lucie	State FL	Zip Code 34984-6618	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
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	P/R Deduction (\$125.00 Monthly)	

C.

Full Name (Last, First, Middle Initial) Mr. Thomas P. Shea		Date of Receipt MM / DD / YYYY 02 / 28 / 2011	
Mailing Address 20 Makanna Drive		Transaction ID: PR5275565	
City Huntington	State NY	Zip Code 11743-2935	Amount of Each Receipt this Period 153.86
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	P/R Deduction (\$76.93 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	▶	432.72
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 53 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Howard Levy

Mailing Address 21 Richard Avenue

City State Zip Code
Sudbury MA 01776-2115

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR5345565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Robert H. Petrocelli Jr.

Mailing Address 10 Byrd Street

City State Zip Code
Rye NY 10580-2407

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR5375565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Douglas A. Schultz

Mailing Address 10222 O'Connell

City State Zip Code
Mokena IL 60448

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

Name of Employer: New York Life Insurance Company
Occupation: Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR540665565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **551.31**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 109

(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

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.	Full Name (Last, First, Middle Initial) Mr. Robert D. Hartman		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1516 Austrina Pass		Transaction ID: PR542565565
	City Austin	State TX	Zip Code 78732-2398
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company		Occupation Senior Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56		

B.	Full Name (Last, First, Middle Initial) Ms. Aeramy K. Porter		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 8024 Greenbriar Court		Transaction ID: PR542825565
	City Wichita	State KS	Zip Code 67226-1834
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Michael F. Barry		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3 Evergreen Lane		Transaction ID: PR547625565
	City Walpole	State MA	Zip Code 02081-2142
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	730.78
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Todd S. Purich

Mailing Address 6332 Battlevue Drive

City Raleigh State NC Zip Code 27613-7148

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR547685565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City Honesdale State PA Zip Code 18431-1738

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR547715565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Frank Scarpa

Mailing Address 5 Abbington Way

City Morristown State NJ Zip Code 07960-3314

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

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2011
Transaction ID: PR5595565
 Amount of Each Receipt this Period 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **730.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 109
(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. Roberto Recine		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1402 Crestview Drive PO Box 512		Transaction ID: PR5615565		
	City Gwynedd Valley	State PA	Zip Code 19437-0512	Amount of Each Receipt this Period 153.86	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)		
	Name of Employer New York Life Insurance Company	Occupation Managing Partner	Aggregate Year-to-Date 307.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Akshay Madan		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 775 Oneida Trail		Transaction ID: PR5655565		
	City Franklin Lakes	State NJ	Zip Code 07417-2216	Amount of Each Receipt this Period 230.78	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.39 Bi-Weekly)		
	Name of Employer New York Life Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date 461.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Michael F. Broderick		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 170 Clapboardtree Street		Transaction ID: PR566155565		
	City Westwood	State MA	Zip Code 02090-2906	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$350.00 Monthly)		
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	734.64
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 109
(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. Michael E. Sproule		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 16 Middle Beach Road		Transaction ID: PR5705565
City Madison	State CT	Zip Code 06443-3053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Executive Vice President	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

B.

Full Name (Last, First, Middle Initial) Mr. David L. Mussehl		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 9432 Villa Isle Circle		Transaction ID: PR575225565
City Villa Park	State CA	Zip Code 92861-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

C.

Full Name (Last, First, Middle Initial) Mr. Cheong H. Tsang		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 1974 Troy Avenue		Transaction ID: PR575255565
City Brooklyn	State NY	Zip Code 11234-3020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Senior Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

SUBTOTAL of Receipts This Page (optional)	▶	692.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 109

(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. Bradley J. Jensen		Date of Receipt
	Mailing Address 1625 Southeast Bristol Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Waukee	State IA	Zip Code 50263-9691
	FEC ID number of contributing federal political committee. C		Transaction ID: PR575545565
Name of Employer New York Life Insurance Company		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.56"/>	<input type="text" value="230.78"/>
P/R Deduction (\$115.39 Bi-Weekly)			

B.	Full Name (Last, First, Middle Initial) Mr. William J. Terry, III		Date of Receipt
	Mailing Address 43 Winchester Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Arlington	State MA	Zip Code 02474-1019
	FEC ID number of contributing federal political committee. C		Transaction ID: PR575555565
Name of Employer New York Life Insurance Company		Occupation Senior Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="307.72"/>	<input type="text" value="153.86"/>
P/R Deduction (\$76.93 Bi-Weekly)			

C.	Full Name (Last, First, Middle Initial) Mr. David A. Odom		Date of Receipt
	Mailing Address 24719 Bogey Ridge		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City San Antonio	State TX	Zip Code 78260-4805
	FEC ID number of contributing federal political committee. C		Transaction ID: PR575575565
Name of Employer New York Life Insurance Company		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="307.72"/>	<input type="text" value="153.86"/>
P/R Deduction (\$76.93 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 109
(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. Kevin E. Boland		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 3993 Howard Hughes Parkway #500		Transaction ID: PR575605565
City Las Vegas	State NV	Zip Code 89169-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

B.

Full Name (Last, First, Middle Initial) Mr. Eric Cox		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 136 Cape May Lane		Transaction ID: PR575615565
City Mount Pleasant	State SC	Zip Code 29464-6500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer New York Life Insurance Company	Occupation Senior Partner	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

C.

Full Name (Last, First, Middle Initial) Mr. Mark W. Pfaff		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 64 Waterview Road		Transaction ID: PR5845565
City Colchester	State VT	Zip Code 05446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer New York Life Insurance Company	Occupation Executive Vice President	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

SUBTOTAL of Receipts This Page (optional)	▶	653.86
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 109
(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. Frank Lusk

Mailing Address 15185 Wood Duck Trail Northwest

City State Zip Code
Prior Lake MN 55372-3209

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR586155565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Bernard J. Zweig

Mailing Address 393 W End Avenue Apt. 9D

City State Zip Code
New York NY 10024-6141

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR6025565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Jonathan T. Paone

Mailing Address 57 Van Doren Avenue

City State Zip Code
Chatham NJ 07928-2213

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

Name of Employer Occupation
New York Life Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR605965565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ►

711.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 109

(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. Paul M. Holmes

Mailing Address 3200 Beechleaf Court
Suite 820

City Raleigh State NC Zip Code 27604-1063

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR606415565

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. G. Scott Hayden

Mailing Address 166 Gerald Drive

City Danville State CA Zip Code 94526-3927

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 ▼
333.34

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR613285565

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Larry E. Botts

Mailing Address 3015 E Leestown Road

City Midway State KY Zip Code 40347-9769

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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR613775565

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

647.45

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Donald E. Lippencott

Mailing Address 10 Hawkins Avenue

City State Zip Code
Setauket NY 11733-3911

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR613825565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Leslie J. Marsh

Mailing Address PO Box 1792

City State Zip Code
Great Falls MT 59403-1792

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR613965565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Wei-Sheng Wang

Mailing Address 9 Orchard Way

City State Zip Code
Warren NJ 07059-5060

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR614085565

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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 109

(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. John T. Blanks		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1603 Langhorne Road		Transaction ID: PR614445565		
	City Lynchburg	State VA	Zip Code 24503-3117	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 Monthly)		
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 ▼ 333.34			

B.	Full Name (Last, First, Middle Initial) Mr. Rodney S. Ferguson		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 466 Blackwolf Run Drive		Transaction ID: PR614465565		
	City Wildwood	State MO	Zip Code 63040-1571	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 Monthly)		
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 ▼ 333.34			

C.	Full Name (Last, First, Middle Initial) Mr. Brian P. Ruh		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 23702 W Steintal Road		Transaction ID: PR614855565		
	City Kiel	State WI	Zip Code 53042-4994	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
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 ▼ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶

583.34

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 64 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. William E. Mahoney Jr.
 Mailing Address 936 Intracoastal Drive Apt. 14F
 City State Zip Code
 Fort Lauderdale FL 33304-3666
 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 ▼ 500.00
 Date of Receipt 02 / 28 / 2011
Transaction ID: PR615565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Julia A. Warren
 Mailing Address 78 Crest Drive
 City State Zip Code
 South Orange NJ 07079-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company
 Occupation Senior Managing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72
 Date of Receipt 02 / 28 / 2011
Transaction ID: PR6335565
 Amount of Each Receipt this Period 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Diane H. Gould
 Mailing Address 1102 Prospect Hill Place
 City State Zip Code
 Rockville MD 20850-2868
 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 ▼ 500.00
 Date of Receipt 02 / 28 / 2011
Transaction ID: PR6385565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 653.86
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 109
(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. Arthur H. Seter

Mailing Address 1 Merion Drive

City State Zip Code
Purchase NY 10577-1301

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

Name of Employer
New York Life Insurance Company

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR642665565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City State Zip Code
South Orange NJ 07079-2506

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

Name of Employer
New York Life Insurance Company

Occupation
First Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR642735565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Michael P. Arnheiter

Mailing Address 1163 Seagrape Lane

City State Zip Code
Sanibel FL 33957-7308

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 ▼
833.32

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR6455565

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **801.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 109
(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

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.

Full Name (Last, First, Middle Initial) Mr. Michael J. Gordon		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 39 East 29th Street Apt. 6A		Transaction ID: PR652035565
City New York	State NY	Zip Code 10016-7929
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company	Occupation Senior Vice President	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

B.

Full Name (Last, First, Middle Initial) Mr. John P. Curry		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 905 Foxhollow Run		Transaction ID: PR654355565
City Alpharetta	State GA	Zip Code 30004-0959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Senior Vice President	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

C.

Full Name (Last, First, Middle Initial) Mr. Brian R. Lescinskas		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 3622 Cobblefield Circle #9		Transaction ID: PR654485565
City Caledonia	State MI	Zip Code 49316-7674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

SUBTOTAL of Receipts This Page (optional)	615.42
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 67 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Kevin Curry

Mailing Address 75 Upland Road

City State Zip Code
New Milford CT 06776-2102

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 307.72

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR65465565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$77.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City State Zip Code
Ridgewood NJ 07450-2306

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

Name of Employer Occupation
New York Life Insurance Company Senior Managing Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR6585565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Sheila K. Davidson

Mailing Address 45 East Ninth Street
Apt. 6/7

City State Zip Code
New York NY 10003-6307

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

Name of Employer Occupation
New York Life Insurance Company Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR6595565

Amount of Each Receipt this Period
230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **615.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 109

(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

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.	Full Name (Last, First, Middle Initial) Mr. Nathan W. Fincher		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 206 Casting Street Southeast		Transaction ID: PR660265565
	City Albany	State OR	Zip Code 97322-7347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company		Occupation Development Manager	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

B.	Full Name (Last, First, Middle Initial) Ms. Susan A. Thrope		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 56 Random Farms Drive		Transaction ID: PR670735565
	City Chappaqua	State NY	Zip Code 10514-1015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company		Occupation Senior Vice President	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72		

C.	Full Name (Last, First, Middle Initial) Mr. John T. Baier		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 12 Skytop Drive		Transaction ID: PR6925565
	City Denville	State NJ	Zip Code 07834-9542
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.78
Name of Employer New York Life Insurance Company		Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56		

SUBTOTAL of Receipts This Page (optional) ▶

538.50

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 69 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Izhak Asher

Mailing Address 29 Center Drive

City Roslyn State NY Zip Code 11576-1445

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR694575565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Corey A. Metz

Mailing Address 6510 Embers Road

City Dallas State TX Zip Code 75248-2940

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 ▼ 235.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR695165565
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gary Myers

Mailing Address 10825 Southwest 83rd Terrace

City Augusta State KS Zip Code 67010-8025

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR695435565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **515.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 109
(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. Peter De La Rambelje		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 3198 W Windwalker Place		Transaction ID: PR695585565		
	City Tucson	State AZ	Zip Code 85742-5300	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 Monthly)		
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 ▼ 333.34			

B.	Full Name (Last, First, Middle Initial) Mr. Marc A. Bregman		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 11701 E Kettleman Lane		Transaction ID: PR695705565		
	City Lodi	State CA	Zip Code 95240-9707	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ms. Bik Y. Tsang		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1974 Troy Avenue		Transaction ID: PR7005565		
	City Brooklyn	State NY	Zip Code 11234-3020	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
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 ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	666.67
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. William F. Leisman III

Mailing Address 4 Orchard Avenue

City State Zip Code
Weston MA 02493-2219

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR706805565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joel I. Steele

Mailing Address 22 Belmont Circle

City State Zip Code
Columbus NJ 08022-9714

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR707005565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Philbert J. Demarie, III

Mailing Address 24 Woodvine Court

City State Zip Code
Covington LA 70433-4724

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR707095565

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) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 72 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. Donald G. Wilson

Mailing Address 510 Lane Street Apt. 903

City Anchorage State AK Zip Code 99501-1961

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR707205565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Ronald F. Walker

Mailing Address 1575 Fairway Drive

City Los Altos State CA Zip Code 94024-5342

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR712625565
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. William Van Winkle

Mailing Address 41 Breezy Point Road

City Little Silver State NJ Zip Code 07739-1703

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 ▼ 500.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR7175565
 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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 109

(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. George R. Shadie		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address Sand Springs 57 Teaberry Drive		Transaction ID: PR7245565		
	City Drums	State PA	Zip Code 18222-2051	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
	Name of Employer New York Life Insurance Company		Occupation Agent	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Varsa		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 19 Alba Road		Transaction ID: PR725185565		
	City Wellesley	State MA	Zip Code 02481-4802	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
	Name of Employer New York Life Insurance Company		Occupation Agent	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Raouf S. Salib		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1221 Mill Creek Road		Transaction ID: PR725295565		
	City Flint	State MI	Zip Code 48532-2348	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 Monthly)		
	Name of Employer New York Life Insurance Company		Occupation Agent	Aggregate Year-to-Date 333.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	666.67
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 74 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Christopher O. Blunt

Mailing Address 9 Yarmouth Road

City State Zip Code
Rowayton CT 06853-1842

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

Name of Employer: New York Life Insurance Company
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR729575565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City State Zip Code
Chesapeake VA 23320-3723

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR734625565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gregory T. Yopez

Mailing Address 6 Calle Vallecitos

City State Zip Code
Tijeras NM 87059-7870

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR734675565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 615.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 109
(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

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.

Full Name (Last, First, Middle Initial)
Mr. Kevin L. Baumberger

Mailing Address 11715 N 178th Circle

City Bennington State NE Zip Code 68007-5742

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR734705565
Amount of Each Receipt this Period: 153.86
P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City Syosset State NY Zip Code 11791-3207

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR734715565
Amount of Each Receipt this Period: 230.78
P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City Wellesley State MA Zip Code 02481-3423

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR745565
Amount of Each Receipt this Period: 230.78
P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **615.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 109
(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

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. Full Name (Last, First, Middle Initial)
Mr. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City State Zip Code
Gibsonia PA 15044-6081

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: 02 / 28 / 2011
Transaction ID: PR7485565
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Tema L. Steele

Mailing Address 4 Paige Court

City State Zip Code
Cherry Hill NJ 08002-2817

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR7645565
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael T. Piotrowicz

Mailing Address 504 Anthony Drive

City State Zip Code
Plymouth Meeting PA 19462-1040

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 ▼ 833.32

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR7775565
Amount of Each Receipt this Period: 416.66
P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **791.66**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 77 / 109

(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. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City State Zip Code
Drexel Hill PA 19026-1010

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR7975565

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John Rocco

Mailing Address 16 Midland Road

City State Zip Code
Lynnfield MA 01940-1265

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR805565

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Terrence L. Wolf

Mailing Address 119 Great Circle Road

City State Zip Code
Landenberg PA 19350-9110

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.34

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR8175565

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

666.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 109
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. David A. Herlicka</p> <p>Mailing Address 12 Knoll Crest Drive</p> <p>City State Zip Code Bedford NH 03110-6041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 833.32</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2011</p> <p>Transaction ID: PR849235565</p> <p>Amount of Each Receipt this Period 416.66</p> <p>P/R Deduction (\$416.66 Monthly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mr. Brian J. Winter</p> <p>Mailing Address 1513 Oxford Road</p> <p>City State Zip Code Wantagh NY 11793-2445</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2011</p> <p>Transaction ID: PR853275565</p> <p>Amount of Each Receipt this Period 150.00</p> <p>P/R Deduction (\$150.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Gregory Wong</p> <p>Mailing Address 8318 State Route 302 Northwest</p> <p>City State Zip Code Gig Harbor WA 98329-8666</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.34</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2011</p> <p>Transaction ID: PR853325565</p> <p>Amount of Each Receipt this Period 166.67</p> <p>P/R Deduction (\$166.67 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	733.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 109
(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. Christopher W. Fullbright

Mailing Address 3422 John Simpson Trail

City State Zip Code
Austin TX 78732-2249

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

Name of Employer: New York Life Insurance Company
Occupation: Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR853425565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Paul T. Pasteris

Mailing Address 534 Farm Road

City State Zip Code
Fayston VT 05673-7258

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR853515565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City State Zip Code
Princeton Junction NJ 08550-2019

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR8555565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **538.50**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 80 / 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Mr. David R. Walsh

Mailing Address 150 Vista Grande

City State Zip Code
Greenbrae CA 94904-1135

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 ▼ 416.67

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR865565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Scott F. Della Penna

Mailing Address 9541 Purcell Drive

City State Zip Code
Potomac MD 20854-4500

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR8675565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John J. O'Gara

Mailing Address 8 Rock Ridge Court

City State Zip Code
New Fairfield CT 06812-3300

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

Name of Employer: New York Life Insurance Company
Occupation: First Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR870915565
 Amount of Each Receipt this Period: 230.78
 P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **711.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 109
(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. Roy E. Stachnik

Mailing Address 321 Shadow Lake Court

City State Zip Code
Grand Junction CO 81507-1672

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR880605565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Jason M. Aponenis

Mailing Address 12810 Navigators Lane

City State Zip Code
Gaithersburg MD 20878-6115

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR880635565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City State Zip Code
Franklin Lakes NJ 07417-2272

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR880655565
 Amount of Each Receipt this Period: 153.86
 P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **570.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 109
(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)
Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City State Zip Code
Ponte Vedra FL 32082-6209

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

Name of Employer Occupation
New York Life Insurance Company Managing Partner

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 307.72

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR8885565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Dustin Aiguier

Mailing Address PO Box 194

City State Zip Code
South Yarmouth MA 02664-0194

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.34

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR890725565

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Karen E. Stawicki

Mailing Address 14976 Venado Drive

City State Zip Code
Rncho Murieta CA 95683-9323

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR895565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

570.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 109
(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. Christopher C. Battersby

Mailing Address 51 Mitchell Road

City Holliston State MA Zip Code 01746-2469

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 ▼ 333.34

Date of Receipt 02 / 28 / 2011

Transaction ID: PR897665565

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Alan J. Becker

Mailing Address 182 N Amherst Road

City Bedford State NH Zip Code 03110-4907

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 ▼ 833.32

Date of Receipt 02 / 28 / 2011

Transaction ID: PR898245565

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas E. Bello

Mailing Address 7853 Sadsbury Drive

City West Bloomfield State MI Zip Code 48322-5024

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

Name of Employer New York Life Insurance Company
Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 28 / 2011

Transaction ID: PR898775565

Amount of Each Receipt this Period 230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **814.11**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 109
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Toby Bishop

Mailing Address 117 50th Avenue E

City State Zip Code
West Fargo ND 58078-8247

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.72

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR900655565

Amount of Each Receipt this Period
153.86

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Jesse Bond

Mailing Address 603 Northwest 127th Street

City State Zip Code
Seattle WA 98177-4238

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR902185565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Robert Ostberg

Mailing Address 48 Greenleaf Drive

City State Zip Code
Northampton MA 01062-9768

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR9055565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **653.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 109
(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. William M. Weimer

Mailing Address 7234 Hanover Grove Lane

City State Zip Code
Mechanicville VA 23111-5633

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR9065565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Carroll D. Carson Jr.

Mailing Address 689 Forrest Haven Court

City State Zip Code
Greenville SC 29609-6522

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 ▼ 500.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR910315565
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Gordon E. Parker Jr.

Mailing Address 422 Discovery Road

City State Zip Code
Virginia Beach VA 23451-2157

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR9185565
 Amount of Each Receipt this Period: 166.67
 P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **666.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 109

(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. Michael T. Damon

Mailing Address 9 Little Tree Road

City State Zip Code
Medway MA 02053-6131

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR921145565

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. A. David Erland

Mailing Address 23813 Northeast 27th Street

City State Zip Code
Sammamish WA 98074-5485

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

Name of Employer Occupation
New York Life Insurance Company Senior Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 307.72

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR930195565

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Theodore A. Mathas

Mailing Address 14 Cole Drive

City State Zip Code
Armonk NY 10504-3011

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

Name of Employer Occupation
New York Life Insurance Company Chairman, President & Ceo

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.56

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR9325565

Amount of Each Receipt this Period

230.78

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

634.64

TOTAL This Period (last page this line number only)

**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 87 / 109
	<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) Ms. Cindi R. Fox	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1114 Sunset Drive	Transaction ID: PR934875565
	City State Zip Code Kimberly WI 54136-1234	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

B.	Full Name (Last, First, Middle Initial) Ms. Wendy C. Katanick	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3993 27th Avenue N	Transaction ID: PR960605565
	City State Zip Code St. Petersburg FL 33713-3423	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$166.67 Monthly)
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 ▼ 333.34	

C.	Full Name (Last, First, Middle Initial) Mr. James E. Adkins Jr.	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 10200 Wendover Drive	Transaction ID: PR9655565
	City State Zip Code Vienna VA 22181-2960	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$250.00 Monthly)
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	570.53
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 109
(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. Jason Leonard

Mailing Address 84 Minton Lane

City State Zip Code
West Barnstable MA 02668-1817

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

Name of Employer: New York Life Insurance Company
Occupation: Senior Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR970485565
Amount of Each Receipt this Period: 230.78
P/R Deduction (\$115.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Christopher R. Lewis

Mailing Address 9919 Lodestone Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR971105565
Amount of Each Receipt this Period: 230.78
P/R Deduction (\$115.39 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Richard T. Lincoln

Mailing Address 8801 Hirling Road

City State Zip Code
Lenexa KS 66220-2537

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2011
Transaction ID: PR972295565
Amount of Each Receipt this Period: 166.67
P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **628.23**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 109
(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. Scott P. MacDonald

Mailing Address 18 Crosswoods Path

City State Zip Code
Walpole MA 02081-2351

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR975435565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel Kunhardt Jr.

Mailing Address 11 Madison Circle

City State Zip Code
Greenfield MA 01301-2703

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

Name of Employer Occupation
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR975565

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Maria J. Mauceri

Mailing Address 152 E 94th Street
Apt. 5G

City State Zip Code
New York NY 10128-2575

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

Name of Employer Occupation
New York Life Insurance Company First Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.52

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR979745565

Amount of Each Receipt this Period
230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

630.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 109
(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. Richard C. Maus

Mailing Address 10921 Promise Land Drive

City State Zip Code
Frisco TX 75035-7619

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR979805565

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Robert A. Moro

Mailing Address 50 Wenwood Drive

City State Zip Code
Hauppauge NY 11788-4321

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: PR988655565

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	55013.05

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 6459571</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Bill Posey</p> <p>Mailing Address P.O. Box 360877</p> <p>City Melbourne State FL Zip Code 32936</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 15</p>	<p>Transaction ID: 6512196</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p>	<p>Transaction ID: 6512198</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution Candidate Name Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512200 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Whitehouse For Senate</p> <p>Mailing Address PO Box 40280</p> <p>City Providence State RI Zip Code 02940</p> <p>Purpose of Disbursement Contribution Candidate Name Sheldon Whitehouse II Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512202 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement Contribution Candidate Name Timothy E. Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512204 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Montanans for Tester	Transaction ID: 6512205 Date of Disbursement
	Mailing Address P.O. Box 1135	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Jon Tester	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Montanans for Tester	Transaction ID: 6512206 Date of Disbursement
	Mailing Address P.O. Box 1135	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Jon Tester	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Contribution
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee	Transaction ID: 6512209 Date of Disbursement
	Mailing Address P.O. Box 11586	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Tuesday Group Political Action Committee	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Udall For Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mark E. Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512212 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 700 13th Street NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Steny Hamilton Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512216 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 700 13th Street NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Steny Hamilton Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6512217 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 08</p>	<p>Transaction ID: 6512219 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) We The People PAC</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 6512223 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Boustany Jr. MD for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 07</p>	<p>Transaction ID: 6512225 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kristi For Congress	Transaction ID: 6512226 Date of Disbursement 02 / 01 / 2011
	Mailing Address PO Box 852	Amount of Each Disbursement this Period 2000.00
	City Sioux Falls State SD Zip Code 57101	Contribution
	Purpose of Disbursement Contribution Candidate Name Kristi Lynn Noem Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 6512228 Date of Disbursement 02 / 01 / 2011
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 2500.00
	City Los Angeles State CA Zip Code 90026	Contribution
	Purpose of Disbursement Contribution Candidate Name Xavier Becerra Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: 6545776 Date of Disbursement 02 / 14 / 2011
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	Contribution
	Purpose of Disbursement Contribution Candidate Name LEGPAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 6545778 Date of Disbursement 02 / 14 / 2011
	Mailing Address 236 Massachusetts Avenue Suite 110	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Kirsten Elizabeth Gillibrand	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 6545780 Date of Disbursement 02 / 14 / 2011
	Mailing Address 236 Massachusetts Avenue Suite 110	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Kirsten Elizabeth Gillibrand	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) PrairieLand PAC	Transaction ID: 6545781 Date of Disbursement 02 / 14 / 2011
	Mailing Address 228 S. Washington Street Suite 115	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution

Candidate Name
Debbie Wasserman Schultz

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 20

Transaction ID: 6545782
Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Committee to Elect Gary L. Ackerman, Inc.

Mailing Address 100 Jericho Quadrangle #233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 05

Transaction ID: 6545785
Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

Candidate Name
Carolyn B. Maloney

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 14

Transaction ID: 6545787
Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 6545788 Date of Disbursement
	Mailing Address 4679 Winterset Drive	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Steve Stivers	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Lance For Congress	Transaction ID: 6545789 Date of Disbursement
	Mailing Address PO Box 225	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Leonard Lance	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Synergy PAC	Transaction ID: 6545790 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Synergy PAC	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 109

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 6545791 Date of Disbursement 02 / 14 / 2011
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 2500.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Contribution Candidate Name Rosa L. DeLauro	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 6545792 Date of Disbursement 02 / 14 / 2011
	Mailing Address PO Box 16646	Amount of Each Disbursement this Period 2500.00
	City Milwaukee State WI Zip Code 53216	
	Purpose of Disbursement Contribution Candidate Name Gwendolynne Moore	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Nan Hayworth	Transaction ID: 6545793 Date of Disbursement 02 / 14 / 2011
	Mailing Address 51 Gleneida Avenue	Amount of Each Disbursement this Period 2500.00
	City Carmel State NY Zip Code 10512	
	Purpose of Disbursement Contribution Candidate Name Nan Hayworth	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Ct.</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6545794 Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Vern Buchanan For Congress</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Vernon Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6545795 Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Vern Buchanan For Congress</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Vernon Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6545796 Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Adrian Smith For Congress	Transaction ID: 6545797 Date of Disbursement
	Mailing Address 3321 Avenue I Suite 6	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Scottsbluff State NE Zip Code 69361	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Adrian Smith	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Adrian Smith For Congress	Transaction ID: 6545798 Date of Disbursement
	Mailing Address 3321 Avenue I Suite 6	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Scottsbluff State NE Zip Code 69361	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Adrian Smith	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Ben Cardin for Senate	Transaction ID: 6545799 Date of Disbursement
	Mailing Address P.O. Box 21093	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Benjamin L. Cardin	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Lincoln PAC	Transaction ID: 6545800 Date of Disbursement
	Mailing Address P.O. Box A3968	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Chicago State IL Zip Code 60690	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type <input type="text" value="011"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 6545801 Date of Disbursement
	Mailing Address P. O. Box 713	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name Peter Roskam	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 6545802 Date of Disbursement
	Mailing Address P.O. Box 71	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Thomas Latham	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 6545803 Date of Disbursement
	Mailing Address P.O. Box 1437	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Gallatin State TN Zip Code 37066	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Diane L. Black	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	

B.	Full Name (Last, First, Middle Initial) Westmoreland For Congress	Transaction ID: 6545805 Date of Disbursement
	Mailing Address P.O. Box 458	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Sharpsburg State GA Zip Code 30277	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Lynn A. Westmoreland	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 6545806 Date of Disbursement
	Mailing Address P.O. Box 637	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Judy Biggert	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 6545807 Date of Disbursement																			
	Mailing Address P. O. Box 17813	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Eric Cantor	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Contribution																			

B.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 6545808 Date of Disbursement																			
	Mailing Address P. O. Box 17813	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Eric Cantor	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Contribution																			

C.	Full Name (Last, First, Middle Initial) Snowe For Senate	Transaction ID: 6545809 Date of Disbursement																			
	Mailing Address P.O. Box 2006	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Portland State ME Zip Code 04104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name Olympia J. Snowe	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Contribution																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>13000.00</td></tr></table>	13000.00
13000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Snowe For Senate <hr/> Mailing Address P.O. Box 2006 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 6545810 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Kind for Congress Committee <hr/> Mailing Address 205 5th Avenue South <hr/> City La Crosse State WI Zip Code 54601 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	Transaction ID: 6545811 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Kind for Congress Committee <hr/> Mailing Address 205 5th Avenue South <hr/> City La Crosse State WI Zip Code 54601 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	Transaction ID: 6545812 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 6545813 Date of Disbursement
	Mailing Address 84-56 Grand Avenue	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Joseph Crowley	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 6545814 Date of Disbursement
	Mailing Address 84-56 Grand Avenue	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Joseph Crowley	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Majority Committee PAC - MC PAC	Transaction ID: 6555632 Date of Disbursement
	Mailing Address P.O. Box 10134	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Majority Committee PAC - MC PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Kern County Republican Central Committee-Federal Account <hr/> Mailing Address 4900 California Avenue Suite 105B <hr/> City Bakersfield State CA Zip Code 93309 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6555633 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00 <hr/> Contribution

B. Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC) <hr/> Mailing Address 1831 Bay Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6555634 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00 <hr/> Contribution

C. Full Name (Last, First, Middle Initial) Friends Of Scott Desjarlais <hr/> Mailing Address P.O. Box 90133 <hr/> City Nashville State TN Zip Code 37209 <hr/> Purpose of Disbursement Contribution Candidate Name Scott Eugene Desjarlais <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6555635 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	186500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 109

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Life Insurance Political Action Committee	Transaction ID: 6555619 Date of Disbursement
	Mailing Address 1001 Congress Avenue Suite 300	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-Federal Contribution Candidate Name	<input type="text" value="10000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Non-Federal Contribution

B.	Full Name (Last, First, Middle Initial) Ohio Life Insurance PAC	Transaction ID: 6555621 Date of Disbursement
	Mailing Address 100 South Third Street	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-Federal Contribution Candidate Name	<input type="text" value="8000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Non-Federal Contribution

C.	Full Name (Last, First, Middle Initial) Pennsylvania Insurance Political Action Committee	Transaction ID: 6555631 Date of Disbursement
	Mailing Address 1600 Market Street - Suite 1520	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-Federal Contribution Candidate Name	<input type="text" value="10000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="28000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="28000.00"/>