

**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 6 / 364
	<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. Joann E. Jensen		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address PO Box 92535		Transaction ID: 4657568		
	City Anchorage	State AK	Zip Code 99509-2535	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 366.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Mark A. Noack		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address 1114 E 17th St. S		Transaction ID: 4657579		
	City Newton	State IA	Zip Code 50208-5051	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Michael M. Samp		Date of Receipt MM / DD / YYYY 09 / 02 / 2008		
	Mailing Address 320 E Plum Creek Road		Transaction ID: 4765837		
	City Sioux Falls	State SD	Zip Code 57105-6955	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 500.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$83.34 This changes the YTD Total to \$500.04

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	