

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 59
(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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2010

Transaction ID: PR706804406

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Joel 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2010

Transaction ID: PR707004406

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2010

Transaction ID: PR707094406

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) ▶