

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Clarke for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff M. Bacchas, LUTCF		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address New York Life Insurance Co. One Metro Tech Center - 17th Floor		Transaction ID: C3537691
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer New York Life Insurance Company	Occupation Senior Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff M. Bacchas, LUTCF		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address New York Life Insurance Co. One Metro Tech Center - 17th Floor		Transaction ID: C3534329
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer New York Life Insurance Company	Occupation Senior Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeff Bacchus, LUTCF		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address New York Life Insurance Co. 3839 Flatlands Ave		Transaction ID: C3533368
City State Zip Code Brooklyn NY 11234-3500	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Senior Partner	Occupation Information Requested	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____