

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 194
(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 R. Johnson		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 100 Street of Dreams		Transaction ID: PR18855644		
	City Village Loch Loyd	State MO	Zip Code 64012-4179	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 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. C. L. Meigs		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 20040 Southeast Grandview Avenue		Transaction ID: PR18875644		
	City Pratt	State KS	Zip Code 67124	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$83.34 Monthly)		
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. John Mc Kenna Jr.		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 110 Churn Creek Drive		Transaction ID: PR18915644		
	City Bozeman	State MT	Zip Code 59715-7872	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Monthly)		
	Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

483.34

TOTAL This Period (last page this line number only)