

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 177

(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. Varda N. Fink

Mailing Address 13325 Old Forge Road

City State Zip Code
Silver Spring MD 20904-6328

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 ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR13354616

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Michael J. Jungen

Mailing Address N81W23285 Five Iron Way

City State Zip Code
Sussex WI 53089-1558

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

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR13464616

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Ken Olson

Mailing Address 68-1785 Melia Street Apt. 6-211

City State Zip Code
Waikoloa HI 96738-5572

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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR13564616

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)