

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Moshe Lebovits		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 6 Israel Zupnick Drive Unit 201		Transaction ID: PR3534616
City Monroe	State NY	Zip Code 10950-6301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Mr. Robert J. Smith		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 39856 Morningside Drive		Transaction ID: PR3664616
City Rancho Mirage	State CA	Zip Code 92270-3016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Mr. Salvatore F. Farina		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 3 Sunview Court		Transaction ID: PR3854616
City Glen Cove	State NY	Zip Code 11542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	

SUBTOTAL of Receipts This Page (optional)	503.86
TOTAL This Period (last page this line number only)	