

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
New York Life Insurance Company Political Action Committee

ADDRESS (number and street) 51 Madison Avenue  
Room 1109  
 Check if different than previously reported. (ACC)  
New York NY 10010

2. **FEC IDENTIFICATION NUMBER** C00158881  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2009 through 02 28 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Helen Stagias

Signature of Treasurer Electronically Filed by Helen Stagias Date 03 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
New York Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		314745.32
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	328819.36									
(c) Total Receipts (from Line 19) .....	103912.79	224253.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	432732.15	538998.82								
7. Total Disbursements (from Line 31) .....	84912.52	191179.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	347819.63	347819.63								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
New York Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38008.79	63460.65
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	62873.24	157731.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	100882.03	221191.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	100882.03	221191.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	30.76	61.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	103912.79	224253.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	103912.79	224253.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83400.00	188400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1512.52	2779.19
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1512.52	2779.19
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	84912.52	191179.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84912.52	191179.19

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	100882.03	221191.94
34. Total Contribution Refunds (from Line 28(d)) .....	1512.52	2779.19
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	99369.51	218412.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 100	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) Committee to Re-Elect Vito Fossella		Date of Receipt	
Mailing Address 34 Dumont Ave		M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	
City	State	Zip Code	Transaction ID: 4973387
Staten Island	NY	10305	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00328070		3000.00	
Name of Employer		Occupation	
Receipt For: 2008		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		3000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 100  
(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. Wilmer S. Poynor, III

Mailing Address 419 Club Place

City Birmingham State AL Zip Code 35223-1167

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 ▼ 500.00

Date of Receipt 02 / 12 / 2009

Transaction ID: 4985106

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Larisa Kotlyarevsky

Mailing Address 23720 W Park Belmonte

City Calabasas State CA Zip Code 91302-1605

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 ▼ -1395.00

Date of Receipt 02 / 13 / 2009

Transaction ID: 5076475

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$1410.00 This changes the YTD Total to \$-1395.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Arvind N. Patel

Mailing Address 20 Cedar Wood Terrace

City West Paterson State NJ Zip Code 07424-3710

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 ▼ -62.49

Date of Receipt 02 / 13 / 2009

Transaction ID: 5076476

Amount of Each Receipt this Period 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$83.32 This changes the YTD Total to \$-62.49

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 100

(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. Dan Ting

Mailing Address C/O Nylife International  
51 Madison Avenue, Room 1016

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Country Head - Taiwan

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 19.24

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 5076477

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$19.20 This changes  
the YTD Total to \$19.-  
24

B.

Full Name (Last, First, Middle Initial)  
Mr. Donald Robbins

Mailing Address 23010 Norwalk Lane

City State Zip Code  
Fort Mill SC 29707-6301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR1009723432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)  
Mr. John Rocco, Jr.

Mailing Address 220 Broadway  
#203

City State Zip Code  
Lynnfield MA 01940-2353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR1010373432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**333.34**

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 100

(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. Richard Schwartz

Mailing Address 3044 Kennington Way

City State Zip Code  
Kokomo IN 46902-5079

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 ▼  
833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR1017503432

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Tom Flournoy, Jr.

Mailing Address 2014 Carlyle Place  
5300 Zebulon Road

City State Zip Code  
Macon GA 31210-2199

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR10363432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dean H. Grant

Mailing Address 3669 Sussex Drive

City State Zip Code  
Milledgeville GA 31061-9382

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR10583432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 100  
(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 S. Odell

Mailing Address 114 Perkins Mill Lane  
PO Box 889

City Claxton State GA Zip Code 30417-0889

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 ▼ 333.34

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR10643432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary T. Baumgarten

Mailing Address 230 W Reading Way

City Winter Park State FL Zip Code 32789-6052

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 ▼ 333.34

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR10843432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Curt L. Eskew, Jr.

Mailing Address 1680 Keely Lane

City Sarasota State FL Zip Code 34232-3061

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 ▼ 333.34

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR11013432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.01**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William F. Lyon		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 3809 Arbor Lane		<b>Transaction ID:</b> PR11143432		
	City Cincinnati	State OH	Zip Code 45255-5628	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David R. Colflesh		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 905 Olive PO Box 37		<b>Transaction ID:</b> PR11183432		
	City Tarkio	State MO	Zip Code 64491-0037	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael A. Yashnyk		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 83 Crestwood Boulevard		<b>Transaction ID:</b> PR11673432		
	City Farmingdale	State NY	Zip Code 11735-5802	Amount of Each Receipt this Period 153.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.93 Bi-Weekly)		
Name of Employer New York Life Insurance Company		Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.65			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>487.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Vahala		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 500 Cedar Elm Court		<b>Transaction ID:</b> PR12063432		
	City Irving	State TX	Zip Code 75063-8467	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Wyatt Earp		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 1402 E Monte Cristo		<b>Transaction ID:</b> PR12163432		
	City Phoenix	State AZ	Zip Code 85022-3211	Amount of Each Receipt this Period 104.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$104.00 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kishan Patel		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 2761 Manu Court		<b>Transaction ID:</b> PR12193432		
	City Glenview	State IL	Zip Code 60026-1077	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$200.00 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

470.67

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 100

(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. Julius G. Alberico

Mailing Address 302 Silver Creek Lane

City State Zip Code  
Norwalk CT 06850-1646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Senior Partner  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR12433432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee

City State Zip Code  
Valparaiso IN 46383-2284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Agent  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR12523432

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Seivert

Mailing Address 4128 Guilford Road

City State Zip Code  
Rockford IL 61107-3645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Agent  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR12613432

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**795.52**

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Amrit Mittal	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 215 Rugeley Rdd	<b>Transaction ID:</b> PR12793432
	City State Zip Code Western Springs IL 60558-1954	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Virgil K. Johnson	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 133 Longmeade Drive	<b>Transaction ID:</b> PR13003432
	City State Zip Code Ofallon IL 62269-7023	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Steven J. Heussner	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 201 Falling Water Drive	<b>Transaction ID:</b> PR13073432
	City State Zip Code McKinney TX 75070-8776	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$125.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>541.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 100  
(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. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City State Zip Code  
Sylvania OH 43560-9452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 384.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR13343432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Cyndi Friedman

Mailing Address 3314 Van Allen Place

City State Zip Code  
Topanga CA 90290-4475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR13423432

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

**C.**

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

Mailing Address N6591 Potter Road  
PO Box 100

City State Zip Code  
Black River Falls WI 54615-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR13563432

Amount of Each Receipt this Period  
175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**478.86**

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 100  
(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. George Nichols, III

Mailing Address 10010 Gary Road

City Potomac State MD Zip Code 20854-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR13723432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steven R. Kaniski

Mailing Address 9692 Sterling Point Court

City Loomis State CA Zip Code 95650-7120

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR14123432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lloyd R. Wilson

Mailing Address 3148 Pine Ridge Road

City Birmingham State AL Zip Code 35213-3906

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 ▼ 833.32

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR14163432  
 Amount of Each Receipt this Period: 416.66  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **737.19**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 100  
(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. R. Frank Avrett

Mailing Address 4343 N Scottsdale Road  
Suite 220

City State Zip Code  
Scottsdale AZ 85251-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR14233432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick L. McCraw

Mailing Address 122 McDill Cove

City State Zip Code  
Madison MS 39110-6562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR14413432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Coats

Mailing Address 165 Pebble Beach Drive

City State Zip Code  
Little Rock AR 72212-2645

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 ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR14563432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 18 / 100  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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. Gus E. Bowers

Mailing Address 25 E Washington  
Suite 1731

City Chicago State IL Zip Code 60602-1846

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 ▼ 400.00

Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR14623432  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$200.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Springer

Mailing Address 25 Hickory Place  
E28

City Chatham State NJ Zip Code 07928-1487

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR15053432  
 Amount of Each Receipt this Period 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City Tulsa State OK Zip Code 74137-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR15073432  
 Amount of Each Receipt this Period 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 507.72

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 100

(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. Bryan S. Norris

Mailing Address 639 Loyola Avenue  
Suite 1900

City State Zip Code  
New Orleans LA 70113-3188

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR15103432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Prudhomme

Mailing Address 165 Emmons Canyon Lane

City State Zip Code  
Alamo CA 94507

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Zone Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR15383432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric B. Campbell

Mailing Address 240 E 47th Street  
Apt. 22C

City State Zip Code  
New York NY 10017-2136

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Executive Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR15633432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

461.58

**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Noland	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 5933 S Knoxville	<b>Transaction ID:</b> PR15693432
	City State Zip Code Tulsa OK 74135-7806	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Fred Bangasser	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 2108 Key W Cove	<b>Transaction ID:</b> PR15793432
	City State Zip Code Austin TX 78746-7256	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen G. Ray	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 6230 Stefani Drive	<b>Transaction ID:</b> PR15883432
	City State Zip Code Dallas TX 75225-2121	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>487.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 100  
(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

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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. Jim Erben

Mailing Address 302 Jack Nicklaus

City State Zip Code  
Austin TX 78738-1714

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR15913432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gib Surles

Mailing Address 434 Westminster

City State Zip Code  
Houston TX 77024-5609

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR16013432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert McKinley

Mailing Address 2121 North California Boulevard  
Suite 550

City State Zip Code  
Walnut Creek CA 94596

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR16303432

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **433.34**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 100  
(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. Garman

Mailing Address 5012 Avenue Avignon

City State Zip Code  
Lutz FL 33558-2825

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR16733432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Rodger K. Johnson

Mailing Address 910 N Houston

City State Zip Code  
Bullard TX 75757-5128

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR16883432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Danny Howell

Mailing Address 3340 Purdue Avenue

City State Zip Code  
Dallas TX 75225-7635

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR16953432

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **445.53**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 23 / 100

(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. Steve Maus

Mailing Address 4821 Augusta Drive

City State Zip Code  
Frisco TX 75034-6841

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR17023432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. A. C. Tracy Wood, III

Mailing Address PO Box 12425

City State Zip Code  
Dallas TX 75225-0425

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR17033432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul Schoenfeld

Mailing Address 4019 Comanche Trace Drive

City State Zip Code  
Kerrville TX 78028-8243

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 2 / 2 8 / 2 0 0 9

Transaction ID: PR17073432

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

483.34

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 100  
(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

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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. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City State Zip Code  
Granite Bay CA 95746-6158

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR17083432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia A. Doss

Mailing Address 23717 Rockrose Drive

City State Zip Code  
Golden CO 80401-9185

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR17093432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas D. Hegna

Mailing Address 16931 E Jacklin Drive

City State Zip Code  
Fountain Hills AZ 85268-5446

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR17163432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**

**TOTAL** This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER: PAGE 25 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Ronald Karkela

Mailing Address 820 Recluse Court

City State Zip Code  
Casper WY 82609-3380

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR17203432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Johnson

Mailing Address 1635 Cliff Avenue

City State Zip Code  
Duluth MN 55811-2101

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR17263432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry K. Lewis

Mailing Address 5612 Dale Avenue

City State Zip Code  
Edina MN 55436-2469

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR17343432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **487.20**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100

(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. Marlyn L. McClain

Mailing Address 208 Parkwild Drive

City State Zip Code  
Council Blfs IA 51503-1759

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR17543432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory D. Jensen

Mailing Address 16850 Berkshire Court

City State Zip Code  
Sw Ranches FL 33331-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR17603432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Troy G. Braswell

Mailing Address 16843 Highland Ridge Drive

City State Zip Code  
Belton MO 64012

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR17903432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

474.39

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 100  
(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. Galen D. Dody

Mailing Address 501 David Drive

City State Zip Code  
Clinton MO 64735-1948

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR17933432

Amount of Each Receipt this Period: 166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City State Zip Code  
Sioux Falls SD 57108-2013

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18223432

Amount of Each Receipt this Period: 153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rich Garry

Mailing Address 805 Batcheller Lane

City State Zip Code  
Sioux Falls SD 57105-6715

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18293432

Amount of Each Receipt this Period: 166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **487.20**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 28 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Steve Garry

Mailing Address 2600 East Orchard Trail

City State Zip Code  
Sioux Falls SD 57103

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18303432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig A. Merdian

Mailing Address 40 Bovensiepen Court

City State Zip Code  
Roseland NJ 07068-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18332863432  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City State Zip Code  
Santa Ana CA 92706-1943

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18393432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 433.34

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 29 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City State Zip Code  
Vernon Hills IL 60061-4132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Zone Vice Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR18553432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City State Zip Code  
Staten Island NY 10309-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR1863432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Guy Richardson

Mailing Address 1151 Southwest Mission Avenue

City State Zip Code  
Topeka KS 66604-1856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR18663432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **474.39**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 30 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

Mailing Address 100 Street of Dreams

City State Zip Code  
Village of Loch LI MO 64012-4179

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18853432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John J. McKenna, Jr.

Mailing Address 110 Churn Creek Road

City State Zip Code  
Bozeman MT 59715

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: 02 / 28 / 2009  
**Transaction ID:** PR18913432  
 Amount of Each Receipt this Period: 150.00  
 P/R Deduction (\$150.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rakesh Bansal

Mailing Address 1 Horseshoe Court

City State Zip Code  
Monroe NJ 08831-2368

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR1893432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **483.34**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 31 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. John P. Schwan

Mailing Address 1320 N Arch

City State Zip Code  
Aberdeen SD 57401-2147

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18973432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott Alexander

Mailing Address 16252 Placerita Canyon Road

City State Zip Code  
Santa Clarita CA 91321-3302

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR18983432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City State Zip Code  
Wichita KS 67206-2404

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR19433432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **487.20**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 32 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Parkway  
Lot 412

City State Zip Code  
Scottsdale AZ 85255-4514

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 ▼  
333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR19523432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City State Zip Code  
Phoenix AZ 85018-4646

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 ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR19533432

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jan Christensen

Mailing Address 2356 E Bearhills Drive

City State Zip Code  
Draper UT 84020-9672

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 ▼  
333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR19713432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **633.34**

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 100  
(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. Bob D. Hall

Mailing Address 2015 Evergreen Court

City State Zip Code  
Yakima WA 98909-1200

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR19863432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Rick G. Austin

Mailing Address 6509 Claret Court

City State Zip Code  
Kansas City MO 64152-6084

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR19943432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Brenda M. Brink

Mailing Address 507 Viewcrest Place

City State Zip Code  
Selah WA 98942-1139

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR20013432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **458.34**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 34 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Stephen G. Bakke

Mailing Address 3865 Welsh Pony Lane

City State Zip Code  
Yorba Linda CA 92886-7929

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR20053432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon A. Rockett

Mailing Address 310 6th Street

City State Zip Code  
Raymond WA 98577-2503

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR20113432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City State Zip Code  
Wenatchee WA 98801-3253

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR20203432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 445.53

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 100  
(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

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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. Robert J. Fincham, Jr.

Mailing Address 19333 Soda Springs Drive

City State Zip Code  
Bend OR 97702-1091

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR20423432  
Amount of Each Receipt this Period: 166.67  
P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Hong N. Pham

Mailing Address 22 Shade Tree

City State Zip Code  
Irvine CA 92603-0137

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 ▼ 208.00

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR20723432  
Amount of Each Receipt this Period: 104.00  
P/R Deduction (\$104.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. William V. Brody

Mailing Address 19 Corte Miguel

City State Zip Code  
San Rafael CA 94903-1810

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR20783432  
Amount of Each Receipt this Period: 166.67  
P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **437.34**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 36 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. John A. Forte

Mailing Address 1 Chandler Drive

City State Zip Code  
Ballston Lake NY 12019-1335

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 ▼ 333.34

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

**Transaction ID:** PR211923432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey M. Hudson

Mailing Address 6218 Seminary Road

City State Zip Code  
Columbus GA 31904-2933

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 ▼ 333.34

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

**Transaction ID:** PR212423432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City State Zip Code  
Hamersville OH 45130-9509

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 ▼ 333.34

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

**Transaction ID:** PR212493432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.01**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 100

(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. Gene Silvis

Mailing Address 9837 E 85th Street

City State Zip Code  
Tulsa OK 74133-4521

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 ▼  
333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR213003432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jerry M. Fish

Mailing Address 16 Waterford Lane

City State Zip Code  
Beachwood OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR21313432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. E. Jay Bond

Mailing Address 6670 E Green Lake Way N

City State Zip Code  
Seattle WA 98103-5419

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 ▼  
333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR213573432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

487.20

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 100  
(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. Joe Hong		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 317 Edgewater Drive		<b>Transaction ID:</b> PR213673432
City Milpitas	State Zip Code CA 95035-4428	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.67
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$166.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

**B.**

Full Name (Last, First, Middle Initial) Mr. Forrest G. Hindley		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 17609 White Marble Drive		<b>Transaction ID:</b> PR21383432
City Monument	State Zip Code CO 80132-7445	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.67
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$166.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

**C.**

Full Name (Last, First, Middle Initial) Mr. Eric K. Takao		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 752 Pahumele Place		<b>Transaction ID:</b> PR213863432
City Kailua	State Zip Code HI 96734-3513	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.67
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$166.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 100  
(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

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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. Bill Regan, III

Mailing Address 790 Bromfield Road

City State Zip Code  
San Mateo CA 94402-1115

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR214023432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Angelo A. Haddad

Mailing Address 354 Garnsey Avenue

City State Zip Code  
Bakersfield CA 93309-1849

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR21453432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Choi

Mailing Address 4442 Saint Clair Avenue

City State Zip Code  
Studio City CA 91604-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR215313432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **487.20**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 100  
(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. Rick K. Stivers

Mailing Address 129 Hartland Drive  
Unit 8A

City State Zip Code  
Myrtle Beach SC 29572-2215

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR21543432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Albert J. Schiff

Mailing Address 11 Mohawk Lane

City State Zip Code  
Greenwich CT 06831-3125

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR215593432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ray Triplett

Mailing Address 16171 Hillvale Avenue

City State Zip Code  
Monte Sereno CA 95030-4159

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR21723432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

487.20

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 100  
(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

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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. Kenneth Quan

Mailing Address 2237 Downey Court

City State Zip Code  
South San Fran CA 94080-5507

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR21883432

Amount of Each Receipt this Period  
105.00

P/R Deduction (\$105.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Vincent Parvini

Mailing Address 36 2nd Avenue

City State Zip Code  
Haddon Heights NJ 08035-1442

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 Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR219033432

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Louis Ventura

Mailing Address 8417 Carron Drive

City State Zip Code  
Pico Rivera CA 90660-3402

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR21933432

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **505.00**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 42 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Richard L. Mucci

Mailing Address 87 Northgate

City Avon State CT Zip Code 06001-4077

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Chairman & Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR22041263432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lee B. Nole

Mailing Address 7689 Tahiti Lane

City Lake Worth State FL Zip Code 33467-4945

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR22073432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Paulsen

Mailing Address 6280 Crooked Stick Avenue

City Stockton State CA Zip Code 95219-1859

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR22253432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **445.53**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 100  
(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

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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. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

City Hillsborough State CA Zip Code 94010-6709

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR22283432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City Stamford State CT Zip Code 06906-1514

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR2243432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City Plano State TX Zip Code 75093-5966

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR22843432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 100

(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. Jonathan R. Jaramillo

Mailing Address 11 Byram Dock Street

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR22903432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maryann Ingenito

Mailing Address 305 Edinboro Road

City State Zip Code  
Staten Island NY 10306-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR2523432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City State Zip Code  
Darien CT 06820-3612

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR2583432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

461.58

**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Cordell Hoffer	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 65 Otterkill Road	<b>Transaction ID:</b> PR2593432
	City State Zip Code New Windsor NY 12533-8830	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$166.67 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Enrico R. Sorrentino	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 1256 Turnbury Lane	<b>Transaction ID:</b> PR2623432
	City State Zip Code North Wales PA 19454-3658	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick G. Boyle	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 7 Holmes Court	<b>Transaction ID:</b> PR2853432
	City State Zip Code Morristown NJ 07960-2776	Amount of Each Receipt this Period 92.40
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$46.20 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>412.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Douglas Lathrop</p> <p>Mailing Address 2311 North Utah Street</p> <p>City State Zip Code Arlington VA 22207</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Corporate Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">384.65</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 28 / 2009</span></p> <p><b>Transaction ID:</b> PR29430673432</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">153.86</span></p> <p>P/R Deduction (\$76.93 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kenneth H. Hower</p> <p>Mailing Address 123 W Houston Avenue</p> <p>City State Zip Code Clovis CA 93611-3537</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Managing Partner</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">384.65</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 28 / 2009</span></p> <p><b>Transaction ID:</b> PR3193432</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">153.86</span></p> <p>P/R Deduction (\$76.93 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gerard A. Rocchi</p> <p>Mailing Address 789 Mountain Laurel Road</p> <p>City State Zip Code Fairfield CT 06824-2426</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer New York Life Insurance Company</p> <p>Occupation Senior Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">384.65</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 28 / 2009</span></p> <p><b>Transaction ID:</b> PR3513432</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">153.86</span></p> <p>P/R Deduction (\$76.93 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">461.58</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert J. Smith	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 39-856 Morningside Drive	<b>Transaction ID:</b> PR3663432
	City Rancho Mirage State CA Zip Code 92270-3016	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$120.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Salvatore F. Farina	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 99 Parkside Drive Box 800	<b>Transaction ID:</b> PR3853432
	City Point Lookout State NY Zip Code 11569	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M. Boccio	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 18 Williamson Street	<b>Transaction ID:</b> PR3943432
	City East Rockaway State NY Zip Code 11518-1919	Amount of Each Receipt this Period 153.86
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>427.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Ms. Alison J. Flaum  
 Mailing Address 15506 Clover Ridge  
 City San Antonio State TX Zip Code 78248-1333  
 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 ▼ 833.32  
 Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR4093432  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen A. Donnelly  
 Mailing Address 47 Southview Circle  
 City Lake Grove State NY Zip Code 11755-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation First Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65  
 Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR4103432  
 Amount of Each Receipt this Period 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric S. Rubin  
 Mailing Address 419 Freeman Avenue  
 City Oceanside State NY Zip Code 11572-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65  
 Date of Receipt 02 / 28 / 2009  
**Transaction ID:** PR4163432  
 Amount of Each Receipt this Period 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **724.38**  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Bradford L. Meigs		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 3 Harvest Lane		<b>Transaction ID:</b> PR443432		
	City Hingham	State MA	Zip Code 02043-4233	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James O. DeVito		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 42 Pembroke Way		<b>Transaction ID:</b> PR448643432		
	City Bedford	State NH	Zip Code 03110	Amount of Each Receipt this Period 153.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.93 Bi-Weekly)		
Name of Employer New York Life Insurance Company		Occupation Senior Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.65			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Amelia Scott		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 3920 Arkwright Road Suite 160		<b>Transaction ID:</b> PR448803432		
	City Macon	State GA	Zip Code 31210-1744	Amount of Each Receipt this Period 153.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.93 Bi-Weekly)		
Name of Employer New York Life Insurance Company		Occupation Managing Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.65			

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 100  
(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. Robert A. Hodgkiss

Mailing Address 5824 Fairmount Avenue

City Downers Grove State IL Zip Code 60516-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR448913432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph J. La Pietra

Mailing Address 12601 Split Creek Court

City North Potomac State MD Zip Code 20878-3999

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR448933432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City Sammamish State WA Zip Code 98074-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR448953432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 100  
(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. Jerry B. McKinney

Mailing Address 2601 25th Street Southeast  
Suite 350

City Salem State OR Zip Code 97302-1283

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company  
Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009  
Transaction ID: PR448963432  
Amount of Each Receipt this Period 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael F. Scovel

Mailing Address 5009 Addison Circle  
#2657

City Addison State TX Zip Code 75001

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009  
Transaction ID: PR449003432  
Amount of Each Receipt this Period 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert P. Mason

Mailing Address 7 Glarus Court

City Fairport State NY Zip Code 14450-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company  
Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009  
Transaction ID: PR449143432  
Amount of Each Receipt this Period 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 100  
(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. Kelly S. Dowell

Mailing Address 165 Clubhouse Circle

City State Zip Code  
Fairhope AL 36532-3384

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR455523432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dominick Nuzzi

Mailing Address 21 Chambry Court

City State Zip Code  
Freehold NJ 07728-9067

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR4583432

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Victor R. Miranda

Mailing Address 124 Southeast Rio Casarano

City State Zip Code  
Port St. Lucie FL 34984-6618

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR5013432

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **403.86**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 100  
(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
							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. Thomas P. Shea

Mailing Address 20 Makanna Drive

City State Zip Code  
Huntington NY 11743-2935

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
First Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR5273432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Howard Levy

Mailing Address 14 Strafford Lane

City State Zip Code  
Bedford NH 03110-4536

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR5343432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert H. Petrocelli, Jr.

Mailing Address 10 Byrd Street

City State Zip Code  
Rye NY 10580-2407

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR5373432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **474.39**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew W. Rawding		Date of Receipt
	Mailing Address 19 Herald Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Queensbury	NY	12804-9187
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR540603432
Name of Employer New York Life Insurance Company		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="90.00"/>
		<input type="text" value="225.00"/>	P/R Deduction (\$45.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael F. Barry		Date of Receipt
	Mailing Address 3 Evergreen Lane		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Walpole	MA	02081-2142
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR547623432
Name of Employer New York Life Insurance Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="166.67"/>
		<input type="text" value="333.34"/>	P/R Deduction (\$166.67 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Purich		Date of Receipt
	Mailing Address 6332 Battlevew Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Raleigh	NC	27613-7148
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR547683432
Name of Employer New York Life Insurance Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="166.67"/>
		<input type="text" value="333.34"/>	P/R Deduction (\$166.67 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="423.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 100  
(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. Frank Scarpa

Mailing Address 5 Abbington Way

City State Zip Code  
Morristown NJ 07960-3314

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR5593432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Akshay Madan

Mailing Address 775 Oneida Trail

City State Zip Code  
Franklin Lakes NJ 07417-2216

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR5653432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael F. Broderick

Mailing Address 170 Clapboard Tree Street

City State Zip Code  
Westwood MA 02090-2906

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR566153432  
Amount of Each Receipt this Period: 166.67  
P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 56 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Michael E. Sproule  
 Mailing Address 16 Middle Beach Road  
 City State Zip Code  
 Madison CT 06443-3053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Executive Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR5703432  
 Amount of Each Receipt this Period  
 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Mussehl  
 Mailing Address 48 Desert Willow  
 City State Zip Code  
 Irvine CA 92606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Managing Partner  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR575223432  
 Amount of Each Receipt this Period  
 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cheong H. Tsang  
 Mailing Address 1974 Troy Avenue  
 City State Zip Code  
 Brooklyn NY 11234-3020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Senior Partner  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR575253432  
 Amount of Each Receipt this Period  
 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Bradley J. Jensen		Date of Receipt
	Mailing Address 1625 Southeast Bristol Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Waukee	IA	50263
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR575543432
Name of Employer New York Life Insurance Company		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 384.65	<input type="text"/> 153.86
			P/R Deduction (\$76.93 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Odom		Date of Receipt
	Mailing Address 24719 Bogey Ridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 9
	City	State	Zip Code
	San Antonio	TX	78260-4805
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR575573432
Name of Employer New York Life Insurance Company		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 384.65	<input type="text"/> 153.86
			P/R Deduction (\$76.93 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin E. Boland		Date of Receipt
	Mailing Address 3993 Howard Hughes Parkway #500		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Las Vegas	NV	89169-6700
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR575603432
Name of Employer New York Life Insurance Company		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 384.65	<input type="text"/> 153.86
			P/R Deduction (\$76.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 461.58
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 100  
(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
							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. Mark W. Pfaff

Mailing Address 330 Stockbridge Road

City State Zip Code  
Charlotte VT 05445-9356

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR5843432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Frank Lusk

Mailing Address 15185 Wood Duck Trail Northwest

City State Zip Code  
Prior Lake MN 55372-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR586153432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bernard J. Zweig

Mailing Address 393 West End Avenue  
Apt. 9D

City State Zip Code  
New York NY 10024-6141

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR6023432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 100  
(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. John S. Hamel

Mailing Address 184 Perry Avenue

City State Zip Code  
Norwalk CT 06850-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Corporate Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.45

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR611893432

Amount of Each Receipt this Period  
96.18

P/R Deduction (\$48.09 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John P. Border

Mailing Address 12720 Crown Crest Drive

City State Zip Code  
Bakersfield CA 93311-8568

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR613093432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William E. Mahoney, Jr.

Mailing Address 936 Intracostal Drive  
Apt. 14F

City State Zip Code  
Fort Lauderdale FL 33304-3666

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR613432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **429.52**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 100  
(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. Donald E. Lippencott

Mailing Address 10 Hawkins Avenue

City State Zip Code  
Setauket NY 11733-3911

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR613823432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Wei-Sheng Wang

Mailing Address 9 Orchard Way

City State Zip Code  
Warren NJ 07059-5060

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR614083432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John T. Blanks

Mailing Address 1603 Langhorne Road

City State Zip Code  
Lynchburg VA 24503-3117

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR614443432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.01

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 61 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Rodney S. Ferguson

Mailing Address 466 Blackwolf Run Drive

City State Zip Code  
Wildwood MO 63040-1571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR614463432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian Ruh

Mailing Address 23702 Steintal Road

City State Zip Code  
Kiel WI 53042-4994

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR614853432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harvey C. Krautschun

Mailing Address PO Box 157

City State Zip Code  
Spearfish SD 57783-0157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 833.32

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR614863432

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 100  
(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. Julia A. Warren

Mailing Address 78 Crest Drive

City State Zip Code  
South Orange NJ 07079-1037

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR6333432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Diane H. Gould

Mailing Address 1102 Prospect Hill Place

City State Zip Code  
Rockville MD 20850-2868

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 ▼  
416.70

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR6383432

Amount of Each Receipt this Period  
208.35

P/R Deduction (\$208.35 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur H. Seter

Mailing Address 1 Merion Drive

City State Zip Code  
Purchase NY 10577-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR642663432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **516.07**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 100  
(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)  
Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City State Zip Code  
South Orange NJ 07079-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: First Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR642733432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Arnheiter

Mailing Address 220 N Falmouth Highway

City State Zip Code  
North Falmouth MA 02556-3102

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR6453432  
Amount of Each Receipt this Period: 166.67  
P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Gordon

Mailing Address 39 East 29th Street Apt. 6A

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: First Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR652033432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 100  
(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. John P. Curry

Mailing Address 905 Foxhollow Run

City State Zip Code  
Alpharetta GA 30004-0959

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR654353432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Curry

Mailing Address 75 Upland Road

City State Zip Code  
New Milford CT 06776-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR654653432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City State Zip Code  
Ridgewood NJ 07450-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR6583432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.58**

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 100

(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. Sheila K. Davidson

Mailing Address 45 East Ninth Street  
Apt. 6/7

City State Zip Code  
New York NY 10003-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Executive Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR6593432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nathan W. Fincher

Mailing Address 206 Casting Street Southeast

City State Zip Code  
Albany OR 97322-7347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Development Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR660263432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan A. Thrope

Mailing Address 56 Random Farms Drive

City State Zip Code  
Chappaqua NY 10514-1015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Senior Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR670733432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

461.58

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 100

(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. John T. Baier

Mailing Address 12 Skytop Drive

City State Zip Code  
Denville NJ 07834-9542

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR6923432

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Izhak Asher

Mailing Address 29 Center Drive

City State Zip Code  
Roslyn NY 11576-1445

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR694573432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Myers

Mailing Address 10825 Southwest 83 Terrace

City State Zip Code  
Augusta KS 67010-8025

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR695433432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

487.20

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 100  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Marc Bregman		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 11701 E Kettleman Lane		<b>Transaction ID:</b> PR695703432		
	City Lodi	State CA	Zip Code 95240-9707	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Bik Y. Tsang		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 1974 Troy Avenue		<b>Transaction ID:</b> PR7003432		
	City Brooklyn	State NY	Zip Code 11234-3020	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Joel Steele		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 22 Belmont Circle		<b>Transaction ID:</b> PR707003432		
	City Columbus	State NJ	Zip Code 08022-9714	Amount of Each Receipt this Period 166.67	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$166.67 Monthly)		
Name of Employer New York Life Insurance Company		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 100  
(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. 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  
New York Life Insurance Company

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR707093432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Don Wilson

Mailing Address PO Box 91372

City State Zip Code  
Anchorage AK 99509-1372

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR707203432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald F. Walker

Mailing Address 1575 Fairway Drive

City State Zip Code  
Los Altos CA 94024-5342

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR712623432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.01

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 69 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Heedo Han

Mailing Address 148 S Maple Drive

City State Zip Code  
Beverly Hills CA 90212-3381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR717663432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. George R. Shadie

Mailing Address 57 Teaberry Drive  
Sand Springs

City State Zip Code  
Drums PA 18222-2051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR7243432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Raouf Salib

Mailing Address 1221 Millcreek Drive

City State Zip Code  
Flint MI 48532-2348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR725293432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.01**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 100  
(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. Christopher O. Blunt

Mailing Address 9 Yarmouth Road

City State Zip Code  
Rowayton CT 06853-1842

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR729573432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City State Zip Code  
Chesapeake VA 23320-3723

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR734623432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Scott G. Ayers

Mailing Address 40 Tabor Place

City State Zip Code  
South Burlington VT 05403-5609

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR734653432

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **407.72**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 71 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Gregory T. Yopez

Mailing Address 6 Calle Vallecitos

City Tijeras State NM Zip Code 87059-7870

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR734673432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City Syosset State NY Zip Code 11791-3207

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR734713432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City Wellesley State MA Zip Code 02481-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR743432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 461.58

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 72 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City State Zip Code  
Gibsonia PA 15044-6081

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR7483432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen L. Frantz

Mailing Address 32 Newswanger Road

City State Zip Code  
Pine Grove PA 17963-9402

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 ▼ 400.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR7573432  
 Amount of Each Receipt this Period: 200.00  
 P/R Deduction (\$200.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Tema L. Steele

Mailing Address 104 Van Buren Road

City State Zip Code  
Voorhees NJ 08043-2354

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR7643432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 491.67

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael T. Piotrowicz		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 504 Anthony Drive		<b>Transaction ID:</b> PR7773432
	City Plymouth Meeting	State PA	Zip Code 19462-1040
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$416.66 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Yolanda L. Tam		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 4008 Chelsea Crossing		<b>Transaction ID:</b> PR7873432
	City Hurricane	State WV	Zip Code 25526-8722
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Auteri		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 2515 Garrett Road		<b>Transaction ID:</b> PR7973432
	City Drexel Hill	State PA	Zip Code 19026-1010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.67
Name of Employer New York Life Insurance Company		Occupation Agent	P/R Deduction (\$166.67 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**733.33**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 100  
(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. David A. Herlicka

Mailing Address 12 Knollcrest Drive

City State Zip Code  
Bedford NH 03110-6970

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 ▼  
333.34

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR849233432

Amount of Each Receipt this Period

166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David L. Towry, Sr.

Mailing Address 574 Harbortown Court

City State Zip Code  
Salem OR 97306-9355

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 ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR853223432

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Brian Winter

Mailing Address 1513 Oxford Road

City State Zip Code  
Wantagh NY 11793-2445

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 2 / 2 8 / 2 0 0 9

Transaction ID: PR853273432

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

491.67

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 100  
(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. Paul T. Pasteris

Mailing Address 534 Farm Road

City State Zip Code  
Fayston VT 05673-7258

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR853513432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City State Zip Code  
Princeton Junction NJ 08550-2019

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR8553432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Mattox

Mailing Address 3742 N Tazewell Street

City State Zip Code  
Arlington VA 22207-4572

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
First Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR860983432

Amount of Each Receipt this Period  
153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **461.58**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 100  
(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. Thomas F. English

Mailing Address 27 Hedge Brook Lane

City State Zip Code  
Stamford CT 06903-2029

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New York Life Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR8633432

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David Walsh

Mailing Address 150 Vista Grande

City State Zip Code  
Greenbrae CA 94904-1135

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 ▼  
333.34

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR863432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce M. Smith

Mailing Address 10355 McCormick Street

City State Zip Code  
North Hollywood CA 91601-3520

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 ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

**Transaction ID:** PR8733432

Amount of Each Receipt this Period  
104.00

P/R Deduction (\$104.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **370.67**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 77 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Tony H. Elavia

Mailing Address 12 Windsor Court

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Managing Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR875823432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roy Stachnik

Mailing Address 326 Main Street Suite 230

City State Zip Code  
Grand Junction CO 81501-2476

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR880603432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason Apolenis

Mailing Address 12810 Navigators Lane

City State Zip Code  
Gaithersburg MD 20878-6115

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR880633432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 487.20

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 78 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City State Zip Code  
Franklin Lakes NJ 07417-2272

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Managing Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR880653432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. B. Christopher Stokes

Mailing Address 3657 Patuxent River Road

City State Zip Code  
Davidsonville MD 21035-2422

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR8833432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City State Zip Code  
Ponte Vedra FL 32082-6209

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR8883432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **432.72**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 100  
(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)  
Ms. Karen Stawicki

Mailing Address 14976 Venado Drive

City Rancho Murieta State CA Zip Code 95683-9323

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 ▼ 333.34

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR893432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Battersby

Mailing Address 51 Mitchell Road

City Holliston State MA Zip Code 01746-2469

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 ▼ 333.34

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR897663432

Amount of Each Receipt this Period 166.67

P/R Deduction (\$166.67 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Toby Bishop

Mailing Address 117 50th Avenue E

City West Fargo State ND Zip Code 58078-8247

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt 02 / 28 / 2009

**Transaction ID:** PR900653432

Amount of Each Receipt this Period 153.86

P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **487.20**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 80 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Jesse Bond

Mailing Address 603 Northwest 127th Street

City State Zip Code  
Seattle WA 98177-4238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR902183432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rob Ostberg

Mailing Address 48 Greenleaf Drive

City State Zip Code  
Northampton MA 01060-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR903432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Weimer

Mailing Address 7234 Hanover Grove Lane

City State Zip Code  
Mechanicsvl VA 23111-5633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New York Life Insurance Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 9

**Transaction ID:** PR9063432

Amount of Each Receipt this Period  
166.67

P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.01**

**TOTAL** This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER: PAGE 81 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Gordon E. Parker, Jr.  
 Mailing Address 422 Discovery Road  
 City State Zip Code  
 Virginia Beach VA 23451-2157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 333.34  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR9183432  
 Amount of Each Receipt this Period  
 166.67  
 P/R Deduction (\$166.67 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. A. David Erland  
 Mailing Address 23813 Northeast 27th Street  
 City State Zip Code  
 Sammamish WA 98074-5485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Senior Partner  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR930193432  
 Amount of Each Receipt this Period  
 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theodore A. Mathas  
 Mailing Address 14 Cole Drive  
 City State Zip Code  
 Armonk NY 10504-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company President & Chief Executive Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 384.65  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9  
**Transaction ID:** PR9323432  
 Amount of Each Receipt this Period  
 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 100  
(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. Cindi R. Fox

Mailing Address 1114 Sunset Drive

City State Zip Code  
Kimberly WI 54136-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR934873432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joshua Q. Gardner

Mailing Address 2533 Silver Spur Trail

City State Zip Code  
Billings MT 59105-3764

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR937553432  
Amount of Each Receipt this Period: 153.86  
P/R Deduction (\$76.93 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Adkins, Jr.

Mailing Address 10200 Wendover Drive

City State Zip Code  
Vienna VA 22181-2960

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
Transaction ID: PR9653432  
Amount of Each Receipt this Period: 166.67  
P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.39**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 83 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Jason Leonard

Mailing Address 84 Minton Lane

City State Zip Code  
West Barnstable MA 02668-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Life Insurance Company  
Occupation: Senior Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.65

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR970483432  
 Amount of Each Receipt this Period: 153.86  
 P/R Deduction (\$76.93 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dan Kunhardt

Mailing Address 11 Madison Circle

City State Zip Code  
Greenfield MA 01301-2703

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 ▼ 250.00

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR973432  
 Amount of Each Receipt this Period: 125.00  
 P/R Deduction (\$125.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason Matthews

Mailing Address 4021 Rockford Drive

City State Zip Code  
Antioch CA 94509-6919

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 ▼ 333.34

Date of Receipt: 02 / 28 / 2009  
**Transaction ID:** PR979593432  
 Amount of Each Receipt this Period: 166.67  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **445.53**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 100  
(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. Steve Billey

Mailing Address 33 Moose Brook Road

City State Zip Code  
Auburn ME 04210-7960

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  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 9

Transaction ID: PR983432

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	38008.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) South Dakota First	Transaction ID: 4967957 Date of Disbursement 02 / 06 / 2009
	Mailing Address P.O. Box 155	Amount of Each Disbursement this Period 2500.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement Contribution Candidate Name South Dakota First Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 4967958 Date of Disbursement 02 / 06 / 2009
	Mailing Address P.O. Box 841	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement Contribution Candidate Name John Thune Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	Contribution

C.	Full Name (Last, First, Middle Initial) Walden For Congress	Transaction ID: 4967959 Date of Disbursement 02 / 06 / 2009
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 1000.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement Contribution Candidate Name Gregory P. Walden Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: 4967960 Date of Disbursement 02 / 06 / 2009
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 1000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement Contribution Candidate Name Jim Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 4985027 Date of Disbursement 02 / 13 / 2009
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 2500.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement Contribution Candidate Name Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 4985028 Date of Disbursement 02 / 13 / 2009
	Mailing Address P.O. Box 15734	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Kirsten Elizabeth Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bluegrass Committee  Mailing Address 400 North Captiol Street, NW #585  City Washington State DC Zip Code 20001  Purpose of Disbursement Contribution Candidate Name Bluegrass Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4985029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) DeMint For Senate Committee Inc  Mailing Address PO Box 12425  City Columbia State SC Zip Code 29211  Purpose of Disbursement Contribution Candidate Name James W. DeMint Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4985030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) DeMint For Senate Committee Inc  Mailing Address PO Box 12425  City Columbia State SC Zip Code 29211  Purpose of Disbursement Contribution Candidate Name James W. DeMint Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4985031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1400.00  Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4900.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 01</p>	<p><b>Transaction ID:</b> 4985036 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mikulski For Senate Committee</p> <p>Mailing Address P O B 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Barbara Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:</p>	<p><b>Transaction ID:</b> 4985037 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bennett Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Robert F. Bennett</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:</p>	<p><b>Transaction ID:</b> 4985038 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: 4985039 Date of Disbursement 02 / 13 / 2009
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Contribution Category/ Type

B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 4985040 Date of Disbursement 02 / 13 / 2009
	Mailing Address 7908 Cincinnati Dayton Road Suite I	Amount of Each Disbursement this Period 1500.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Contribution Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Contribution Category/ Type

C.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 4985041 Date of Disbursement 02 / 13 / 2009
	Mailing Address P.O. Box 15734	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Kirsten Elizabeth Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Contribution Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Dennis W. Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4985042 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Crapo For US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael D. Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4985043 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Freedom Fund</p> <p>Mailing Address 1155 21st Street Northwest Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Freedom Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4985044 <b>Date of Disbursement</b> 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 4985045 Date of Disbursement 02 / 13 / 2009
	Mailing Address P. O. Box 17813	Amount of Each Disbursement this Period 1000.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement Contribution Candidate Name Eric Cantor	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 4992959 Date of Disbursement 02 / 17 / 2009
	Mailing Address P.O. Box 6545	Amount of Each Disbursement this Period -1000.00
	City Visalia State CA Zip Code 93290	
	Purpose of Disbursement Void - Contribution Dated 1/30/09 Candidate Name Devin G. Nunes	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Contribution Dated 1/30/09

C.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 4992960 Date of Disbursement 02 / 23 / 2009
	Mailing Address P.O. Box 6545	Amount of Each Disbursement this Period 1000.00
	City Visalia State CA Zip Code 93290	
	Purpose of Disbursement Contribution Candidate Name Devin G. Nunes	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Void Contribution Dated 1/30/09 <hr/> Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4994821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period -2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Contribution <hr/> Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4994822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Contribution <hr/> Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5000341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership PAC</p> <p>Mailing Address C/O G &amp; W 2201 Wisconsin Ave. NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contribution Candidate Name Republican Mainstreet Partnership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5000342 <b>Date of Disbursement</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Contribution Candidate Name Baron Paul Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5000671 <b>Date of Disbursement</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Contribution Candidate Name Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5000672 <b>Date of Disbursement</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>Wyoming Values PAC</b>	<b>Transaction ID:</b> 5000673 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	
	Mailing Address 901 N. Washington Street Suite 102		Amount of Each Disbursement this Period 3000.00
	City Alexandria State VA Zip Code 22314		
	Purpose of Disbursement Contribution Candidate Name Wyoming Values PAC	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Majority Committee PAC - MC PAC</b>	<b>Transaction ID:</b> 5000676 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	
	Mailing Address P.O. Box 10134		Amount of Each Disbursement this Period 5000.00
	City Bakersfield State CA Zip Code 93389		
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Friends of John Barrasso</b>	<b>Transaction ID:</b> 5000677 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9	
	Mailing Address P.O. Box 52008		Amount of Each Disbursement this Period 2000.00
	City Casper State WY Zip Code 82605		
	Purpose of Disbursement Contribution Candidate Name John Barrasso	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution Candidate Name Nancy Pelosi Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08</p>	<p><b>Transaction ID:</b> 5000678 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution Candidate Name Nancy Pelosi Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08</p>	<p><b>Transaction ID:</b> 5000679 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAC To The Future</p> <p>Mailing Address Pmb 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution Candidate Name PAC To The Future Category/Type <b>011</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 5000680 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>5000.00</b></p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**15000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC  Mailing Address 227 Massachusetts Avenue NW  City Washington State DC Zip Code 20002  Purpose of Disbursement Contribution Candidate Name Congressional Black Caucus PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 5000681 Date of Disbursement 02 / 27 / 2009	Amount of Each Disbursement this Period 5000.00  Contribution
B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc  Mailing Address PO Box 1000  City Des Moines State IA Zip Code 50304  Purpose of Disbursement Contribution Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 5000684 Date of Disbursement 02 / 27 / 2009	Amount of Each Disbursement this Period 2000.00  Contribution
C.	Full Name (Last, First, Middle Initial) Hawkeye PAC  Mailing Address P.O. Box 7255  City Des Moines State IA Zip Code 50309  Purpose of Disbursement Contribution Candidate Name Hawkeye PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 5000685 Date of Disbursement 02 / 27 / 2009	Amount of Each Disbursement this Period 3000.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Contribution Candidate Name Leonard Lance Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07</p>	<p><b>Transaction ID:</b> 5000686 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>2000.00</b></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution Candidate Name Blanche Lambert Lincoln Category/Type <b>011</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:</p>	<p><b>Transaction ID:</b> 5000687 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>1000.00</b></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Contribution Candidate Name Carolyn B. Maloney Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14</p>	<p><b>Transaction ID:</b> 5000688 <b>Date of Disbursement:</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <b>2500.00</b></p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Higgins For Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Brian Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p>	<p>Transaction ID: 5000690</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rosa DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p>	<p>Transaction ID: 5000691</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

83400.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New York Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Larisa Kotlyarevsky <hr/> Mailing Address 23720 W Park Belmonte <hr/> City Calabasas State CA Zip Code 91302-1605 Purpose of Disbursement Contribution Refund: see additional description Candidate Name	Transaction ID: 4985024 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1410.00 <hr/> Contribution Refund: see additional description
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Arvind N. Patel <hr/> Mailing Address 20 Cedar Wood Terrace <hr/> City West Paterson State NJ Zip Code 07424-3710 Purpose of Disbursement Contribution Refund Candidate Name	Transaction ID: 4985025 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 83.32 <hr/> Contribution Refund

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1493.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1493.32

Image# 29991782202

Form/Schedule: **F3XN**  
Transaction ID:

Ref. Refund on Line 28a: Contributions from this individual were not originally itemized as they were below the itemization threshold. The refund represents contributions from several years.

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