

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 350
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert Hinckley Perry		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1227 Meadow Ridge Road		Transaction ID: PR2104335	
City State Zip Code Sandy UT 84094-5713	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 833.40	P/R Deduction (\$83.34 Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Seymour Sternberg		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9 Stoneleigh Manor Lane		Transaction ID: PR211335	
City State Zip Code Purchase NY 10577-2232	Amount of Each Receipt this Period 230.79		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New York Life Insurance Company	Occupation Chairman & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.56	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Louis L. Murray, Jr.		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 71 Manthon Road Apt. 2		Transaction ID: PR21144335	
City State Zip Code West Roxbury MA 02132-4426	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 275.00	P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>339.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	