

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

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

FOR LINE NUMBER: PAGE 57 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Huntley, David, , MR.,**

Mailing Address 16 Hawthorn Rd

City
Amherst

State
MA

Zip Code
01002-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
Vice President - Financial Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1928.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2019

Transaction ID : PR2345715767028

Amount of Each Receipt this Period

214.30

☐ Memo Item

P/R Deduction (\$107.15 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Christie, Cynthia, , MS.,**

Mailing Address 51 Avalon Lane

City
Marlborough

State
CT

Zip Code
06447-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP & Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2019

Transaction ID : PR2351779367028

Amount of Each Receipt this Period

33.34

☐ Memo Item

P/R Deduction (\$16.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **UNTALASCO, MYLENE, Gapasin, ,**

Mailing Address 600 E WEDDELL DR SPC 195

City
SUNNYVALE

State
CA

Zip Code
94089-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2019

Transaction ID : PR2413225867028

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

297.64

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