

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. DAVIS, WILLIAM, T., ,

Mailing Address 3013 S FREEMAN RD

City
WILLIAMSBURG

State
VA

Zip Code
23185-7662

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 ▼

250.00

Date of Receipt

08 / 30 / 2017

Transaction ID : 76326439

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gilley, JOEL, , ,

Mailing Address 7169 CORNING RD

City
ZIONSVILLE

State
PA

Zip Code
18092-2318

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 ▼

500.00

Date of Receipt

08 / 30 / 2017

Transaction ID : 76326441

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. JACOBS, RUSSELL, C., ,

Mailing Address 308 OAK GROVE ISLAND DR

City
BRUNSWICK

State
GA

Zip Code
31523-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.60

Date of Receipt

08 / 30 / 2017

Transaction ID : 76326444

Amount of Each Receipt this Period

133.40

☐ Memo Item

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

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

583.40