

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

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

FOR LINE NUMBER: PAGE 49 OF 62

(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. PERME, Christopher, A., ,

Mailing Address 8133 WINDHAM ST

City
GARRETTSVILLE

State
OH

Zip Code
44231-1112

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 ▼

208.35

Date of Receipt

03 / 31 / 2020

Transaction ID : PR794455170093

Amount of Each Receipt this Period

41.67

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

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

B. OCWIEJA, John, F., ,

Mailing Address 300 N CANAL ST APT 3603

City
CHICAGO

State
IL

Zip Code
60606-1311

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 ▼

250.02

Date of Receipt

03 / 31 / 2020

Transaction ID : PR794655570093

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

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

C. KATZ, Walter, E., ,

Mailing Address 1401 RICHMOND AVE STE 200

City
HOUSTON

State
TX

Zip Code
77006-5480

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 ▼

250.02

Date of Receipt

03 / 31 / 2020

Transaction ID : PR795359670093

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

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

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

208.35