

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

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

FOR LINE NUMBER: PAGE 29 OF 309

(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)

Massachusetts Mutual Life Insurance Company Political Action Committee

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

A. NUZUM, Derek, Cole, ,

Mailing Address 7 MEADOWLARK LN

City
FAIRMONTState
WVZip Code
26554-1244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : PR1334151467990

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

B. BOLTON, James, M., ,

Mailing Address 14 CAMP FANCY SPUR

City
EAGLEState
COZip Code
81631-5419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : PR1334153567990

Amount of Each Receipt this Period

45.10

☐ Memo Item

P/R Deduction (\$22.55 Semi-Monthly)

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

C. REINKE, Christopher, Mark, ,

Mailing Address 1616 TREMONT RD

City
COLUMBUSState
OHZip Code
43212-1127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : PR1334155167990

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

95.10

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