

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

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

FOR LINE NUMBER: PAGE 76 OF 309

(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. ROBINETTE, Christopher, , ,

Mailing Address 201 HERBERT CT

City
BRENTWOOD

State
TN

Zip Code
37027-7653

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 ▼

451.49

Date of Receipt

11 / 30 / 2019

Transaction ID : PR1980140967990

Amount of Each Receipt this Period

48.52

☐ Memo Item

P/R Deduction (\$24.26 Semi-Monthly)

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

B. BRYAN, Kathryn, , ,

Mailing Address 29900 EMERY RD

City
CHAGRIN FALLS

State
OH

Zip Code
44022-1664

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 ▼

320.93

Date of Receipt

11 / 30 / 2019

Transaction ID : PR1980143767990

Amount of Each Receipt this Period

29.07

☐ Memo Item

P/R Deduction (\$14.54 Semi-Monthly)

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

C. SHAW, Brandon, , ,

Mailing Address 418 BAYSIDE DR

City
GERMANTOWN HILLS

State
IL

Zip Code
61548-9093

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 ▼

440.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR1980150267990

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

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

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

137.59