

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

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

FOR LINE NUMBER: PAGE 222 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. COLLIER, Christopher, E., ,

Mailing Address 7162 REGIMENT DR

City
CINCINNATI

State
OH

Zip Code
45244-3617

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 ▼

275.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR790419067990

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. Muirhead, Benjamin, Michael, ,

Mailing Address 600 POST OAK RD

City
GORDON

State
TX

Zip Code
76453-3894

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 ▼

605.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR790420767990

Amount of Each Receipt this Period

55.00

☐ Memo Item

P/R Deduction (\$55.00 Monthly)

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

C. SUNDET, Scott, M., ,

Mailing Address 4739 161 CT

City
URBANDALE

State
IA

Zip Code
50323-0013

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 ▼

550.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR790425467990

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

130.00