

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
☐ 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. BOLTON, James, M., ,

Mailing Address 14 CAMP FANCY SPUR

City
EAGLE

State
CO

Zip Code
81631-5419

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 ▼

300.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR1334153568555

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

B. REINKE, Christopher, Mark, ,

Mailing Address 1616 TREMONT RD

City
COLUMBUS

State
OH

Zip Code
43212-1127

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 ▼

300.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR1334155168555

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

C. BUSH, Alisha, Lyn, ,

Mailing Address 16240 STONEWOLF BLVD

City
NOBLESVILLE

State
IN

Zip Code
46060-1292

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 ▼

300.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR1334160768555

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

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

95.10