

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

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

FOR LINE NUMBER: PAGE 115 OF 356

(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. CHRISTIE, Samuel, , ,**

Mailing Address 7220 LINWOOD AVE

City  
UPPER DARBY

State  
PA

Zip Code  
19082-3515

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

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR2476162868555**

Amount of Each Receipt this Period

29.17

☐ Memo Item

P/R Deduction (\$14.58 Semi-Monthly)

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

**B. DOUGHERTY, Timothy, J., ,**

Mailing Address 5728 MECHANICSVILLE RD

City  
MECHANICSVILLE

State  
PA

Zip Code  
18934-9516

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

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR2476245668555**

Amount of Each Receipt this Period

14.84

☐ Memo Item

P/R Deduction (\$7.42 Semi-Monthly)

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

**C. OWENS, Richard, Brian, ,**

Mailing Address 2 BROOK LN

City  
PAOLI

State  
PA

Zip Code  
19301-1903

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

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR2476270668555**

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)..... ►

69.01