

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

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

FOR LINE NUMBER: PAGE 189 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. Voss, Paul, , MR.,**

Mailing Address 2710 Dombey St

City  
Waxhaw

State  
NC

Zip Code  
28173-7133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Sales Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.07

Date of Receipt

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

**Transaction ID : PR2544065968555**

Amount of Each Receipt this Period

72.18

☐ Memo Item

P/R Deduction (\$24.06 Bi-Weekly)

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

**B. Milikowsky, Matthew, , MR.,**

Mailing Address 131 Winchester St

City  
Brookline

State  
MA

Zip Code  
02446-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.60

Date of Receipt

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

**Transaction ID : PR2544111868555**

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.70 Bi-Weekly)

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

**C. CONDON, Mark, P., ,**

Mailing Address 58 OXBOW RD

City  
FRAMINGHAM

State  
MA

Zip Code  
01701-3694

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 : PR2544292668555**

Amount of Each Receipt this Period

286.69

☐ Memo Item

P/R Deduction (\$143.34 Semi-Monthly)

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

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

442.27