

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

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

FOR LINE NUMBER: PAGE 279 OF 356

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Casiello, Christina, A, MS.,**

Mailing Address 63 Hillside Dr

City

E Longmeadow

State

MA

Zip Code

01028-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.47

Date of Receipt

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

**Transaction ID : PR791327368555**

Amount of Each Receipt this Period

28.83

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

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

**B. HASLAM III, John, H., , III**

Mailing Address 125 GOETTE TRL

City

SAVANNAH

State

GA

Zip Code

31410-1056

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 ▼

500.00

Date of Receipt

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

**Transaction ID : PR791343068555**

Amount of Each Receipt this Period

41.57

☐ Memo Item

P/R Deduction (\$20.78 Semi-Monthly)

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

**C. Chicares, Elizabeth, , MS.,**

Mailing Address 186 Belle Woods Dr

City

Glastonbury

State

CT

Zip Code

06033-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

EVP - CFO & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2596.32

Date of Receipt

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

**Transaction ID : PR791351768555**

Amount of Each Receipt this Period

288.48

☐ Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

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

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

358.88