

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

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

FOR LINE NUMBER: PAGE 310 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. PERME, Christopher, A., ,**

Mailing Address 8133 WINDHAM ST

City  
GARRETTSVILLE

State  
OH

Zip Code  
44231-1112

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 ▼

1000.03

Date of Receipt

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

**Transaction ID : PR794455168555**

Amount of Each Receipt this Period

116.88

☐ Memo Item

P/R Deduction (\$58.44 Semi-Monthly)

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

**B. OCWIEJA, John, F., ,**

Mailing Address 300 N CANAL ST APT 3603

City  
CHICAGO

State  
IL

Zip Code  
60606-1311

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 ▼

1000.02

Date of Receipt

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

**Transaction ID : PR794655568555**

Amount of Each Receipt this Period

92.50

☐ Memo Item

P/R Deduction (\$46.25 Semi-Monthly)

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

**C. BRATCHER, Donald, Wayne, ,**

Mailing Address 431 MILLWOOD CT

City  
BOWLING GREEN

State  
KY

Zip Code  
42104-6448

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 : PR795033868555**

Amount of Each Receipt this Period

44.45

☐ Memo Item

P/R Deduction (\$22.22 Semi-Monthly)

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

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

253.83