

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

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

FOR LINE NUMBER: PAGE 47 OF 124

(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. Huntley, David, , MR.,

Mailing Address 16 Hawthorn Rd

City
Amherst

State
MA

Zip Code
01002-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
Vice President - Financial Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1178.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR2345715766033

Amount of Each Receipt this Period

214.30

☐ Memo Item

P/R Deduction (\$107.15 Bi-Weekly)

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

B. Friend, Ernest, , MR.,

Mailing Address 15 Cortland Cir

City
Lunenburg

State
MA

Zip Code
01462-1494

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Solutions Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR2348661066033

Amount of Each Receipt this Period

53.40

☐ Memo Item

P/R Deduction (\$26.70 Bi-Weekly)

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

C. UNTALASCO, MYLENE, Gapasin, ,

Mailing Address 600 E WEDDELL DR SPC 195

City
SUNNYVALE

State
CA

Zip Code
94089-1741

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR2413225866033

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

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

317.70