

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

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

FOR LINE NUMBER: PAGE 109 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. COHN, SETH, Michael, ,

Mailing Address 247 UNDERWOOD DR

City  
ATLANTAState  
GAZip Code  
30328-2942FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : PR794231466033

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

B. DORMAN, MARK, J., ,

Mailing Address 3980 FAIRWAY DR

City  
MEDINAState  
OHZip Code  
44256-7847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : PR794449366033

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

C. PERME, CHRISTOPHER, A., ,

Mailing Address 8133 WINDHAM ST

City  
GARRETTSVILLEState  
OHZip Code  
44231-1112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

382.50

Date of Receipt

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

Transaction ID : PR794455166033

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$50.08 Semi-Monthly)

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

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

183.40