

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

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

FOR LINE NUMBER: PAGE 27 OF 287

(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. NUZUM, Derek, Cole, ,

Mailing Address 7 MEADOWLARK LN

City  
FAIRMONTState  
WVZip Code  
26554-1244FEC 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  
10 / 31 / 2019

Transaction ID : PR1334151467832

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

B. BOLTON, James, M., ,

Mailing Address 14 CAMP FANCY SPUR

City  
EAGLEState  
COZip Code  
81631-5419FEC 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 ▼

209.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2019

Transaction ID : PR1334153567832

Amount of Each Receipt this Period

45.10

☐ Memo Item

P/R Deduction (\$22.55 Semi-Monthly)

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

C. REINKE, Christopher, Mark, ,

Mailing Address 1616 TREMONT RD

City  
COLUMBUSState  
OHZip Code  
43212-1127FEC 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  
10 / 31 / 2019

Transaction ID : PR1334155167832

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

95.10