

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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 ▼

2340.36

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2345715767832

Amount of Each Receipt this Period

197.36

☐ Memo Item

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

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

B. Christie, Cynthia, , MS.,

Mailing Address 51 Avalon Lane

City
Marlborough

State
CT

Zip Code
06447-1054

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP & Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.74

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2351779367832

Amount of Each Receipt this Period

33.34

☐ Memo Item

P/R Deduction (\$16.67 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 ▼

500.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2413225867832

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)..... ►

280.70