

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

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

FOR LINE NUMBER: PAGE 102 OF 287

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. **BLANCO, Stacey, , ,**

Mailing Address 3300 FALCON LANDING BLVD #7103

City
KATYState
TXZip Code
77494-7767FEC 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 ▼

233.94

Date of Receipt

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

Transaction ID : PR2476162667832

Amount of Each Receipt this Period

14.21

☐ Memo Item

P/R Deduction (\$14.21 Semi-Monthly)

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

B. **CHRISTIE, Samuel, , ,**

Mailing Address 7220 LINWOOD AVE

City

UPPER DARBY

State

PA

Zip Code

19082-3515

FEC 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 ▼

241.66

Date of Receipt

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

Transaction ID : PR2476162867832

Amount of Each Receipt this Period

29.16

☐ Memo Item

P/R Deduction (\$14.58 Semi-Monthly)

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

C. **DOUGHERTY, Timothy, J., ,**

Mailing Address 5728 MECHANICSVILLE RD

City

MECHANICSVILLE

State

PA

Zip Code

18934-9516

FEC 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 ▼

270.31

Date of Receipt

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

Transaction ID : PR2476245667832

Amount of Each Receipt this Period

14.86

☐ Memo Item

P/R Deduction (\$7.43 Semi-Monthly)

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

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

58.23