

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

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

FOR LINE NUMBER: PAGE 229 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. SHAUGHNESSY, Thomas, E., ,

Mailing Address 4404 S ORANGE AVE # 74011

City
BROKEN ARROW

State
OK

Zip Code
74011-1191

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 ▼

833.74

Date of Receipt

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

Transaction ID : PR791185167832

Amount of Each Receipt this Period

83.14

☐ Memo Item

P/R Deduction (\$41.57 Semi-Monthly)

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

B. BENSON, Matthew, William, ,

Mailing Address 368 LAKEMONT CIR

City
FRANKLIN

State
TN

Zip Code
37067-5839

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 Y
10 / 31 / 2019

Transaction ID : PR791188567832

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

C. Collins, Stephen, K., ,

Mailing Address 236 STANFORD DR

City
SAN ANTONIO

State
TX

Zip Code
78212-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2243.34

Date of Receipt

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

Transaction ID : PR791191567832

Amount of Each Receipt this Period

228.33

☐ Memo Item

P/R Deduction (\$228.33 Monthly)

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

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

336.47