

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. Chicares, Elizabeth, , MS.,

Mailing Address 186 Belle Woods Dr

City
Glastonbury

State
CT

Zip Code
06033-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

EVP - CFO & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.56

Date of Receipt

07 / 31 / 2019

Transaction ID : PR791351766815

Amount of Each Receipt this Period

288.48

☐ Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

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

B. DEFRANCIS, Christopher, , MR.,

Mailing Address 41 Maynard Rd

City
Northampton

State
MA

Zip Code
01060-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.50

Date of Receipt

07 / 31 / 2019

Transaction ID : PR791365066815

Amount of Each Receipt this Period

115.40

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

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

C. HUTCHESON, Matthew, Dean, ,

Mailing Address 903 S WILSON BLVD

City
NASHVILLE

State
TN

Zip Code
37215-1041

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 ▼

350.00

Date of Receipt

07 / 31 / 2019

Transaction ID : PR791374766815

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

453.88