

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

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

FOR LINE NUMBER: PAGE 137 OF 153

(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. PERME, CHRISTOPHER, A., ,

Mailing Address 8133 WINDHAM ST

City
GARRETTSVILLE

State
OH

Zip Code
44231-1112

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 ▼

507.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR794455166815

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$50.08 Semi-Monthly)

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

B. OCWIEJA, JOHN, F., ,

Mailing Address 300 N CANAL ST APT 3603

City
CHICAGO

State
IL

Zip Code
60606-1311

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 ▼

542.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR794655566815

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.24 Semi-Monthly)

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

C. PEEPLES, Jason, L., ,

Mailing Address 3526 SHIRLWOOD AVE

City
MEMPHIS

State
TN

Zip Code
38122-4568

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

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR795097466815

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)..... ►

216.80