

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)

PAGE 6 OF 239

☒ 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. Brune, Robert, , ,

Mailing Address 3838 N. Causeway Blvd

City
Metairie

State
LA

Zip Code
70002-8194

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

MM / DD / YYYY
09 / 06 / 2019

Transaction ID : 80582739

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. BASS, Steven, Lane, ,

Mailing Address 16519 OBSIDIAN DR

City

HOUSTON

State

TX

Zip Code

77095-4981

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 ▼

399.90

Date of Receipt

MM / DD / YYYY
09 / 07 / 2019

Transaction ID : 80587006

Amount of Each Receipt this Period

66.65

☐ Memo Item

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

C. Phan, Jonathan, , ,

Mailing Address 3520 FROSTLEAF COURT

City

FAIRFAX

State

VA

Zip Code

22033-2300

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 ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2019

Transaction ID : 80587007

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

366.65