

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

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

FOR LINE NUMBER: PAGE 98 OF 239

(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. SOLLOMI, Mark, , ,

Mailing Address 8101 E DEL CUARZO DR

City
SCOTTSDALEState
AZZip Code
85258-2254FEC 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 ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR2476654067293

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

B. LICARI, Douglas, J., ,

Mailing Address 208 NORMAN DR

City
EAST MEADOWState
NYZip Code
11554-1649FEC 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 ▼

348.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR2476659367293

Amount of Each Receipt this Period

50.62

☐ Memo Item

P/R Deduction (\$25.31 Semi-Monthly)

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

C. SINGER, Richard, , ,

Mailing Address 2 SAGE TER

City
SCARSDALEState
NYZip Code
10583-2018FEC 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 ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR2476660667293

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

100.62

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