

# **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 106 OF 239

☒ 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. LIN, Jian, , ,**

Mailing Address 2408 MISTY IVY CT

City  
BUFORD

State  
GA

Zip Code  
30519-5489

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 ▼

225.00

Date of Receipt

09 / 30 / 2019

**Transaction ID : PR2477455267293**

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. BABBE, Parker, , ,**

Mailing Address 245 PERIMETER LN UNIT 403

City  
COLCHESTER

State  
VT

Zip Code  
05446-5797

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 ▼

200.40

Date of Receipt

09 / 30 / 2019

**Transaction ID : PR2477472667293**

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.60 Semi-Monthly)

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

**C. BAILEY, Matthew, R., ,**

Mailing Address 2900 OAK TREE LN

City  
BETHEL

State  
OH

Zip Code  
45106-8375

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 ▼

225.00

Date of Receipt

09 / 30 / 2019

**Transaction ID : PR2477481467293**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

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

83.40