

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. MARTIN, Brian, W., ,

Mailing Address 12217 CLEGHORN RD

City
COCKEYSVILLE

State
MD

Zip Code
21030-2218

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 ▼

750.60

Date of Receipt

09 / 30 / 2019

Transaction ID : PR790404167293

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.57 Semi-Monthly)

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

B. O SULLIVAN, Brian, W., ,

Mailing Address 130 SCHOOL ST

City
MARSHFIELD

State
MA

Zip Code
02050-2046

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 ▼

375.30

Date of Receipt

09 / 30 / 2019

Transaction ID : PR790416167293

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$41.70 Monthly)

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

c. COLLIER, Christopher, E., ,

Mailing Address 7162 REGIMENT DR

City
CINCINNATI

State
OH

Zip Code
45244-3617

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 : PR790419067293

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)..... ►

150.10