

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Massachusetts Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street)

1295 State Street

Check if different  
than previously  
reported. (ACC)

Springfield

MA

01111-0001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00118943

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y  
11 06 2018in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2018

through

M M / D D / Y Y Y Y Y Y  
10 17 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Morris, Maureen H., Ms.,

Type or Print Name of Treasurer

Signature of Treasurer

Morris, Maureen H., Ms.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 25 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2018</div></div>		<div><div></div><div>98617.43</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>11714.03</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>60723.49</div></div>	<div><div></div><div>774316.22</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>72437.52</div></div>	<div><div></div><div>872933.65</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>68063.58</div></div>	<div><div></div><div>868559.71</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>4373.94</div></div>	<div><div></div><div>4373.94</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41510.70	493834.25
(ii) Unitemized .....	12957.08	237393.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54467.78	731227.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	54467.78	731227.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	255.71	4207.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	6000.00	38500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	380.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	60723.49	774316.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60723.49	774316.22

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	63.58	4737.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63.58	4737.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	863500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	216.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	216.67
29. Other Disbursements (Including Non-Federal Donations).....	0.00	106.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68063.58	868559.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68063.58	868559.71

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54467.78	731227.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	216.67
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54467.78	731011.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	63.58	4737.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	255.71	4207.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 192.13	529.24

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

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

FOR LINE NUMBER: PAGE 6 OF 261

(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. Diemer, James, , ,

Mailing Address 130 PUTTENHAM CROSSING

City  
POOLER

State  
GA

Zip Code  
31322-9608

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

Transaction ID : 78721212

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Baker, Joshua, Lofton, ,

Mailing Address 1580 SOUTHPOINTE DR

City  
HOOVER

State  
AL

Zip Code  
35244-6729

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2018

Transaction ID : 78721221

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Huang, Victor, Ping, ,

Mailing Address 881 MEADOW VIEW DR

City  
RICHMOND

State  
CA

Zip Code  
94806-6110

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2018

Transaction ID : 78727392

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

280.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 261

(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. Brown, Justin, , MR.,

Mailing Address 4644 28th Rd S Apt C

City  
ArlingtonState  
VAZip Code  
22206-4131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)  
AVP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2018

Transaction ID : 78752838

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Johnson, Terrill, B., ,

Mailing Address 4519 37TH AVE

City  
ROCK ISLANDState  
ILZip Code  
61201-7107FEC 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 ▼

222.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2018

Transaction ID : 78760086

Amount of Each Receipt this Period

38.60

☐ Memo Item

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

c. Grate-Pyos, Mary, C., ,

Mailing Address 5906 OAK RIDGE CT

City  
BURKEState  
VAZip Code  
22015-2435FEC 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 ▼

241.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2018

Transaction ID : 78760087

Amount of Each Receipt this Period

29.40

☐ Memo Item

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

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

318.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 261

(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. Van Order, Douglas, Wayne, ,**

Mailing Address 1524 WOODGROVE WAY

City  
ROSEVILLE

State  
CA

Zip Code  
95661-4024

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 ▼

737.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2018

**Transaction ID : 78760088**

Amount of Each Receipt this Period

131.25

☐ Memo Item

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

**B. Young, Sylvia, C., ,**

Mailing Address 9211 63RD PL W

City  
MUKILTEO

State  
WA

Zip Code  
98275-3531

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 ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2018

**Transaction ID : 78760089**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**C. Alfonso, Ricardo, M., ,**

Mailing Address 11 KENSINGTON DR

City  
NORTH BARRINGTON

State  
IL

Zip Code  
60010-6960

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 ▼

1388.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1120127762518**

Amount of Each Receipt this Period

555.57

☐ Memo Item

P/R Deduction (\$555.57 Monthly)

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

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

776.82



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 261

(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. **WOODS, MICHAEL, , ,**

Mailing Address 1202 ROSETTE WAY

City  
**MARIETTA**

State  
**GA**

Zip Code  
**30062-4765**

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 ▼

**204.97**

Date of Receipt

**10 / 17 / 2018**

Transaction ID : **PR1120439862518**

Amount of Each Receipt this Period

**47.52**

☐ Memo Item

P/R Deduction (\$23.76 Bi-Weekly)

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

B. **Wietsma, Eric, H, MR.,**

Mailing Address 3 Valley View Dr

City  
**Wilbraham**

State  
**MA**

Zip Code  
**01095-2363**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Massachusetts Mutual Life Insurance Co**

Occupation (for Individual)  
**Head of Retirement Operations**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**565.32**

Date of Receipt

**10 / 17 / 2018**

Transaction ID : **PR1120474562518**

Amount of Each Receipt this Period

**26.92**

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

C. **Scanlon, Susan, J, MS.,**

Mailing Address 23 Judith Dr

City  
**Manchester**

State  
**CT**

Zip Code  
**06040-6517**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**MASSACHUSETTS MUTUAL LIFE INS.**

Occupation (for Individual)  
**Vice President - Compliance**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**816.69**

Date of Receipt

**10 / 17 / 2018**

Transaction ID : **PR1120474962518**

Amount of Each Receipt this Period

**38.89**

☐ Memo Item

P/R Deduction (\$38.89 Bi-Weekly)

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

**113.33**

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

**113.33**

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 261

(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. TODD, ANDREW, W, ,

Mailing Address 9997 DELL RD

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55347-3524

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 ▼

2083.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1135598762518

Amount of Each Receipt this Period

208.32

☐ Memo Item

P/R Deduction (\$104.16 Bi-Weekly)

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

B. SHEN, RONG, , ,

Mailing Address 2275 BAYLEAF DR

City  
SAN RAMON

State  
CA

Zip Code  
94582-5878

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1155609762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. Taylor, Kelly, A, MS.,

Mailing Address 9 Bluebird Dr

City  
Enfield

State  
CT

Zip Code  
06082-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Travel Management Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1156279262518

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

248.70

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 261

(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. Carmon, Timothy, , MR.,**

Mailing Address 61 Rainbow Trl

City

South Windsor

State

CT

Zip Code

06074-2953

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President - Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1233812062518**

Amount of Each Receipt this Period

38.47

☐ Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

**B. SCIACCA, Anthony, , MR.,**

Mailing Address 5619 Challisford Ln

City

Charlotte

State

NC

Zip Code

28226-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2827.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1264218162518**

Amount of Each Receipt this Period

134.62

☐ Memo Item

P/R Deduction (\$134.62 Bi-Weekly)

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

**C. GACEVICH, Kenneth, MI, MR.,**

Mailing Address 6515 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1186.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1264219262518**

Amount of Each Receipt this Period

56.50

☐ Memo Item

P/R Deduction (\$56.50 Bi-Weekly)

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

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

229.59

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

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

FOR LINE NUMBER: PAGE 12 OF 261

(check only one)

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☐ 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. ZOLTY, Carolyn, , MS.,

Mailing Address 111 Argyle Ave

City

West Hartford

State

CT

Zip Code

06107-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1264219562518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

B. VELASTEGUI, JEFF, T, ,

Mailing Address 69 BANKSIDE DR

City

CENTERPORT

State

NY

Zip Code

11721-1738

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 ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1264259962518

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

C. NISSEN, NEIL, A, ,

Mailing Address 21522 48TH AVE

City

OAKLAND GARDENS

State

NY

Zip Code

11364-1314

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1264265462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

134.62

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

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

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

FOR LINE NUMBER: PAGE 13 OF 261

(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. RANA, PARTH, , ,

Mailing Address 25510 SINGING RAIN

City  
SAN ANTONIO

State  
TX

Zip Code  
78260-6269

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 ▼

237.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285664362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. DEKEUSTER, JASON, , ,

Mailing Address 2551 38TH AVENUE NE

City  
MINNEAPOLIS

State  
MN

Zip Code  
55421-5005

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285669062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. Wallace, Amanda, H, MS.,

Mailing Address 60 Carriage Dr

City  
Tolland

State  
CT

Zip Code  
06084-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Head of Direct to Consumer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285750062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 261

(check only one)

☒ 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. Kwassman, Stuart, , MR.,**

Mailing Address 224 Main St

City  
Newington

State  
CT

Zip Code  
06111-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP &amp; Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285751462518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

**B. O'Donnell, Alethea, , MS.,**

Mailing Address 172 Snell St

City  
Amherst

State  
MA

Zip Code  
01002-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285752362518

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

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

**C. Lucido, Bradley, , MR.,**

Mailing Address 65 Rosewood Dr

City  
Suffield

State  
CT

Zip Code  
06078-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

SVP Chief Compliance Off &amp; Dep Gen C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1285753962518

Amount of Each Receipt this Period

96.15

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

132.72

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

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

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

FOR LINE NUMBER: PAGE 15 OF 261

(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. PHILLIPS, John, , MR.,

Mailing Address 49 Mendon Rd

City  
SuttonState  
MAZip Code  
01590-1135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLCOccupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1285754162518

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

B. LONG, GEORGE, F, ,

Mailing Address 23711 LEGEND CRST

City

SAN ANTONIO

State

TX

Zip Code

78260-2600

FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1315456462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. Boudreau, Dean, T, MR.,

Mailing Address 6 Cliffside Dr

City

Wilbraham

State

MA

Zip Code

01095-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
General Risk Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1322703662518

Amount of Each Receipt this Period

11.55

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

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

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

63.47



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

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

FOR LINE NUMBER: PAGE 16 OF 261

(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. HOLLITZ, SEAN, , ,

Mailing Address 2406 29TH ST APT 3A

City  
ASTORIAState  
NYZip Code  
11102-1640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1334149962518

Amount of Each Receipt this Period

30.36

☐ Memo Item

P/R Deduction (\$15.18 Bi-Weekly)

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

B. NUZUM, DEREK, Cole, ,

Mailing Address 7 MEADOWLARK LN

City  
FAIRMONTState  
WVZip Code  
26554-1244FEC 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 ▼

239.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1334151462518

Amount of Each Receipt this Period

30.24

☐ Memo Item

P/R Deduction (\$15.12 Bi-Weekly)

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

C. REINKE, CHRISTOPHER, MARK, ,

Mailing Address 1616 TREMONT RD

City  
COLUMBUSState  
OHZip Code  
43212-1127FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1334155162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

85.60

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BUSH, ALISHA, LYN, ,**

Mailing Address 16240 STONEWOLF BLVD

City  
NOBLESVILLE

State  
IN

Zip Code  
46060-1292

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1334160762518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. PRINCE, Jeffrey, T, MR.,**

Mailing Address 33 Hillside Rd

City  
Northampton

State  
MA

Zip Code  
01060-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1334223462518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

**C. Wellman, Philip, S, MR.,**

Mailing Address 150 N Beacon St

City  
Hartford

State  
CT

Zip Code  
06105-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
VP & Chief Comp Officer Inst. Funds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1342766162518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

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

90.38

# **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. TAYLOR, PATRICK, MICHAEL, ,**

Mailing Address 26376 ROMANCE PT

City  
SAN ANTONIO

State  
TX

Zip Code  
78260-8003

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 ▼

217.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1355586162518**

Amount of Each Receipt this Period

41.08

☐ Memo Item

P/R Deduction (\$20.54 Bi-Weekly)

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

**B. Fanning, Michael, R, MR.,**

Mailing Address 140 Colonial Ave

City  
North Andover

State  
MA

Zip Code  
01845-6349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
EVP - MassMutual U.S.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1360837762518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

**C. Goldman, Victor, B., ,**

Mailing Address 12030 N 62ND ST

City  
SCOTTSDALE

State  
AZ

Zip Code  
85254-4953

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 ▼

2019.15

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1368736162518**

Amount of Each Receipt this Period

96.15

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

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

329.53

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

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

FOR LINE NUMBER: PAGE 19 OF 261

(check only one)

☒ 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. **METKIFF, CHRISTOPHER, JAMES, ,**

Mailing Address 1580 SNUFF MILL RD

City  
HOCKESSIN

State  
DE

Zip Code  
19707-9641

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1368758362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. **MANN, JENNIFER, PAIGE, ,**

Mailing Address 1151 W 14TH PL UNIT 406

City  
CHICAGO

State  
IL

Zip Code  
60608-2850

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1368759262518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. **Barrett, Hugh, , MR.,**

Mailing Address 58 Pondview Dr

City  
Springfield

State  
MA

Zip Code  
01118-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1386532062518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

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

69.25

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

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

FOR LINE NUMBER: PAGE 20 OF 261

(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. VO, MINH, DUC, ,

Mailing Address 2400 EVENING STAR DR

City  
PEARLANDState  
TXZip Code  
77584-3775FEC 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 ▼

292.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1391531662518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. RYAN, Paula, T, MS.,

Mailing Address 4 Ridge Rd

City  
SimsburyState  
CTZip Code  
06070-2134FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLCOccupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1391580662518

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

C. RIXHAM, Stephen, , MR.,

Mailing Address 2526 Sherwood Ave

City  
CharlotteState  
NCZip Code  
28207-2547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLCOccupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1417160662518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

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

78.08

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

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

FOR LINE NUMBER: PAGE 21 OF 261

(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. GRODIN, DAVID, , ,

Mailing Address 1391 VIEW DR

City  
SAN LEANDRO

State  
CA

Zip Code  
94577-5336

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1417170862518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Yvon, Jack, , MR.,

Mailing Address 11 Woodside Dr

City  
Wilbraham

State  
MA

Zip Code  
01095-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1434638362518

Amount of Each Receipt this Period

16.70

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

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

C. Vaccaro, John, , MR.,

Mailing Address 18 Anna Marie Ln

City  
E Longmeadow

State  
MA

Zip Code  
01028-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
SVP - MassMutual Financial Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1434639362518

Amount of Each Receipt this Period

76.95

☐ Memo Item

P/R Deduction (\$76.95 Bi-Weekly)

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

143.65

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

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

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

FOR LINE NUMBER: PAGE 22 OF 261

(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. HELD, PHILLIP, , ,**

Mailing Address 5010 MEADOWBROOK RD

City  
BUFFALO

State  
NY

Zip Code  
14221-4214

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1434650262518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. BARGHELAME, ALI, , ,**

Mailing Address 1410 S ELIZABETH ST

City  
DENVER

State  
CO

Zip Code  
80210-2423

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1434658562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. COUTU, David, J, MR.,**

Mailing Address 1 Mellissa Cir

City  
Greenville

State  
RI

Zip Code  
02828-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1479403862518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

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

88.46

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

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

FOR LINE NUMBER: PAGE 23 OF 261

(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. Putnam, Roger, , MR.,**

Mailing Address 8 The Glade

City  
Simsbury

State  
CT

Zip Code  
06070-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

SVP - Insurance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1479403962518**

Amount of Each Receipt this Period

96.15

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

**B. CIRAVOLO, CHARLES, THOMAS, ,**

Mailing Address 12 DARBY DR

City

HUNTINGTON STATION

State

NY

Zip Code

11746-4707

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1479442862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. BOWMAN, LEE, , ,**

Mailing Address 600 RIVER OAKS LN

City

CHARLOTTE

State

NC

Zip Code

28226-6877

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 ▼

244.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1491599162518**

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

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

148.83



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

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

FOR LINE NUMBER: PAGE 24 OF 261

(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. GREENBERG, DAVID, FRANKLYN, ,**

Mailing Address 6103 AQUA AVE APT 106

City  
MIAMI BEACH

State  
FL

Zip Code  
33141-5876

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1491604462518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. GUEVARA, JOSEPH, VINCENT, ,**

Mailing Address 1200 FRANCISCO ST APT 2

City  
SAN FRANCISCO

State  
CA

Zip Code  
94123-2318

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1491619862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. Russell, Douglas, , MR.,**

Mailing Address 4 Craigie St

City  
Cambridge

State  
MA

Zip Code  
02138-3470

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Managing Director, Head of MassMutua

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1500908562518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

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

242.30



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

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

FOR LINE NUMBER: PAGE 25 OF 261

(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. Harrigan, Bernadette, , MS.,**

Mailing Address 66 Goodell St

City  
Belchertown

State  
MA

Zip Code  
01007-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.65

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1500914162518**

Amount of Each Receipt this Period

9.65

☐ Memo Item

P/R Deduction (\$9.65 Bi-Weekly)

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

**B. Sirko, Gregory, , ,**

Mailing Address 118 ALTON RD

City  
NASHVILLE

State  
TN

Zip Code  
37205-4202

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 ▼

233.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1500926062518**

Amount of Each Receipt this Period

33.33

☐ Memo Item

P/R Deduction (\$33.33 Monthly)

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

**C. RIBACK, MICHAEL, A., ,**

Mailing Address 200 W GRAND AVE APT 2502

City  
CHICAGO

State  
IL

Zip Code  
60654-7790

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 ▼

245.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1500936262518**

Amount of Each Receipt this Period

36.00

☐ Memo Item

P/R Deduction (\$18.00 Bi-Weekly)

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

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

78.98

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

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

FOR LINE NUMBER: PAGE 26 OF 261

(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. Smith, Cale, P., ,**

Mailing Address 1956 LONGWOOD DR

City  
BATON ROUGE

State  
LA

Zip Code  
70808-1247

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 ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1500946662518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

**B. YOUNG, John, M, MR.,**

Mailing Address 7 Lampercock Ln

City  
Lincoln

State  
RI

Zip Code  
02865-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1541043562518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

**C. Viviano, Mark, , MR.,**

Mailing Address 105 Northfield Rd

City  
Longmeadow

State  
MA

Zip Code  
01106-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

404.25

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1541058562518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

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

238.47

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

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

FOR LINE NUMBER: PAGE 27 OF 261

(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. True, Erica, J, MS.,**

Mailing Address 47 Cottage St

City

Belchertown

State

MA

Zip Code

01007-9666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of Presales and Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1541058662518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

**B. GORDON, MICHAEL, B, ,**

Mailing Address 4909 DOVER CT NW

City

ALBUQUERQUE

State

NM

Zip Code

87114-5449

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1541746762518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. HERNANDEZ, CARLOS, , ,**

Mailing Address 8600 SW 84TH AVENUE

City

MIAMI

State

FL

Zip Code

33143-6912

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 ▼

666.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1541766162518**

Amount of Each Receipt this Period

66.68

☐ Memo Item

P/R Deduction (\$33.34 Bi-Weekly)

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

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

101.30

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

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

FOR LINE NUMBER: PAGE 28 OF 261

(check only one)

☒ 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. MARTINEZ, MARGEE, DINARIS, ,

Mailing Address 1200 ALHAMBRA CIR

City  
CORAL GABLES

State  
FL

Zip Code  
33134-3532

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1541766462518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

B. Sweeney, Brian, S, MR.,

Mailing Address 161 Cornerstone Dr

City  
South Windsor

State  
CT

Zip Code  
06074-6302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1554644262518

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

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

C. HUFF, WILLIAM, B, ,

Mailing Address 2617 E 3330 S

City  
ST GEORGE

State  
UT

Zip Code  
84790-7291

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 ▼

239.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1554873662518

Amount of Each Receipt this Period

30.36

☐ Memo Item

P/R Deduction (\$15.18 Bi-Weekly)

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

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

83.58

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

Use separate schedule(s)  
for each category of the  
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(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. LEONARD, Taryn, , MS.,**

Mailing Address 49 Magazine St

City  
Cambridge

State  
MA

Zip Code  
02139-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1560527862518**

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

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

**B. Picken, Todd, , MR.,**

Mailing Address 27 Grey Oak Ln

City  
Whately

State  
MA

Zip Code  
01093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Corporate Vice President - Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1560539262518**

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

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

**C. Jaeggi, Rachel, , MS.,**

Mailing Address 29 Hoffmann Rd

City  
Canton

State  
CT

Zip Code  
06019-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

808.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1564484362518**

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

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

80.85

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

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

FOR LINE NUMBER: PAGE 30 OF 261

(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. DAMICO, ROBERT, PAUL, ,**

Mailing Address 1259 FIVE MILE LINE RD

City  
WEBSTER

State  
NY

Zip Code  
14580-2545

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1581828162518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. DEBLOIS, William, , MR.,**

Mailing Address 11 Jameson Dr

City  
Rehoboth

State  
MA

Zip Code  
02769-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1581879962518**

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

**C. Allen, Kathleen, M, MS.,**

Mailing Address 149 Lincoln Rd

City  
Longmeadow

State  
MA

Zip Code  
01106-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1596856962518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

78.88

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

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

FOR LINE NUMBER: PAGE 31 OF 261

(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. WEEKS, JOHN, , ,

Mailing Address 18 PALLADIO PARK

City  
O FALLON

State  
MO

Zip Code  
63368-8510

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1602263862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. SIKARAS, JOHN, , ,

Mailing Address 8516 W CLARA DR

City  
NILES

State  
IL

Zip Code  
60714-2308

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 ▼

226.79

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1602274262518

Amount of Each Receipt this Period

36.60

☐ Memo Item

P/R Deduction (\$18.30 Bi-Weekly)

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

C. Valle-Yanez, Lorie, , MS.,

Mailing Address 575 Mountain Rd

City  
West Hartford

State  
CT

Zip Code  
06117-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - Diversity & Inclusion

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1606911962518

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

100.06

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Cwikla, Thomas, , MR.,**

Mailing Address 9 Deer Mdw

City  
Tolland

State  
CT

Zip Code  
06084-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.75

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1606916762518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

**B. BENOIT, GEORGE, , , JR**

Mailing Address 69 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790-4231

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 ▼

443.65

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1619196062518**

Amount of Each Receipt this Period

28.16

☐ Memo Item

P/R Deduction (\$14.08 Bi-Weekly)

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

**C. KNAPP, Mark, , MR.,**

Mailing Address 4237 Via Marina Apt 113

City

Marina Del Rey

State

CA

Zip Code

90292-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1637390762518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

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

57.41



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

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

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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. CARVAJAL, HUGO, XAVIER, ,**

Mailing Address 79 RIDGEVIEW DR

City  
WOODLAND PARK

State  
NJ

Zip Code  
07424-2719

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1637415962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. GARABEDIAN, JIM, , ,**

Mailing Address 1020 THACKERY LN

City  
NAPERVILLE

State  
IL

Zip Code  
60564-3143

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1637438362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. HESS, VAN, MICHAEL, ,**

Mailing Address 555 35TH ST

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266-3407

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 ▼

487.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1637459662518**

Amount of Each Receipt this Period

56.38

☐ Memo Item

P/R Deduction (\$28.19 Bi-Weekly)

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

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

106.38

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. HICKS, RYAN, CHARLES, ,**

Mailing Address 113 GREEN VALLEY LN

City  
CANONSBURG

State  
PA

Zip Code  
15317-3543

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1645235162518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

**B. STEVENS, JACK, , ,**

Mailing Address 9 WILLIAM STREET

City  
CAZENOVIA

State  
NY

Zip Code  
13035-1121

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 ▼

360.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1645246262518

Amount of Each Receipt this Period

69.98

☐ Memo Item

P/R Deduction (\$34.99 Bi-Weekly)

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

**C. MARTIN, TIMOTHY, , ,**

Mailing Address 7660 HOLCOMB RD

City  
CLARKSTON

State  
MI

Zip Code  
48348-4344

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 ▼

247.09

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1645259462518

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Bi-Weekly)

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

138.10

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. GRIFFITH, MATTHEW, ASHBROOK, ,

Mailing Address 517 NW 156TH CIR

City  
EDMONDState  
OKZip Code  
73013-2087FEC 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 ▼

666.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1645265362518

Amount of Each Receipt this Period

66.68

☐ Memo Item

P/R Deduction (\$33.34 Bi-Weekly)

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

B. Stempel, Dennis, , MR.,

Mailing Address 85 Christopher Ln

City  
Feeding HillsState  
MAZip Code  
01030-2616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)  
Senior Vice President & General Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1651025562518

Amount of Each Receipt this Period

11.55

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

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

C. Ferrero, Amy, L, MS.,

Mailing Address 42 Stonehill Rd

City  
E LongmeadowState  
MAZip Code  
01028-1367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
Vice President - Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1663791262518

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

105.15

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

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

Use separate schedule(s)  
for each category of the  
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(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. Spaulding, Abigail, Sinks, ,

Mailing Address 2818 SUGAR TREE RD

City  
NASHVILLEState  
TNZip Code  
37215-1910FEC 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 ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1663810162518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

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

B. ROSEN, PAUL, ERIC, ,

Mailing Address 738 NE 17TH TER

City  
FORT LAUDERDALEState  
FLZip Code  
33304-3427FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1663824062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. MORRIS, MELISSA, J, ,

Mailing Address 4266 20TH ST SW

City  
WAVERLYState  
MNZip Code  
55390-5004FEC 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 ▼

230.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1663825762518

Amount of Each Receipt this Period

27.55

☐ Memo Item

P/R Deduction (\$16.25 Bi-Weekly)

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

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

185.88

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. LAFFIE, SCOTT, , ,**

Mailing Address 450 E 83RD ST #21A

City  
NEW YORK

State  
NY

Zip Code  
10028-6293

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1663827362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. PERRY, JONATHAN, SAMUEL, ,**

Mailing Address 15 BROAD ST APT 2826

City  
NEW YORK

State  
NY

Zip Code  
10005-1991

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 ▼

333.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1663829362518**

Amount of Each Receipt this Period

33.32

☐ Memo Item

P/R Deduction (\$16.66 Bi-Weekly)

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

**C. Craddock, Geoffrey, , MR.,**

Mailing Address 11 Stepping Stone Ln

City  
Greenwich

State  
CT

Zip Code  
06830-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1718.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1663850362518**

Amount of Each Receipt this Period

156.25

☐ Memo Item

P/R Deduction (\$156.25 Bi-Weekly)

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

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

214.57

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

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

FOR LINE NUMBER: PAGE 38 OF 261

(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. MCCREERY, JEFFREY, STEWART, ,**

Mailing Address 3000 SOUTHWIND TRAIL

City  
POLAND

State  
OH

Zip Code  
44514-2880

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 ▼

208.37

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR168835862518**

Amount of Each Receipt this Period

20.82

☐ Memo Item

P/R Deduction (\$10.41 Bi-Weekly)

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

**B. HETTIGER, JOHN, STRATTON, ,**

Mailing Address 12484 BURKE DR

City  
CARMEL

State  
IN

Zip Code  
46032-7284

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 ▼

416.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1692497562518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

**C. MILLER, BRYCE, L, ,**

Mailing Address 7602 SIMS RD

City  
WAXHAW

State  
NC

Zip Code  
28173-7631

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 ▼

473.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1702297362518**

Amount of Each Receipt this Period

63.10

☐ Memo Item

P/R Deduction (\$31.55 Bi-Weekly)

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

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

125.60

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 261

(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. YOUSSEFI, ANTHONY, WILLIAM, ,

Mailing Address 7928 KIRKFIELD DR

City  
NASHVILLEState  
TNZip Code  
37211-4697FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1702300362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. CARTY, Robert, Charles, ,

Mailing Address 1421 GREENFIELD AVE APT 5

City  
LOS ANGELESState  
CAZip Code  
90025-8017FEC 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 ▼

809.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1702305762518

Amount of Each Receipt this Period

346.00

☐ Memo Item

P/R Deduction (\$173.00 Bi-Weekly)

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

C. CHAVIS, NICHOLAS, STEVEN, ,

Mailing Address 11600 PARKSBURG CT

City  
GLEN ALLENState  
VAZip Code  
23059-4824FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1702316662518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

396.00



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

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

FOR LINE NUMBER: PAGE 40 OF 261

(check only one)

☒ 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. PUCKETT, RYAN, , ,

Mailing Address 4115 HICKORY ROCK DR

City  
POWELL

State  
OH

Zip Code  
43065-7330

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1702333862518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. THOMAS, RYAN, , ,

Mailing Address 3230 PRAIRIE CREEK DR

City  
CHICO

State  
CA

Zip Code  
95973-5820

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 ▼

247.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1709983462518

Amount of Each Receipt this Period

26.10

☐ Memo Item

P/R Deduction (\$13.05 Bi-Weekly)

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

C. FREEMAN, GREGORY, THOMAS, ,

Mailing Address 5901 N MERIDIAN ST

City  
INDIANAPOLIS

State  
IN

Zip Code  
46208-1532

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1710289862518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

106.10

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



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

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

FOR LINE NUMBER: PAGE 41 OF 261

(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. Orzell, Jennifer, , MS.,**

Mailing Address 44 Westwoods Dr

City  
Canton

State  
CT

Zip Code  
06019-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1717732362518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

**B. MORAN, MICHAEL, F, ,**

Mailing Address 9 W BROADWAY UNIT 607

City  
BOSTON

State  
MA

Zip Code  
02127-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1717744862518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

**C. CLAERBOUT, ADAM, G, ,**

Mailing Address 7141 DICKINSON LN

City  
INDIANAPOLIS

State  
IN

Zip Code  
46259-5703

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1727248562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

105.14

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

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

FOR LINE NUMBER: PAGE 42 OF 261

(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. CREEDEN, WILLIAM, , ,

Mailing Address 701 ROYAL CT APT 302

City  
CHARLOTTE

State  
NC

Zip Code  
28202-2751

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1727258462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. PERCY, JASON, , ,

Mailing Address 2535 E 26TH ST

City  
TULSA

State  
OK

Zip Code  
74114-4413

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 ▼

230.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1727261162518

Amount of Each Receipt this Period

13.84

☐ Memo Item

P/R Deduction (\$13.84 Semi-Monthly)

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

C. QUINN, EDWARD, OWEN, ,

Mailing Address 17 AVON AVE

City  
CUMBERLAND

State  
RI

Zip Code  
02864-1751

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 ▼

353.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1727277862518

Amount of Each Receipt this Period

58.53

☐ Memo Item

P/R Deduction (\$24.30 Bi-Weekly)

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

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

97.37

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

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

FOR LINE NUMBER: PAGE 43 OF 261

(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. HANCOCK, DAWN, , ,

Mailing Address 17247 SANDY KNOLL DR

City  
OLNEYState  
MDZip Code  
20832-2036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1727286962518

Amount of Each Receipt this Period

15.41

☐ Memo Item

P/R Deduction (\$15.41 Semi-Monthly)

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

B. SHEAN, MICHAEL, J, ,

Mailing Address 427 BONNIE BRAE RD

City  
HINSDALEState  
ILZip Code  
60521-2815FEC 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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1727302662518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

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

C. DOWNS, KEVIN, S, ,

Mailing Address 2777 CAPTAIN CT

City  
DACULAState  
GAZip Code  
30019-7840FEC 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 ▼

411.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1728049562518

Amount of Each Receipt this Period

44.12

☐ Memo Item

P/R Deduction (\$22.06 Bi-Weekly)

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

142.85

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

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

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

FOR LINE NUMBER: PAGE 44 OF 261

(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. STARK, TIMOTHY, DARREN, ,**

Mailing Address 4402 POMONA RD

City  
DALLAS

State  
TX

Zip Code  
75209-2824

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 ▼

827.13

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1728061462518**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

**B. KAPLAN, BRIAN, , ,**

Mailing Address 300 E 71ST ST #16K

City  
NEW YORK

State  
NY

Zip Code  
10021-5242

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

10 / 17 / 2018

**Transaction ID : PR1728066562518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**C. Benson, Wendy, , MS.,**

Mailing Address 270 Allerton Commons Ln

City  
Braintree

State  
MA

Zip Code  
02184-8248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Wealth Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1728095762518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

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

188.46

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

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

FOR LINE NUMBER: PAGE 45 OF 261

(check only one)

☒ 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. Verdi, Matthew, , MR.,**

Mailing Address 25 New South St Apt 304

City  
Northampton

State  
MA

Zip Code  
01060-4056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Due Diligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1728096562518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

**B. JONES, RICHARD, ALAN, ,**

Mailing Address 1153 GRAND CYPRESS CV

City  
COLLIERVILLE

State  
TN

Zip Code  
38017-3464

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 ▼

243.41

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1737062662518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**C. SCHMIDT, Thomas, Allen, ,**

Mailing Address 14713 LAMPLIGHT LN

City  
EDMOND

State  
OK

Zip Code  
73013-1591

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 ▼

220.17

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1737064562518**

Amount of Each Receipt this Period

31.94

☐ Memo Item

P/R Deduction (\$15.97 Bi-Weekly)

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

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

71.56

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

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

FOR LINE NUMBER: PAGE 46 OF 261

(check only one)

☒ 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. MICELI, JOSHUA, ANDREW, ,**

Mailing Address 6835 E CAMELBACK RD

City  
SCOTTSDALE

State  
AZ

Zip Code  
85251-3119

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 ▼

292.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1737080662518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. GRANT, WALTER, , ,**

Mailing Address 10715 CURTMAN DR S

City  
EADS

State  
TN

Zip Code  
38028-7031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.01

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1737102362518**

Amount of Each Receipt this Period

30.36

☐ Memo Item

P/R Deduction (\$12.97 Bi-Weekly)

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

**C. FAIR, BRADLEY, TENNYSON, ,**

Mailing Address 349 OLD PAYNE PL

City  
SALTILLO

State  
MS

Zip Code  
38866-8753

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1759864062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

85.36

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

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

FOR LINE NUMBER: PAGE 47 OF 261

(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. LEECH, JOHNNY, , ,

Mailing Address 1107 CLAYTON AVE

City  
TUPELO

State  
MS

Zip Code  
38804-1822

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1762091562518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. LOPEZ, BAVY, URIAH, ,

Mailing Address 2060 ELIZA GLYNNE LN

City  
KNOXVILLE

State  
TN

Zip Code  
37931-3681

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 ▼

497.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1762108062518

Amount of Each Receipt this Period

51.10

☐ Memo Item

P/R Deduction (\$25.55 Bi-Weekly)

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

C. CURRY, PIERS, L, , II

Mailing Address 8901 MAGNOLIA CHASE CIR

City  
TAMPA

State  
FL

Zip Code  
33647-2220

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1762115062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

101.10

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



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

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

FOR LINE NUMBER: PAGE 48 OF 261

(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. STUCKEY, DOMENICA, Santoro, ,**

Mailing Address 6113 COUNTRYVIEW LN

City  
RALEIGH

State  
NC

Zip Code  
27606-9255

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1774172462518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. EISSENS, RODNEY, A, ,**

Mailing Address 3131 N 11TH ST

City  
SHEBOYGAN

State  
WI

Zip Code  
53083-4023

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 ▼

232.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1774173762518**

Amount of Each Receipt this Period

33.66

☐ Memo Item

P/R Deduction (\$16.83 Bi-Weekly)

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

**C. CAHILL, MICHAEL, PATRICK, ,**

Mailing Address 3694 DOTY LN

City  
CARMEL

State  
IN

Zip Code  
46033-4743

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR1774173862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

88.66



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

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

FOR LINE NUMBER: PAGE 49 OF 261

(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. Griffith, Donald, , MR.,

Mailing Address 133 Colony Road

City  
Longmeadow

State  
MA

Zip Code  
01106-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1779022362518

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

B. WEST, JODIE, BENEVITAE, ,

Mailing Address 6024 CRESTRIDGE LANE

City  
SACHSE

State  
TX

Zip Code  
75048-6500

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 ▼

237.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1779057962518

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. MIRRA, GERALD, M, ,

Mailing Address 2204 HAWTHORN WAY

City  
NEW WINDSOR

State  
NY

Zip Code  
12553-4796

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1824619762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

75.96

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 261

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. POURI, AMIR, JOVANI, ,**

Mailing Address 15021 VENTURA BLVD # 838

City  
SHERMAN OAKSState  
CAZip Code  
91403-2442FEC 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 ▼

257.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR1824621562518**

Amount of Each Receipt this Period

21.42

☐ Memo Item

P/R Deduction (\$10.71 Bi-Weekly)

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

**B. CURRY, AARON, STEPHEN, ,**

Mailing Address 2051 HAWK CLIFF PL

City  
EDMONDState  
OKZip Code  
73025-1239FEC 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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR1824622862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**c. Moeller, Gary, , MR.,**

Mailing Address 24 Park Rd

City  
SimsburyState  
CTZip Code  
06070-2712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
AVP Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR1824631662518**

Amount of Each Receipt this Period

9.65

☐ Memo Item

P/R Deduction (\$9.65 Bi-Weekly)

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

56.07

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

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

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

FOR LINE NUMBER: PAGE 51 OF 261

(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. BAKER, BRIAN, ERIC, ,

Mailing Address 1532 SOMERSET DR

City  
FORESTState  
VAZip Code  
24551-1784FEC 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 ▼

257.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1828896262518

Amount of Each Receipt this Period

21.42

☐ Memo Item

P/R Deduction (\$10.71 Bi-Weekly)

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

B. STARBOWSKI, KAREN, LYNNE, ,

Mailing Address 3921 E TANO ST

City  
PHOENIXState  
AZZip Code  
85044-3844FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1828916962518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. KROLL, DAVID, RICHARD, ,

Mailing Address 5501 E GRANDVIEW RD

City  
SCOTTSDALEState  
AZZip Code  
85254-1173FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1828924862518

Amount of Each Receipt this Period

27.50

☐ Memo Item

P/R Deduction (\$13.75 Bi-Weekly)

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

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

73.92

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

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

FOR LINE NUMBER: PAGE 52 OF 261

(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. Coburn, Christopher, , MR.,**

Mailing Address 21 Bayberry Dr

City  
Easthampton

State  
MA

Zip Code  
01027-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1841433162518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

**B. COOPER, DANE, , ,**

Mailing Address 6 CONIFER CIR

City  
ATLANTA

State  
GA

Zip Code  
30342-4303

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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1841462062518

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

**C. SANDERS, LEE, PARKER, ,**

Mailing Address 1991 CAMBRIDGE VILLAGE DR

City  
CONWAY

State  
AR

Zip Code  
72032-2363

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 ▼

214.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1857091362518

Amount of Each Receipt this Period

17.10

☐ Memo Item

P/R Deduction (\$17.10 Semi-Monthly)

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

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

64.03

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

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

FOR LINE NUMBER: PAGE 53 OF 261

(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. WEINSTOCK, MARK, J., ,**

Mailing Address 8 GARFIELD AVE

City  
CLIFTON

State  
NJ

Zip Code  
07012-1213

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 ▼

239.54

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1857093062518**

Amount of Each Receipt this Period

30.24

☐ Memo Item

P/R Deduction (\$15.12 Bi-Weekly)

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

**B. CHIPPER, JEFFREY, S., ,**

Mailing Address 527 LIBERTY DRIVE

City  
YARDLEY

State  
PA

Zip Code  
19067-4538

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 ▼

384.93

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1857099562518**

Amount of Each Receipt this Period

57.54

☐ Memo Item

P/R Deduction (\$28.77 Bi-Weekly)

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

**C. BLUM, DANIEL, SCOTT, ,**

Mailing Address 4652 LUE LN

City  
CARMICHAEL

State  
CA

Zip Code  
95608-6649

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 ▼

482.58

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1857115462518**

Amount of Each Receipt this Period

58.72

☐ Memo Item

P/R Deduction (\$29.36 Bi-Weekly)

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

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

146.50

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

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

FOR LINE NUMBER: PAGE 54 OF 261

(check only one)

☒ 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. SCHULMAN, GABRIEL, , ,

Mailing Address 385 GRAND ST APT L1406

City  
NEW YORK

State  
NY

Zip Code  
10002-3936

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 ▼

333.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1869366262518

Amount of Each Receipt this Period

33.32

☐ Memo Item

P/R Deduction (\$16.66 Bi-Weekly)

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

B. GUTWEIN, KEVIN, C, ,

Mailing Address 1434 OLDE BRIAR LN

City  
CARMEL

State  
IN

Zip Code  
46032-7336

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1873751062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. ROBERTS, PHILIP, , ,

Mailing Address 7133 E RANDALL AVE

City  
ORANGE

State  
CA

Zip Code  
92869-1709

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1903660462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

83.32

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 55 OF 261

(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. LOERA, GENESIS, , ,**

Mailing Address 8211 KATY FWY APT 44

City  
HOUSTON

State  
TX

Zip Code  
77024-1922

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1903661562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. Kennedy, John, F, MR.,**

Mailing Address 51 Andrew Dr

City  
Canton

State  
CT

Zip Code  
06019-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Distribution Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1913873362518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

**C. Corbett, Melvin, , MR.,**

Mailing Address 11 Mountain Spring Rd

City  
Farmington

State  
CT

Zip Code  
06032-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
EVP & Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1929995862518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

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

255.76



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

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

FOR LINE NUMBER: PAGE 56 OF 261

(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. O CONNELL, TIMOTHY, DAVID, ,

Mailing Address 15 WEBSTER PL

City  
 NEWTOWN

State  
 CT

Zip Code  
 06470-1837

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 ▼

238.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1930041462518

Amount of Each Receipt this Period

30.94

☐ Memo Item

P/R Deduction (\$15.47 Bi-Weekly)

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

B. Williams, Eleanor, P, MS.,

Mailing Address 57 Clairmont St

City  
 Longmeadow

State  
 MA

Zip Code  
 01106-1001

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
 Vice President - Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1934307462518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

C. ENNES, Eric, A, MR.,

Mailing Address 1824 Chestnut Ave

City  
 Charlotte

State  
 NC

Zip Code  
 28205-3018

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Barings LLC

Occupation (for Individual)  
 Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR1934311262518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

50.18

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 57 OF 261

(check only one)

☒ 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. Frederick, Christine, , MS.,

Mailing Address 2 Emerson Ln

City  
GranbyState  
CTZip Code  
06035-2713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)  
Senior Vice President - Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934313162518

Amount of Each Receipt this Period

28.85

☐ Memo Item

P/R Deduction (\$28.85 Bi-Weekly)

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

B. FOSTER, REBECCA, SPECK, ,

Mailing Address 1108 WILD PLUM

City  
EDMONDState  
OKZip Code  
73025-2974FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934319762518

Amount of Each Receipt this Period

42.52

☐ Memo Item

P/R Deduction (\$21.26 Bi-Weekly)

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

C. CARDILE, ANDREW, J, ,

Mailing Address 3 CLARK DR

City  
CHERRY HILLState  
NJZip Code  
08034-1714FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934321162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

96.37

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 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. GOLDSMITH, DANIEL, , ,

Mailing Address 1667 ARONA ST

City  
SAINT PAUL

State  
MN

Zip Code  
55108-2351

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 ▼

983.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934322562518

Amount of Each Receipt this Period

103.32

☐ Memo Item

P/R Deduction (\$103.32 Semi-Monthly)

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

B. SMITH, ROBERT, JOHN, , JR

Mailing Address 2235 CASITAS WAY

City  
PALM SPRINGS

State  
CA

Zip Code  
92264-8202

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 ▼

1007.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934331962518

Amount of Each Receipt this Period

121.04

☐ Memo Item

P/R Deduction (\$60.52 Bi-Weekly)

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

C. JALLAN, LALIT, , ,

Mailing Address 2114 CASTLEHEATH CT

City  
KATY

State  
TX

Zip Code  
77450-6072

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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934335862518

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

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

252.04

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 59 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. AMIN, VIKESH, , ,

Mailing Address 3715 WINDMILL CREEK DR

City  
RICHMOND

State  
TX

Zip Code  
77407-3212

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 ▼

267.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1934337062518

Amount of Each Receipt this Period

16.42

☐ Memo Item

P/R Deduction (\$8.21 Bi-Weekly)

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

B. Blue, Dominic, , MR.,

Mailing Address 28 Eastham Lane

City  
Longmeadow

State  
MA

Zip Code  
01106-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Head of Workplace Transformation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1947062962518

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

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

C. Brown, Marc, A, MR.,

Mailing Address 119 Winterwood

City  
Windsor

State  
CT

Zip Code  
06095-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Information Risk Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1950870362518

Amount of Each Receipt this Period

17.50

☐ Memo Item

P/R Deduction (\$17.50 Bi-Weekly)

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

60.84

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 60 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. LINDQUIST, JEREMY, , ,

Mailing Address 6 ELIJAH HILL LN

City  
LONDONDERRYState  
NHZip Code  
03053-3958FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1950887162518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Bouyea, Michael, , MR.,

Mailing Address 2 Tigger Lane

City  
South HadleyState  
MAZip Code  
01075-3315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
AVP - Continuous Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1961247262518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

C. LAROCHE, BRIAN, JAY, ,

Mailing Address 2009 COMPASS CIR

City  
VIRGINIA BCHState  
VAZip Code  
23451-1713FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1961258962518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

119.25

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

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

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

FOR LINE NUMBER: PAGE 61 OF 261

(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. ARRANTS, BERKELY, , ,**

Mailing Address 6036 POST OAK GREEN LN

City  
HOUSTON

State  
TX

Zip Code  
77055-5500

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 ▼

1250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1961263962518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

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

**B. Samuel, Sonu, , MR.,**

Mailing Address 196 Creemer Ave

City  
Iselin

State  
NJ

Zip Code  
08830-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Investment Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.85

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1965198962518**

Amount of Each Receipt this Period

19.45

☐ Memo Item

P/R Deduction (\$19.45 Bi-Weekly)

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

**C. CHICK, Steven, Edward, ,**

Mailing Address 124 ELM ST

City  
WILLIAMSTOWN

State  
MA

Zip Code  
01267-2576

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 ▼

459.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1965200762518**

Amount of Each Receipt this Period

70.50

☐ Memo Item

P/R Deduction (\$35.25 Bi-Weekly)

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

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

214.95

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

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

FOR LINE NUMBER: PAGE 62 OF 261

(check only one)

☒ 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. WILSON, CARRIE, D., ,**

Mailing Address 16134 BLACK OAK LN

City  
ROGERS

State  
AR

Zip Code  
72756-6354

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 ▼

245.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1965217262518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. GARTNER, EDWARD, J., , III**

Mailing Address 88 MORNING GLORY RD

City  
WARREN

State  
NJ

Zip Code  
07059-7126

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 ▼

222.68

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1965218162518**

Amount of Each Receipt this Period

38.66

☐ Memo Item

P/R Deduction (\$19.33 Bi-Weekly)

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

**C. ROBINETTE, CHRISTOPHER, , ,**

Mailing Address 201 HERBERT CT

City  
BRENTWOOD

State  
TN

Zip Code  
37027-7653

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 ▼

416.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1980140962518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

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

110.34

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

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

FOR LINE NUMBER: PAGE 63 OF 261

(check only one)

☒ 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. BRYAN, KATHRYN, , ,**

Mailing Address 29900 EMERY RD

City  
CHAGRIN FALLS

State  
OH

Zip Code  
44022-1664

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 ▼

292.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1980143762518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. GODSEY, JOSEPH, CORNELIUS, , III**

Mailing Address 17269 AVENIDA DE LA HERRADURA

City  
PACIFIC PALISADES

State  
CA

Zip Code  
90272-2004

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 ▼

488.22

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1980161062518**

Amount of Each Receipt this Period

55.88

☐ Memo Item

P/R Deduction (\$27.94 Bi-Weekly)

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

**C. ASCIUTTO, MATTHEW, JOHN, ,**

Mailing Address 833 SURREY LN

City  
GLENOLDEN

State  
PA

Zip Code  
19036-1622

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 ▼

228.58

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR1990594862518**

Amount of Each Receipt this Period

35.72

☐ Memo Item

P/R Deduction (\$17.86 Bi-Weekly)

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

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

121.60



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

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

FOR LINE NUMBER: PAGE 64 OF 261

(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. PARK, HYUNG JOON, , ,

Mailing Address 6171 ORANGE AVE

City  
CYPRESS

State  
CA

Zip Code  
90630-3330

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1993195862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. FEMIA, JOSEPH, JONATHAN, ,

Mailing Address 108 MAIN ST APT 1

City  
TARRYTOWN

State  
NY

Zip Code  
10591-7608

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR1993210562518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. O'Grady, Thomas, , MR.,

Mailing Address 20 Heron Dr

City  
Somers

State  
CT

Zip Code  
06071-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Investigative Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2002825062518

Amount of Each Receipt this Period

9.73

☐ Memo Item

P/R Deduction (\$9.73 Bi-Weekly)

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

59.73

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



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

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

FOR LINE NUMBER: PAGE 65 OF 261

(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. FOWLER, Ian, M, MR.,**

Mailing Address 3865 Indian River Dr E

City  
Vero Beach

State  
FL

Zip Code  
32963-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2006647562518**

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

**B. SUSSMAN, EVAN, S, ,**

Mailing Address 400 SW 1ST AVE APT 1906

City

FORT LAUDERDALE

State

FL

Zip Code

33301-3491

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2006650162518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. MASUR, JAMES, E, ,**

Mailing Address 6 TURTLE LN

City

DOVER

State

MA

Zip Code

02030-2053

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 ▼

245.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2006654062518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

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

93.50

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

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

FOR LINE NUMBER: PAGE 66 OF 261

(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. **BOTNER, RYAN, J, ,**

Mailing Address 1414 57TH AVE S

City  
FARGO

State  
ND

Zip Code  
58104-7215

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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR200660062518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

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

B. **BACH, JOSHUA, , ,**

Mailing Address 101 28TH AVE NE

City  
FARGO

State  
ND

Zip Code  
58102-1704

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR200660462518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

C. **MOSHER, SCOTT, , ,**

Mailing Address 2605 22ND AVE

City  
MONROE

State  
WI

Zip Code  
53566-3625

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 ▼

235.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2008481562518

Amount of Each Receipt this Period

32.14

☐ Memo Item

P/R Deduction (\$16.07 Bi-Weekly)

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

157.14

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 67 OF 261

(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. MELITO, MICHAEL, , ,**

Mailing Address 7 S MADISON AVE

City  
UPPER DARBY

State  
PA

Zip Code  
19082-2818

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2008483462518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. CHOU, Jack, Lin, ,**

Mailing Address 108 HEATHER MIST

City  
IRVINE

State  
CA

Zip Code  
92618-4812

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 ▼

210.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2008505962518**

Amount of Each Receipt this Period

35.72

☐ Memo Item

P/R Deduction (\$17.86 Bi-Weekly)

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

**C. DALEY, MICHAEL, , ,**

Mailing Address 478 MAYMONT DR

City  
BALLWIN

State  
MO

Zip Code  
63011-3465

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 ▼

218.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2011964662518**

Amount of Each Receipt this Period

40.92

☐ Memo Item

P/R Deduction (\$20.46 Bi-Weekly)

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

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

101.64

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

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

FOR LINE NUMBER: PAGE 68 OF 261

(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. **TOPOLSKI, Joseph, Robert, ,**

Mailing Address 10 LONG QUARTER RD

City  
NEW FREEDOM

State  
PA

Zip Code  
17349-8343

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 ▼

210.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2011965262518

Amount of Each Receipt this Period

35.92

☐ Memo Item

P/R Deduction (\$17.96 Bi-Weekly)

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

B. **GOHRES, SCOTT, ALAN, ,**

Mailing Address 950 DEWING AVE APT 108

City  
LAFAYETTE

State  
CA

Zip Code  
94549-4294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2011974762518

Amount of Each Receipt this Period

20.82

☐ Memo Item

P/R Deduction (\$10.41 Bi-Weekly)

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

C. **PIME, MATTHEW, JOSEPH, ,**

Mailing Address 23843 OXNARD ST

City  
WOODLAND HILLS

State  
CA

Zip Code  
91367-2942

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 ▼

244.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2011982562518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

86.74

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

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

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

FOR LINE NUMBER: PAGE 69 OF 261

(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. MCCONNELL, DAVID, W., ,

Mailing Address 194 HAMILTON AVE

City  
WESTERVILLE

State  
OH

Zip Code  
43081-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR201988662518

Amount of Each Receipt this Period

18.59

☐ Memo Item

P/R Deduction (\$18.59 Bi-Weekly)

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

B. Belletsky, Marc, R, MR.,

Mailing Address 9 Moosehorn Hill Rd

City  
West Granby

State  
CT

Zip Code  
06090-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Advanced Markets Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2012004162518

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

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

C. ROBERTSON, WILLIAM, SHANE, ,

Mailing Address 5100 FM 126

City  
NOLAN

State  
TX

Zip Code  
79537-1702

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2016623362518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

83.99

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

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

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

FOR LINE NUMBER: PAGE 70 OF 261

(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. ENNIS, RICHARD, , , III

Mailing Address 3318 CRESWELL ST

City  
PHILADELPHIAState  
PAZip Code  
19129-1707FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2016632662518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. TABORDA, FAVIO, JAVIER, ,

Mailing Address 231 MENDOZA AVE

City  
CORAL GABLESState  
FLZip Code  
33134-3943FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2016646462518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. SCOTT, SETH, Michael, ,

Mailing Address 1127 BALDWIN ST

City  
MECHANICSBURGState  
PAZip Code  
17055-3935FEC 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 ▼

404.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2016658062518

Amount of Each Receipt this Period

47.62

☐ Memo Item

P/R Deduction (\$23.81 Bi-Weekly)

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

122.62

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

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

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

FOR LINE NUMBER: PAGE 71 OF 261

(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. **Murphy, Richard, , MR.,**

Mailing Address 67 Sewall Woods Rd

City  
Melrose

State  
MA

Zip Code  
02176-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR202032362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. **FIORE, ANTHONY, , ,**

Mailing Address 31314 E RUTLAND ST

City  
BEVERLY HILLS

State  
MI

Zip Code  
48025-5424

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 ▼

233.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2023714262518

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

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

C. **MASON, PHILIP, , ,**

Mailing Address 145 FOX RUN

City  
EASTON

State  
PA

Zip Code  
18042-8773

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 ▼

234.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2023925562518

Amount of Each Receipt this Period

17.54

☐ Memo Item

P/R Deduction (\$3.70 Bi-Weekly)

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

75.94

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



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

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

FOR LINE NUMBER: PAGE 72 OF 261

(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. Dickey, Arthur, J, MR.,**

Mailing Address 160 Lakeshore Drive

City  
Marlborough

State  
MA

Zip Code  
01752-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Business Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2030654162518**

Amount of Each Receipt this Period

9.73

☐ Memo Item

P/R Deduction (\$9.73 Bi-Weekly)

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

**B. Guerrero, Carlo, , MR.,**

Mailing Address 1 Whispering Rod Road

City  
Farmington

State  
CO

Zip Code  
06085-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

VP - Key Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.65

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2030677762518**

Amount of Each Receipt this Period

9.65

☐ Memo Item

P/R Deduction (\$9.65 Bi-Weekly)

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

**C. Provenzano, Louise, , MS.,**

Mailing Address 316 Wolcott Street

City  
Bristol

State  
CT

Zip Code  
06010-6427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Continuous Improvement Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

323.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2030698662518**

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

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

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

34.78



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

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

FOR LINE NUMBER: PAGE 73 OF 261

(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. Concepcion, Luis, O, MR.,**

Mailing Address 12 Hawks Ridge

City  
Avon

State  
CT

Zip Code  
06001-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2030723162518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

**B. Norris, Russell, A, MR.,**

Mailing Address 21 Greaves Rd W

City

Stafford Springs

State

CT

Zip Code

06076-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Transformation Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2030740262518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

**C. Anderson, Joshua, , MR.,**

Mailing Address 144 Peachtree Road

City

Mountain Brk

State

AL

Zip Code

35213-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2030746862518**

Amount of Each Receipt this Period

9.73

☐ Memo Item

P/R Deduction (\$9.73 Bi-Weekly)

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

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

44.36

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

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

FOR LINE NUMBER: PAGE 74 OF 261

(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. Glynn, Dennis, E, MR.,

Mailing Address 37 Daniel Ridge

City  
Westfield

State  
MA

Zip Code  
01085-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Product Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2030750562518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

B. Englerth, Troy, K, MR.,

Mailing Address 7253 W Melinda Lane

City  
Glendale

State  
AZ

Zip Code  
85308-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Group Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2030750762518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

C. Harris, Patricia, L, MS.,

Mailing Address 22 Charolais Way

City  
Burlington

State  
CT

Zip Code  
06013-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President - RS Product Manageme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2030764462518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

48.12

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

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

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

FOR LINE NUMBER: PAGE 75 OF 261

(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. SEDORA, ANDREW, J, ,

Mailing Address 65 WIMBLETON WAY

City  
RED LIONState  
PAZip Code  
17356-8277FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2030795862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. AURICCHIO, JASON, , ,

Mailing Address 6078 SW 33RD ST

City  
MIAMIState  
FLZip Code  
33155-4906FEC 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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2038709062518

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

C. ZIMMER, WILLIAM, , ,

Mailing Address 2213 HAMRICK DR

City  
RALEIGHState  
NCZip Code  
27615-2512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

233.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2038717662518

Amount of Each Receipt this Period

28.24

☐ Memo Item

P/R Deduction (\$14.12 Bi-Weekly)

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

80.92

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

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

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

FOR LINE NUMBER: PAGE 76 OF 261

(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. HARTUNG, BRET, A, ,**

Mailing Address 4317 N DAMEN AVE

City  
CHICAGO

State  
IL

Zip Code  
60618-1705

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 ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2038720462518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

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

**B. ELMTALAB, SAHAND, , ,**

Mailing Address 4295 WESTON LN N

City  
PLYMOUTH

State  
MN

Zip Code  
55446-2502

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 ▼

206.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2038727662518**

Amount of Each Receipt this Period

22.00

☐ Memo Item

P/R Deduction (\$11.00 Bi-Weekly)

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

**C. CIAMPITTI, GARY, LAWRENCE, ,**

Mailing Address 100 KINGS POINT DR APT 704

City  
SUNNY ISLES BEACH

State  
FL

Zip Code  
33160-4788

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 ▼

239.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2041697562518**

Amount of Each Receipt this Period

30.36

☐ Memo Item

P/R Deduction (\$15.18 Bi-Weekly)

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

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

177.36

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

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

FOR LINE NUMBER: PAGE 77 OF 261

(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. HAYWARD, JUSTIN, , ,

Mailing Address 16 WESTON RD

City  
WELLESLEY

State  
MA

Zip Code  
02482-6313

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2041714662518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

B. MCGEE, Daniel, J, MR.,

Mailing Address 10812 Alexander Mill Dr

City  
Charlotte

State  
NC

Zip Code  
28277-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2045466562518

Amount of Each Receipt this Period

57.70

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

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

C. LEE, SEAN, S, ,

Mailing Address 18809 CHRISTINA AVE

City  
CERRITOS

State  
CA

Zip Code  
90703-8420

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 ▼

244.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2050563962518

Amount of Each Receipt this Period

27.94

☐ Memo Item

P/R Deduction (\$13.97 Bi-Weekly)

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

127.32

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

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

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

FOR LINE NUMBER: PAGE 78 OF 261

(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. Parent, Rachel, A, MS.,

Mailing Address 5 Pembroke Dr

City  
Suffield

State  
CT

Zip Code  
06078-2096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

CIO - Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2052377662518

Amount of Each Receipt this Period

55.56

☐ Memo Item

P/R Deduction (\$55.56 Bi-Weekly)

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

B. HENDERLONG, Michael, E, MR.,

Mailing Address 41 Beaver Creek Ct

City  
Far Hills

State  
NJ

Zip Code  
07931-2594

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2052379362518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

C. HARDTNER, QUINTIN, THEODORE, , IV

Mailing Address 4142 FAIRFIELD AVE

City  
SHREVEPORT

State  
LA

Zip Code  
71106-1018

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 ▼

257.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2052450762518

Amount of Each Receipt this Period

21.42

☐ Memo Item

P/R Deduction (\$10.71 Bi-Weekly)

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

115.48

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

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

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

FOR LINE NUMBER: PAGE 79 OF 261

(check only one)

☒ 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. MCALPIN, MARTIN, JAMES, ,

Mailing Address 3527 PETE MILLER TRL N

City  
STILLWATERState  
MNZip Code  
55082-3616FEC 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 ▼

244.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2076543162518

Amount of Each Receipt this Period

27.94

☐ Memo Item

P/R Deduction (\$13.97 Bi-Weekly)

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

B. MORGAN, ADAM, , ,

Mailing Address 4914 DOLLARD DR

City  
RICHMONDState  
VAZip Code  
23230-2417FEC 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 ▼

244.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2076547262518

Amount of Each Receipt this Period

27.94

☐ Memo Item

P/R Deduction (\$13.97 Bi-Weekly)

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

C. DOSS CARTER, AL, JERMAINE, ,

Mailing Address 4605 CAHUENGA BLVD APT 306

City  
TOLUCA LAKEState  
CAZip Code  
91602-1583FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2076565962518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

80.88



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

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

FOR LINE NUMBER: PAGE 80 OF 261

(check only one)

☒ 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. HOLMES, COLIN, , ,**

Mailing Address 14310 GOLDTHREAD DR

City  
NOBLESVILLE

State  
IN

Zip Code  
46060-4752

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 ▼

229.17

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2090184062518**

Amount of Each Receipt this Period

35.42

☐ Memo Item

P/R Deduction (\$17.71 Bi-Weekly)

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

**B. SMITH, BRUCE, DAVID, ,**

Mailing Address 2654 FRANCES ST

City  
BELLMORE

State  
NY

Zip Code  
11710-5402

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2090184762518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. KWOK, DAVY, , ,**

Mailing Address 19770 CAMINO ARROYO

City  
WALNUT

State  
CA

Zip Code  
91789-1716

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 ▼

208.37

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2090200362518**

Amount of Each Receipt this Period

20.82

☐ Memo Item

P/R Deduction (\$10.41 Bi-Weekly)

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

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

81.24



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

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

FOR LINE NUMBER: PAGE 81 OF 261

(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. Todd, Lisa, M, MS.,

Mailing Address 945 E Broadway

City  
Boston

State  
MA

Zip Code  
02127-2479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2106069762518

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

B. FLYNN, Daniel, L, MR.,

Mailing Address 7917 Skye Lochs Dr

City  
Waxhaw

State  
NC

Zip Code  
28173-7493

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1159.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2106071662518

Amount of Each Receipt this Period

55.56

☐ Memo Item

P/R Deduction (\$55.56 Bi-Weekly)

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

C. Sebastian, Scott, E, MR.,

Mailing Address 43 Lexington Rd

City  
West Hartford

State  
CT

Zip Code  
06119-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP &amp; Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2106072862518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

84.43

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

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

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

FOR LINE NUMBER: PAGE 82 OF 261

(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. SNITKO, CLARK, , ,

Mailing Address 4910 EL DON DR

City  
ROCKLIN

State  
CA

Zip Code  
95677-3385

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2119922062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. Merritt, Sears, A, MR.,

Mailing Address 18 Canterbury Ln

City  
Groton

State  
MA

Zip Code  
01450-4242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
VP - Data Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2139274462518

Amount of Each Receipt this Period

13.90

☐ Memo Item

P/R Deduction (\$13.90 Bi-Weekly)

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

C. Cove, David, , MR.,

Mailing Address 220 Blue Granite Drive

City  
Holly Springs

State  
NC

Zip Code  
27540-6453

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

583.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2139277262518

Amount of Each Receipt this Period

27.80

☐ Memo Item

P/R Deduction (\$27.80 Bi-Weekly)

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

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

66.70

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

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

FOR LINE NUMBER: PAGE 83 OF 261

(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. ALLEN, CHARLES, , ,

Mailing Address 2503 HILLIARD RD

City  
HENRICO

State  
VA

Zip Code  
23228-4503

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2139325962518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. BAUMANN, KYLE, , ,

Mailing Address 3003 OLIN AVE UNIT 415

City  
SAN JOSE

State  
CA

Zip Code  
95128-2442

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 ▼

221.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2154014062518

Amount of Each Receipt this Period

25.73

☐ Memo Item

P/R Deduction (\$25.73 Bi-Weekly)

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

C. YOFFEE, MICHAEL, DAVID, ,

Mailing Address 9237 REGENTS RD UNIT K210

City  
LA JOLLA

State  
CA

Zip Code  
92037-9250

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 ▼

416.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2154017262518

Amount of Each Receipt this Period

41.62

☐ Memo Item

P/R Deduction (\$20.81 Bi-Weekly)

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

92.35

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

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

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

FOR LINE NUMBER: PAGE 84 OF 261

(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. GROSS, ERIC, , ,**

Mailing Address 3009 SHETLAND DR

City  
PLEASANT HILL

State  
CA

Zip Code  
94523-1616

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 ▼

247.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2154035262518**

Amount of Each Receipt this Period

26.10

☐ Memo Item

P/R Deduction (\$13.05 Bi-Weekly)

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

**B. BOUROS, PETE, , ,**

Mailing Address 8828 W 97TH PL

City  
PALOS HILLS

State  
IL

Zip Code  
60465-1015

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2154037662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. O'Connor, D Michael, , MR.,**

Mailing Address 27 High Gate Dr

City  
Avon

State  
CT

Zip Code  
06001-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Defined Benefit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2159446062518**

Amount of Each Receipt this Period

10.53

☐ Memo Item

P/R Deduction (\$10.53 Bi-Weekly)

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

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

61.63

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

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

FOR LINE NUMBER: PAGE 85 OF 261

(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. STOKESBARY, KEVIN, EDWARD, ,**

Mailing Address 7133 SAINT ANDREWS LN SE

City  
SNOQUALMIE

State  
WA

Zip Code  
98065-9092

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 ▼

488.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2159450562518**

Amount of Each Receipt this Period

55.88

☐ Memo Item

P/R Deduction (\$27.94 Bi-Weekly)

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

**B. Cherney, Adam, , ,**

Mailing Address 2195 LARCH ST

City  
WANTAGH

State  
NY

Zip Code  
11793-4145

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 ▼

454.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2159503162518**

Amount of Each Receipt this Period

172.93

☐ Memo Item

P/R Deduction (\$172.93 Monthly)

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

**C. BROWN, Scott, DA, MR.,**

Mailing Address 479 Chestnut St

City  
Waban

State  
MA

Zip Code  
02468-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2827.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2166460262518**

Amount of Each Receipt this Period

134.62

☐ Memo Item

P/R Deduction (\$134.62 Bi-Weekly)

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

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

363.43

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 OF 261

(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. Foley, Brian, , MR.,

Mailing Address 31 Penniman Ter

City  
BraintreeState  
MAZip Code  
02184-4121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of MMFA Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2166461762518

Amount of Each Receipt this Period

23.81

☐ Memo Item

P/R Deduction (\$23.81 Bi-Weekly)

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

B. MALHOTRA, DEEPAK, , ,

Mailing Address 23 WARWICK ST

City  
ISELINState  
NJZip Code  
08830-1837FEC 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 ▼

221.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2166470562518

Amount of Each Receipt this Period

39.28

☐ Memo Item

P/R Deduction (\$19.64 Bi-Weekly)

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

C. Potter, David, M, MR.,

Mailing Address 15 Aspen Rise

City  
East GranbyState  
CTZip Code  
06026-9413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2192444662518

Amount of Each Receipt this Period

19.45

☐ Memo Item

P/R Deduction (\$19.45 Bi-Weekly)

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

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

82.54

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

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

FOR LINE NUMBER: PAGE 87 OF 261

(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. LETTENBERGER, JASON, M., ,**

Mailing Address 19760 BRENNER DR

City  
BROOKFIELD

State  
WI

Zip Code  
53045-6093

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2194363562518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. MCANDREWS, KEVIN, , ,**

Mailing Address 7 RIVERWAY UNIT 1909

City  
HOUSTON

State  
TX

Zip Code  
77056-2057

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 ▼

239.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2199812562518**

Amount of Each Receipt this Period

30.24

☐ Memo Item

P/R Deduction (\$15.12 Bi-Weekly)

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

**C. ZHOU, STEPHEN, , ,**

Mailing Address 1082 66TH ST

City  
OAKLAND

State  
CA

Zip Code  
94608-1203

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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2199813862518**

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

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

87.92



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

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

FOR LINE NUMBER: PAGE 88 OF 261

(check only one)

☒ 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. SPRINGER, David, J, MR.,

Mailing Address 1170 Adams Ln

City  
Southlake

State  
TX

Zip Code  
76092-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2202061262518

Amount of Each Receipt this Period

26.32

☐ Memo Item

P/R Deduction (\$26.32 Bi-Weekly)

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

B. Acselrod, David, , MR.,

Mailing Address 12 Burr School Rd

City  
Westport

State  
CT

Zip Code  
06880-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Head of PCG Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2202068962518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

C. DRABINSKI, DANIEL, J, ,

Mailing Address 4100 PURDUE AVE

City  
DALLAS

State  
TX

Zip Code  
75225-6701

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 ▼

485.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2202104462518

Amount of Each Receipt this Period

57.34

☐ Memo Item

P/R Deduction (\$28.67 Bi-Weekly)

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

122.16

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



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

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

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(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. CHEN, TZU, LING, ,

Mailing Address 1124 S CROFTER DR

City  
WALNUT

State  
CA

Zip Code  
91789-3848

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2204066862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. REESER, CURTIS, , ,

Mailing Address 25 E 40TH ST APT 3C

City  
INDIANAPOLIS

State  
IN

Zip Code  
46205-2697

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2204072162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. LOPEZ, FREDDY, S, ,

Mailing Address 10070 CORBETT ST

City  
LAS VEGAS

State  
NV

Zip Code  
89149-1204

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 ▼

648.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2204073862518

Amount of Each Receipt this Period

75.88

☐ Memo Item

P/R Deduction (\$37.94 Bi-Weekly)

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

125.88

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

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

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

FOR LINE NUMBER: PAGE 90 OF 261

(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. Kochen, Neil, , MR.,

Mailing Address 93 Sunny Reach Dr

City  
West Hartford

State  
CT

Zip Code  
06117-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MassMutual Trust Company, FSB

Occupation (for Individual)  
Vice President, Trust Co. Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2244918862518

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$66.70 Bi-Weekly)

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

B. SCHOOLCRAFT, MICHAEL, , ,

Mailing Address 883 CHASEWOOD DR

City  
SOUTH ELGIN

State  
IL

Zip Code  
60177-3228

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2263764362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. BUTLER, LAMAR, B, ,

Mailing Address 1916 S PROSPECT AVE

City  
PARK RIDGE

State  
IL

Zip Code  
60068-5357

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2263787662518

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$6.25 Bi-Weekly)

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

104.20

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

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

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

FOR LINE NUMBER: PAGE 91 OF 261

(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. FRITZ, LEAH, Nicole, ,**

Mailing Address 4315 S 220TH PL

City  
KENT

State  
WA

Zip Code  
98032-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.53

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2265788762518**

Amount of Each Receipt this Period

49.24

☐ Memo Item

P/R Deduction (\$24.62 Bi-Weekly)

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

**B. Staroselskiy, Vadim, , MR.,**

Mailing Address 904 Stratford Dr

City

Southlake

State

TX

Zip Code

76092-7110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2274876962518**

Amount of Each Receipt this Period

11.70

☐ Memo Item

P/R Deduction (\$11.70 Bi-Weekly)

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

**C. Bruno, Frank, , MR.,**

Mailing Address 6130 Deerbrook Rd

City

Oak Park

State

CA

Zip Code

91377-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.35

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2274879762518**

Amount of Each Receipt this Period

13.35

☐ Memo Item

P/R Deduction (\$13.35 Bi-Weekly)

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

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

74.29

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 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. **DERHAM, CHRISTOPHER, M, ,**

Mailing Address 58 PHEASANT DR

City  
MIDDLETOWN

State  
CT

Zip Code  
06457-5172

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 ▼

392.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2274978662518

Amount of Each Receipt this Period

53.56

☐ Memo Item

P/R Deduction (\$26.78 Bi-Weekly)

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

B. **SILVA, VINCENT, , ,**

Mailing Address 520 N HALSTED ST APT 401

City  
CHICAGO

State  
IL

Zip Code  
60642-7567

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 ▼

257.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2274980762518

Amount of Each Receipt this Period

21.42

☐ Memo Item

P/R Deduction (\$10.71 Bi-Weekly)

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

C. **TOKARZ, Paul, William, ,**

Mailing Address 5820 N CLARK ST # 406

City  
CHICAGO

State  
IL

Zip Code  
60660-3213

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 ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2274982862518

Amount of Each Receipt this Period

38.70

☐ Memo Item

P/R Deduction (\$19.35 Bi-Weekly)

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

113.68

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

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

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

FOR LINE NUMBER: PAGE 93 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Soucie, Delphine, P, MS.,**

Mailing Address 5 Great Mdws

City  
West Simsbury

State  
CT

Zip Code  
06092-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Key Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2284793162518**

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

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

**B. EPPY, FRANCINE, B, ,**

Mailing Address 333 LAS OLAS WAY APT 1406

City

FORT LAUDERDALE

State

FL

Zip Code

33301-4303

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 ▼

593.85

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2292132162518**

Amount of Each Receipt this Period

103.08

☐ Memo Item

P/R Deduction (\$51.54 Bi-Weekly)

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

**c. Hahn, Sahang-Hee, , MS.,**

Mailing Address 85 Seaport Blvd Unit 1008

City

Boston

State

MA

Zip Code

02210-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.06

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2311363562518**

Amount of Each Receipt this Period

17.86

☐ Memo Item

P/R Deduction (\$17.86 Bi-Weekly)

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

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

136.34

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Rutley, Jennifer, R, MS.,

Mailing Address 66 Thornton Rd

City  
NeedhamState  
MAZip Code  
02492-4330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of MMFA Strategic Research &amp; D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2345426562518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

B. Huntley, David, , MR.,

Mailing Address 16 Hawthorn Rd

City  
AmherstState  
MAZip Code  
01002-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President - Financial Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2345715762518

Amount of Each Receipt this Period

107.15

☐ Memo Item

P/R Deduction (\$107.15 Bi-Weekly)

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

C. Friend, Ernest, , MR.,

Mailing Address 15 Cortland Cir

City  
LunenburgState  
MAZip Code  
01462-1494FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Solutions Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

560.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR2348661062518

Amount of Each Receipt this Period

26.70

☐ Memo Item

P/R Deduction (\$26.70 Bi-Weekly)

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

172.35

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

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

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

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(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. Christie, Cynthia, , MS.,**

Mailing Address 51 Avalon Lane

City

Marlborough

State

CT

Zip Code

06447-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.07

Date of Receipt

10 / 17 / 2018

Transaction ID : PR2351779362518

Amount of Each Receipt this Period

16.67

☐ Memo Item

P/R Deduction (\$16.67 Bi-Weekly)

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

**B. UNTALASCO, MYLENE, Gapasin, ,**

Mailing Address 600 E WEDDELL DR SPC 195

City

SUNNYVALE

State

CA

Zip Code

94089-1741

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 ▼

410.00

Date of Receipt

10 / 17 / 2018

Transaction ID : PR2413225862518

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

**C. DeGiule, Michael, A, MR.,**

Mailing Address 3 Edmund Ln

City

Enfield

State

CT

Zip Code

06082-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Systems Data Mgmt Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

217.10

Date of Receipt

10 / 17 / 2018

Transaction ID : PR2469399062518

Amount of Each Receipt this Period

16.70

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

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

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

133.37



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

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

FOR LINE NUMBER: PAGE 96 OF 261

(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. Mansell, Elise, , MS.,**

Mailing Address 114 Wendover Heights Circle

City  
Charlotte

State  
NC

Zip Code  
28211-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2469410862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**B. CHRISTIE, SAMUEL, , ,**

Mailing Address 7220 LINWOOD AVE

City

UPPER DARBY

State

PA

Zip Code

19082-3515

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 ▼

369.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476162862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. DOUGHERTY, TIMOTHY, J, ,**

Mailing Address 2171 MEADOWVIEW DR

City

JAMISON

State

PA

Zip Code

18929-1609

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 ▼

212.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476245662518

Amount of Each Receipt this Period

42.64

☐ Memo Item

P/R Deduction (\$21.32 Bi-Weekly)

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

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

92.64

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

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

FOR LINE NUMBER: PAGE 97 OF 261

(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. OWENS, RICHARD, BRIAN, ,**

Mailing Address 2 BROOK LN

City  
PAOLI

State  
PA

Zip Code  
19301-1903

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476270662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. RUFF, ROBERT, C., ,**

Mailing Address 2315 MEADOWWOOD DR

City  
TOLEDO

State  
OH

Zip Code  
43606-3158

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 ▼

430.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476272662518**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

**C. MALOUF, DAIBES, FARIS, ,**

Mailing Address 77 ACCESS RD STE 4

City  
NORWOOD

State  
MA

Zip Code  
02062-5244

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 ▼

238.15

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476282962518**

Amount of Each Receipt this Period

30.94

☐ Memo Item

P/R Deduction (\$15.47 Bi-Weekly)

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

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

155.94

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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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. ROTMAN, JEFFREY, R, ,

Mailing Address 144 DOCKSIDE CIR

City  
WESTONState  
FLZip Code  
33327-1100FEC 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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476347862518

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

B. CLOUSING, RUSSELL, L, , II

Mailing Address 4011 ROSLYN

City  
DOWNERS GROVEState  
ILZip Code  
60515-2319FEC 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 ▼

226.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476359562518

Amount of Each Receipt this Period

36.92

☐ Memo Item

P/R Deduction (\$18.46 Bi-Weekly)

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

C. GUARDIOLA DIAZ, ROBERTO, , ,

Mailing Address E2 CALLE 4 URB EL MIRADOR DE CUPEY

City  
SAN JUANState  
PRZip Code  
00926-7586FEC 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 ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476375662518

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

144.60

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ULLOM, Clark, S., ,

Mailing Address 498 ALBEMARLE RD #503

City  
CHARLESTON

State  
SC

Zip Code  
29407-7577

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 ▼

508.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476378662518

Amount of Each Receipt this Period

196.42

☐ Memo Item

P/R Deduction (\$98.21 Bi-Weekly)

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

B. SOULSBURG, GREGORY, D., ,

Mailing Address 1200 TERRACE DR

City  
NAPA

State  
CA

Zip Code  
94559-3586

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 ▼

350.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476390362518

Amount of Each Receipt this Period

124.68

☐ Memo Item

P/R Deduction (\$62.34 Bi-Weekly)

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

C. BRESCHI, CHARLES, G., ,

Mailing Address 11304 OLD CARRIAGE RD

City  
GLEN ARM

State  
MD

Zip Code  
21057-9414

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 ▼

247.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476403762518

Amount of Each Receipt this Period

26.42

☐ Memo Item

P/R Deduction (\$13.21 Bi-Weekly)

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

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

347.52

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **KOFF, RICHARD, HOWARD, ,**

Mailing Address 5159 CARMENTO DR

City  
OAK PARK

State  
CA

Zip Code  
91377-4854

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476427162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. **LENTZ, JODY, LYNN, ,**

Mailing Address 11404 SE 66TH ST

City  
BELLEVUE

State  
WA

Zip Code  
98006-6408

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 ▼

236.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476438862518

Amount of Each Receipt this Period

31.58

☐ Memo Item

P/R Deduction (\$15.79 Bi-Weekly)

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

C. **SCHWARTZ, REGINA, T., ,**

Mailing Address 506 CLOVERLEAF CT

City  
NAPERVILLE

State  
IL

Zip Code  
60565-4165

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 ▼

245.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476450662518

Amount of Each Receipt this Period

10.86

☐ Memo Item

P/R Deduction (\$10.86 Semi-Monthly)

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

67.44

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. UPCHURCH, ADRIENNE, E, ,**

Mailing Address 3444 SHENANDOAH ST

City  
DALLAS

State  
TX

Zip Code  
75205-2220

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476490562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. OLSEN, WILLIAM, THOMAS, ,**

Mailing Address 300 ONEIL RANCH RD

City

DRIPPING SPRINGS

State

TX

Zip Code

78620-5177

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 ▼

210.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476498762518**

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$22.50 Bi-Weekly)

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

**C. MCNAMARA, BRIAN, PETER, ,**

Mailing Address 2071 MEADOW VIEW LN

City

COSTA MESA

State

CA

Zip Code

92627-4051

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 ▼

216.41

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476543062518**

Amount of Each Receipt this Period

41.78

☐ Memo Item

P/R Deduction (\$20.89 Bi-Weekly)

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

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

111.78

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

Use separate schedule(s)  
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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. ROCKWELL, JOSHUA, Michael, ,**

Mailing Address 608 ROSAER LN

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23464-2431

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 ▼

211.13

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476552362518**

Amount of Each Receipt this Period

44.42

☐ Memo Item

P/R Deduction (\$22.21 Bi-Weekly)

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

**B. JONES, CHRISTOPHER, J, ,**

Mailing Address 24 WOOD DRIVE

City  
OYSTER BAY

State  
NY

Zip Code  
11771-3723

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

10 / 17 / 2018

**Transaction ID : PR2476554062518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**C. DELANEY, CHRISTOPHER, M, ,**

Mailing Address 2850 SW YANCY ST UNIT 102

City  
SEATTLE

State  
WA

Zip Code  
98126-2582

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 ▼

238.75

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476600662518**

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$6.25 Bi-Weekly)

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

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

106.92



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

Use separate schedule(s)  
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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. SENDACH, MATTHEW, , ,**

Mailing Address 200 E 72ND ST APT 5H

City  
NEW YORK

State  
NY

Zip Code  
10021-4500

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 ▼

201.04

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476615962518**

Amount of Each Receipt this Period

19.79

☐ Memo Item

P/R Deduction (\$19.79 Bi-Weekly)

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

**B. LOFTIS, MARK, , ,**

Mailing Address 3022 SHANNON OAKS CV

City  
GERMANTOWN

State  
TN

Zip Code  
38138-7736

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 ▼

224.47

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476626262518**

Amount of Each Receipt this Period

15.11

☐ Memo Item

P/R Deduction (\$15.11 Semi-Monthly)

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

**C. THOMPSON, Shannon, A., ,**

Mailing Address 145 STILLMERE CT

City  
WINSTON SALEM

State  
NC

Zip Code  
27101-2311

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 ▼

424.43

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476627962518**

Amount of Each Receipt this Period

70.22

☐ Memo Item

P/R Deduction (\$35.11 Bi-Weekly)

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

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

105.12

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **RUSSELL, MICHAEL, , ,**

Mailing Address 5935 BRACE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28211-4650

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 ▼

237.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476641462518

Amount of Each Receipt this Period

12.50

☐ 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 MEADOW

State  
NY

Zip Code  
11554-1649

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 ▼

266.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476659362518

Amount of Each Receipt this Period

116.88

☐ Memo Item

P/R Deduction (\$58.44 Bi-Weekly)

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

C. **SINGER, RICHARD, , ,**

Mailing Address 2 SAGE TER

City  
SCARSDALE

State  
NY

Zip Code  
10583-2018

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476660662518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

154.38

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. THOMPSON, JOHN, P, ,

Mailing Address 745 VAIL DR

City  
JACKSON

State  
MO

Zip Code  
63755-3287

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476671862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. BORGES, JOSE, JUAN, ,

Mailing Address 25 PACIFICA VIA AMANECER

City  
TRUJILLO ALTO

State  
PR

Zip Code  
00976

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 ▼

407.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476688962518

Amount of Each Receipt this Period

46.08

☐ Memo Item

P/R Deduction (\$23.04 Bi-Weekly)

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

C. Kaltenbach, Geoffrey, Lane, ,

Mailing Address 28 CALLE MATTIS

City  
SAN CLEMENTE

State  
CA

Zip Code  
92673-7050

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 ▼

1750.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476690262518

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

154.43

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ROMAN, SHAVON, , ,

Mailing Address 2550 CUMBERLAND BLVD SE APT 819

City  
SMYRNA

State  
GA

Zip Code  
30080-2837

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 ▼

223.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476706662518

Amount of Each Receipt this Period

38.10

☐ Memo Item

P/R Deduction (\$19.05 Bi-Weekly)

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

B. BUGANSKI, MICHAEL, A, ,

Mailing Address 6826 CLOISTER CT

City  
TOLEDO

State  
OH

Zip Code  
43617-2215

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476706762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. JARMUSIK, GERALD, C., , JR

Mailing Address 104 OXFORD FALLS CT

City  
LANGHORNE

State  
PA

Zip Code  
19047-3012

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 ▼

348.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476714762518

Amount of Each Receipt this Period

75.86

☐ Memo Item

P/R Deduction (\$37.93 Bi-Weekly)

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

138.96

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

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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. WEINER, MIKE, , ,**

Mailing Address 3500 SAGE BRUSH TRL

City  
PLANO

State  
TX

Zip Code  
75023-5731

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 ▼

244.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476724162518**

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

**B. LEONARDO, ROBERT, , ,**

Mailing Address 230 JULEP AVE

City  
OSWEGO

State  
IL

Zip Code  
60543-7705

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 ▼

236.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476727362518**

Amount of Each Receipt this Period

31.54

☐ Memo Item

P/R Deduction (\$15.77 Bi-Weekly)

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

**C. STURGES, Robert, J., ,**

Mailing Address 30 RODNEY ST

City  
PORT JEFFERSON STATION

State  
NY

Zip Code  
11776-3810

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 ▼

427.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476737362518**

Amount of Each Receipt this Period

149.20

☐ Memo Item

P/R Deduction (\$74.60 Bi-Weekly)

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

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

208.42

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

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

FOR LINE NUMBER: PAGE 108 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MCROBERTS, EMMA, , ,**

Mailing Address 2727 E 86TH ST APT 310

City  
INDIANAPOLIS

State  
IN

Zip Code  
46240-4479

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 ▼

243.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476755562518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. SAUL, MATTHEW, J, ,**

Mailing Address 45 TUDOR CITY PL APT 1904

City  
NEW YORK

State  
NY

Zip Code  
10017-7612

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 ▼

281.65

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476756562518**

Amount of Each Receipt this Period

100.14

☐ Memo Item

P/R Deduction (\$30.14 Bi-Weekly)

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

**C. HAMMAN, RYAN, , ,**

Mailing Address 151 ANTLER CIR

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-2259

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 ▼

247.09

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2476758762518**

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Bi-Weekly)

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

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

156.58

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

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

FOR LINE NUMBER: PAGE 109 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MOSBACHER, ISIDOR, , ,

Mailing Address 145 FOREST DR

City  
LAKEWOOD

State  
NJ

Zip Code  
08701-2317

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 ▼

239.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR247673462518

Amount of Each Receipt this Period

30.24

☐ Memo Item

P/R Deduction (\$15.12 Bi-Weekly)

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

B. NABI, USMAN, , ,

Mailing Address 4610 E CHEERY LYNN RD

City  
PHOENIX

State  
AZ

Zip Code  
85018-6528

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 ▼

238.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476792962518

Amount of Each Receipt this Period

30.88

☐ Memo Item

P/R Deduction (\$15.44 Bi-Weekly)

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

C. CUNNINGHAM, CHARLES, A, ,

Mailing Address 4211 GROVE AVE

City  
WESTERN SPRINGS

State  
IL

Zip Code  
60558-1347

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 ▼

833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476821462518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

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

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

144.44



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

Use separate schedule(s)  
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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. HOULE, ROBERT, , , JR**

Mailing Address 41 MEMORY LN

City  
FEEDING HILLS

State  
MA

Zip Code  
01030-2423

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476822262518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. DEVIZIO, MICHAEL, , ,**

Mailing Address 2 FRANCES LN

City  
SCOTCH PLAINS

State  
NJ

Zip Code  
07076-2534

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 ▼

233.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476829262518**

Amount of Each Receipt this Period

33.04

☐ Memo Item

P/R Deduction (\$16.52 Bi-Weekly)

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

**C. DRAUDT, DONALD, JOSEPH, ,**

Mailing Address 313 HUDSON AVE

City  
CLARENDON HILLS

State  
IL

Zip Code  
60514-1331

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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2476851162518**

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

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

90.72

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

Use separate schedule(s)  
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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. JUDGE, JEFFREY, M, ,

Mailing Address 1200 GLASTONBURY WAY

City  
BEL AIRState  
MDZip Code  
21014-3333FEC 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 ▼

292.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476863862518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. GILL, JANICE, LYNN, ,

Mailing Address 38 WESLEY CT

City  
EATONTOWNState  
NJZip Code  
07724-1423FEC 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 ▼

806.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2476869062518

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

C. LIN, JIAN, , ,

Mailing Address 2408 MISTY IVY CT

City  
BUFORDState  
GAZip Code  
30519-5489FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2477455262518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

155.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. DAVIS, RONALD, C., ,

Mailing Address 2032 ADDENBROCK DR

City  
MORRISVILLE

State  
NC

Zip Code  
27560-8623

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 ▼

248.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2477475962518

Amount of Each Receipt this Period

50.38

☐ Memo Item

P/R Deduction (\$50.38 Semi-Monthly)

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

B. 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 ▼

203.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2477481462518

Amount of Each Receipt this Period

19.35

☐ Memo Item

P/R Deduction (\$19.35 Semi-Monthly)

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

C. KIRSCHNER, DANIELLE, , ,

Mailing Address 1100 ELINOR RD

City  
HEWLETT

State  
NY

Zip Code  
11557-2506

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2477484562518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

94.73

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. GORDON-MACEY, SCOTT, D., ,**

Mailing Address 409 HILLWIND RD

City  
BRATTLEBORO

State  
VT

Zip Code  
05301-9074

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 ▼

233.22

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2477492262518**

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

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

**B. BENSON, JEFFREY, R., ,**

Mailing Address 3206 CAMELOT DR

City  
DALLAS

State  
TX

Zip Code  
75229-5903

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2477494762518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. KRITCHER, ZACHARY, , ,**

Mailing Address 50 MURRAY ST APT 1811

City  
NEW YORK

State  
NY

Zip Code  
10007-2271

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2477506562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

83.40

# **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. CONE, WESLEY, E., ,**

Mailing Address 500 CONSTITUTION DR

City  
FORSYTH

State  
GA

Zip Code  
31029-7355

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 ▼

271.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477536162518**

Amount of Each Receipt this Period

114.28

☐ Memo Item

P/R Deduction (\$57.14 Bi-Weekly)

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

**B. SCRIVNER, EVERETTE, SCOTT, ,**

Mailing Address 190 BARNESTON RD

City  
HONEY BROOK

State  
PA

Zip Code  
19344-9503

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 ▼

207.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477572362518**

Amount of Each Receipt this Period

46.36

☐ Memo Item

P/R Deduction (\$23.18 Bi-Weekly)

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

**C. MINKA, Stanley, E., , JR**

Mailing Address 1 EAGLE WAY

City  
AVONDALE

State  
PA

Zip Code  
19311-9723

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 ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477588062518**

Amount of Each Receipt this Period

15.00

☐ Memo Item

P/R Deduction (\$7.50 Bi-Weekly)

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

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

175.64

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

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

FOR LINE NUMBER: PAGE 115 OF 261

(check only one)

☒ 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. KOH, STEPHEN, , ,**

Mailing Address 2441 REBECCA LN

City  
GLENVIEW

State  
IL

Zip Code  
60026-1144

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 ▼

222.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477639262518**

Amount of Each Receipt this Period

15.47

☐ Memo Item

P/R Deduction (\$15.47 Semi-Monthly)

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

**B. PYKOSZ, ROBERT, , ,**

Mailing Address 205 CLEARBROOK CT

City  
SCHAUMBURG

State  
IL

Zip Code  
60193-3129

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 ▼

236.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477674162518**

Amount of Each Receipt this Period

31.90

☐ Memo Item

P/R Deduction (\$15.95 Bi-Weekly)

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

**C. LIEBERMAN, JOSHUA, T, ,**

Mailing Address 215 W WASHINGTON ST #3305

City  
CHICAGO

State  
IL

Zip Code  
60606-3517

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477674262518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

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

77.37

# **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 116 OF 261

☒ 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. JARVIS, PATRICK, R, ,**

Mailing Address 343 W WOLF POINT PLZ 2905

City  
CHICAGO

State  
IL

Zip Code  
60654-0165

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477675562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. CUOMO, KEITH, , ,**

Mailing Address 19 LODGE LN

City

MILLER PLACE

State  
NY

Zip Code  
11764-1913

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 ▼

224.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477740462518**

Amount of Each Receipt this Period

15.12

☐ Memo Item

P/R Deduction (\$15.12 Bi-Weekly)

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

**C. DONALDSON, Natalia, , ,**

Mailing Address 159 OAKESDALE DR

City

BLUFFTON

State  
SC

Zip Code  
29909-7819

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 ▼

343.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2477740562518**

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

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

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

52.62



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

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

FOR LINE NUMBER: PAGE 117 OF 261

(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. KIBLER, Bronson, , ,

Mailing Address 288 TRICKUM CREEK RD

City  
TYRONEState  
GAZip Code  
30290-1711FEC 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 ▼

222.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR247775362518

Amount of Each Receipt this Period

12.89

☐ Memo Item

P/R Deduction (\$12.89 Bi-Weekly)

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

B. MCMILLAN, DARA, E., ,

Mailing Address 3198 CASCADE DR

City  
BURLINGTONState  
NCZip Code  
27217-7450FEC 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 ▼

210.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2478010762518

Amount of Each Receipt this Period

44.64

☐ Memo Item

P/R Deduction (\$22.32 Bi-Weekly)

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

C. CALDWELL, CELESTE, , ,

Mailing Address 1385 VERA CRUZ

City  
MEMPHISState  
TNZip Code  
38117-6813FEC 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 ▼

271.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2478084462518

Amount of Each Receipt this Period

5.64

☐ Memo Item

P/R Deduction (\$5.64 Semi-Monthly)

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

63.17

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

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

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

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(check only one)

☒ 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. SELKE, ERNEST, R., , JR**

Mailing Address 1122 EASTERN AVE

City  
CHARLTON

State  
NY

Zip Code  
12019-2910

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 ▼

200.72

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478085762518**

Amount of Each Receipt this Period

19.85

☐ Memo Item

P/R Deduction (\$19.85 Bi-Weekly)

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

**B. WIGGINS, TERA, , ,**

Mailing Address 1001 DEXTER CIR

City  
BIRMINGHAM

State  
AL

Zip Code  
35242-6663

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 ▼

801.89

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478151762518**

Amount of Each Receipt this Period

224.06

☐ Memo Item

P/R Deduction (\$0.00 Bi-Weekly)

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

**c. Sherman, Renee, S, MS.,**

Mailing Address 1071 Brusko Drive

City  
The Villages

State  
FL

Zip Code  
32163-4136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Wealth Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

773.85

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478172362518**

Amount of Each Receipt this Period

36.85

☐ Memo Item

P/R Deduction (\$36.85 Bi-Weekly)

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

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

280.76

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

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

FOR LINE NUMBER: PAGE 119 OF 261

(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. HARRIS, Barkley, Miles, ,**

Mailing Address 1941 DENALI LANE

City  
KELLER

State  
TX

Zip Code  
76248-9725

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 ▼

285.73

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478183862518**

Amount of Each Receipt this Period

52.38

☐ Memo Item

P/R Deduction (\$52.38 Bi-Weekly)

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

**B. KONAWALIK, BRADLEY, , ,**

Mailing Address 4459 BRAVERY PL SW

City  
CONCORD

State  
NC

Zip Code  
28027-2709

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 ▼

205.91

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478189362518**

Amount of Each Receipt this Period

22.06

☐ Memo Item

P/R Deduction (\$11.03 Bi-Weekly)

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

**C. Bargery, Brett, E., ,**

Mailing Address 3541 N JASPER MTN CIR

City  
MESA

State  
AZ

Zip Code  
85207-9130

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 ▼

1750.35

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2478194762518**

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

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

157.79

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. STENDER, MARY, , ,**

Mailing Address 2934 HAWKINS CRK LANE

City  
LEAGUE CITYState  
TXZip Code  
77573-1544FEC 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 ▼

249.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR2478276962518**

Amount of Each Receipt this Period

70.07

☐ Memo Item

P/R Deduction (\$70.07 Semi-Monthly)

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

**B. JORDAN, Keith, Evans, ,**

Mailing Address 7218 WHIPPOORWILL LN NE

City  
ALBUQUERQUEState  
NMZip Code  
87109-6072FEC 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 ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR2478365262518**

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$6.25 Bi-Weekly)

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

**C. Nicolas, Gaetan, , MR.,**

Mailing Address 77 Raffaele Dr

City  
WalthamState  
MAZip Code  
02452-0313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
Vice President Sales Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR2484673962518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

207.57

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

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

FOR LINE NUMBER: PAGE 121 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Creegan, Patrick, J, MR.,**

Mailing Address 15 Stephenson Terrace

City

Briarcliff Manor

State

NY

Zip Code

10510-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2484675862518**

Amount of Each Receipt this Period

15.65

☐ Memo Item

P/R Deduction (\$15.65 Bi-Weekly)

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

**B. Flynn, Daniel, J, MR.,**

Mailing Address 3011 Rocky Hollow Dr

City

Waxhaw

State

NC

Zip Code

28173-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President Sales Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2484676562518**

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$66.70 Bi-Weekly)

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

**C. Garrick, Alyssa, D, MS.,**

Mailing Address 7104 Maricopa Road

City

Charlotte

State

NC

Zip Code

28277-3577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

VP, Business Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

589.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR2484682662518**

Amount of Each Receipt this Period

36.85

☐ Memo Item

P/R Deduction (\$36.85 Bi-Weekly)

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

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

119.20

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

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

FOR LINE NUMBER: PAGE 122 OF 261

(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. Whelan, Sean, M, MR.,

Mailing Address 5084 Lily Pond Circle

City  
Waxhaw

State  
NC

Zip Code  
28173-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Business Planning &amp; Strategic Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2484706062518

Amount of Each Receipt this Period

15.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. Costas, John, N, MR.,

Mailing Address 10 Massaco St Unit J

City  
Simsbury

State  
CT

Zip Code  
06070-2138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Systems Data Mgmt Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2484759362518

Amount of Each Receipt this Period

18.75

☐ Memo Item

P/R Deduction (\$18.75 Bi-Weekly)

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

C. BACH, BRIAN, R, ,

Mailing Address 49 ROGERS AVE

City  
MILFORD

State  
CT

Zip Code  
06460-6436

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 ▼

242.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2488155662518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

63.75

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

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

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

FOR LINE NUMBER: PAGE 123 OF 261

(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. GILL, ROBERT, EMMETT, , SR

Mailing Address 38 WESLEY CT

City  
EATONTOWN

State  
NJ

Zip Code  
07724-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2490277662518

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

B. JACOB, SCOTT, J, ,

Mailing Address 24 JOHN ST

City  
MILFORD

State  
CT

Zip Code  
06460-5615

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 ▼

234.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2490415262518

Amount of Each Receipt this Period

32.80

☐ Memo Item

P/R Deduction (\$16.40 Bi-Weekly)

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

C. CURRY, JAMES, PAUL, ,

Mailing Address 5961 W PARKER RD APT 1305

City  
PLANO

State  
TX

Zip Code  
75093-7743

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 ▼

204.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR2491628162518

Amount of Each Receipt this Period

47.90

☐ Memo Item

P/R Deduction (\$23.95 Bi-Weekly)

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

180.70

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 124 OF 261

(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. SEAY, EVERETTE, M, ,**

Mailing Address 4392 WORTH DR E

City  
JACKSONVILLE

State  
FL

Zip Code  
32207-7502

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 ▼

305.05

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2492387962518**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

**B. LaPiana, Paul, A, MR.,**

Mailing Address 6615 Green Knoll Drive

City  
Dallas

State  
TX

Zip Code  
75230-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
SVP - Sales and Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2505805862518**

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$166.70 Bi-Weekly)

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

**C. CHANG, DAVID, T, ,**

Mailing Address 501 FERN CROFT CT

City  
DANVILLE

State  
CA

Zip Code  
94526-5517

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 ▼

798.51

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2507035062518**

Amount of Each Receipt this Period

100.76

☐ Memo Item

P/R Deduction (\$50.38 Bi-Weekly)

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

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

367.46

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

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

FOR LINE NUMBER: PAGE 125 OF 261

(check only one)

☒ 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. Carr, Samuel, H, MR.,**

Mailing Address 9022 Colfax Rdg

City  
Helotes

State  
TX

Zip Code  
78023-4563

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.10

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2512006462518**

Amount of Each Receipt this Period

16.70

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

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

**B. Hassara, Teresa, A, MS.,**

Mailing Address 239 Kimball Rd

City  
Carlisle

State  
MA

Zip Code  
01741-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of Workplace Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2512012362518**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Bi-Weekly)

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

**c. Murphy, Sean, , MR.,**

Mailing Address 6829 Vallon Drive

City  
Rancho Palos Verdes

State  
CA

Zip Code  
90275-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President National Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

583.45

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2519257162518**

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

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

350.05

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ENOS, Michael, Scott, ,**

Mailing Address 1602 RUELLÉ DE GRACE DR

City  
BATON ROUGE

State  
LA

Zip Code  
70810-0510

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 ▼

200.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2541283862518**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

**B. Sonne, James, , MR.,**

Mailing Address 2555 Pennsylvania Ave NW Apt 308

City  
Washington

State  
DC

Zip Code  
20037-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2544060162518**

Amount of Each Receipt this Period

21.90

☐ Memo Item

P/R Deduction (\$21.90 Bi-Weekly)

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

**C. Russek, David, , MR.,**

Mailing Address 10 Cumston St

City  
Boston

State  
MA

Zip Code  
02118-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Supplier Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

505.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2544080562518**

Amount of Each Receipt this Period

38.90

☐ Memo Item

P/R Deduction (\$38.90 Bi-Weekly)

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

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

260.80

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

Use separate schedule(s)  
for each category of the  
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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. Milikowsky, Matthew, , MR.,**

Mailing Address 131 Winchester St

City  
Brookline

State  
MA

Zip Code  
02446-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR2544111862518**

Amount of Each Receipt this Period

27.80

☐ Memo Item

P/R Deduction (\$27.80 Bi-Weekly)

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

**B. LARGE, ABBE, F, ,**

Mailing Address 11 BLANCHARD RD

City  
GREENWICH

State  
CT

Zip Code  
06831-3676

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789844062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. MELTZER, ALAN, L, ,**

Mailing Address 2000 S OCEAN BLVD APT 3K

City  
BOCA RATON

State  
FL

Zip Code  
33432-8085

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 ▼

4062.49

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789845162518**

Amount of Each Receipt this Period

451.40

☐ Memo Item

P/R Deduction (\$225.70 Bi-Weekly)

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

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

504.20

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. WINGERD, ANGELA, M, ,**

Mailing Address 10297 STONE QUARRY RD

City  
RIGA

State  
MI

Zip Code  
49276-9645

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 ▼

249.27

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789850162518**

Amount of Each Receipt this Period

25.38

☐ Memo Item

P/R Deduction (\$12.69 Bi-Weekly)

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

**B. GLEASON, ANTHONY, M, ,**

Mailing Address 7098 E FISH LAKE RD

City

MAPLE GROVE

State

MN

Zip Code

55311-2832

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 ▼

217.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789851062518**

Amount of Each Receipt this Period

41.08

☐ Memo Item

P/R Deduction (\$20.54 Bi-Weekly)

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

**C. STARR, ANTHONY, R, ,**

Mailing Address 2 PAISLEY CT

City

SAVANNAH

State

GA

Zip Code

31411-3078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789851362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

91.46

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BUTERBAUGH, BRET, J, ,

Mailing Address 207 FAIRFIELD DRVIE

City  
STATE COLLEGE

State  
PA

Zip Code  
16801-8244

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 ▼

242.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789858162518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

B. CLORE, BRINEY LEE, , ,

Mailing Address 5064 SWITCH GRASS LN

City  
NAPERVILLE

State  
IL

Zip Code  
60564-5367

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 ▼

239.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789859962518

Amount of Each Receipt this Period

30.18

☐ Memo Item

P/R Deduction (\$15.09 Bi-Weekly)

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

C. RIDDLE, Bruce, T., ,

Mailing Address 3702 E 63RD ST

City  
TULSA

State  
OK

Zip Code  
74136-1523

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789860762518

Amount of Each Receipt this Period

166.67

☐ Memo Item

P/R Deduction (\$166.67 Monthly)

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

226.85

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. HANNING, Bryan, Scott, ,

Mailing Address 1 N SANDPIPER ST

City  
WICHITA

State  
KS

Zip Code  
67230-6626

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 ▼

555.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789861062518

Amount of Each Receipt this Period

222.20

☐ Memo Item

P/R Deduction (\$222.20 Monthly)

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

B. ERSTAD, B, HYATT, , JR

Mailing Address 2510 S NANTUCKET WAY

City  
BOISE

State  
ID

Zip Code  
83706-5095

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789861662518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. CAVASSO, CAMPBELL, , ,

Mailing Address 41-530 WAIKUPANAHA ST

City  
WAIMANALO

State  
HI

Zip Code  
96795-1438

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789862862518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

297.20

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



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

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

FOR LINE NUMBER: PAGE 131 OF 261

(check only one)

☒ 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. WILSON, CASSANDRA, LOU, ,**

Mailing Address 3909 PATTY LN

City  
BETHANY

State  
OK

Zip Code  
73008-3046

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789865062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**B. FLYNN, CHRISTOPHER, J, ,**

Mailing Address 126 JERICHO RD

City

SCITUATE

State  
MA

Zip Code  
02066-3558

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789870962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. HEERDEGEN, CHRISTOPHE, L, ,**

Mailing Address 6862 SECTION RD

City

OTTAWA LAKE

State  
MI

Zip Code  
49267-9551

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 ▼

983.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789871362518**

Amount of Each Receipt this Period

133.30

☐ Memo Item

P/R Deduction (\$66.65 Bi-Weekly)

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

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

183.30

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

Use separate schedule(s)  
for each category of the  
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(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. SCHNEIDER, COREY, A, ,

Mailing Address 20 STRATTON RD

City  
SCARSDALE

State  
NY

Zip Code  
10583-7555

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 ▼

4166.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789873262518

Amount of Each Receipt this Period

416.68

☐ Memo Item

P/R Deduction (\$208.34 Bi-Weekly)

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

B. SMITH, Daniel, M., ,

Mailing Address 1110 TENNWOOD DR

City  
WILMINGTON

State  
NC

Zip Code  
28411-8306

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 ▼

222.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789877662518

Amount of Each Receipt this Period

88.87

☐ Memo Item

P/R Deduction (\$88.87 Monthly)

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

C. ROOT, DAVID, H, ,

Mailing Address 2500 HOLLYWOOD BLVD #304

City  
HOLLYWOOD

State  
FL

Zip Code  
33020-6615

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 ▼

460.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789881662518

Amount of Each Receipt this Period

55.88

☐ Memo Item

P/R Deduction (\$27.94 Bi-Weekly)

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

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

561.43

# **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. DAVIS, David, L., ,**

Mailing Address 4211 83RD AVE SE

City  
MERCER ISLAND

State  
WA

Zip Code  
98040-4015

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 ▼

666.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789882262518**

Amount of Each Receipt this Period

266.67

☐ Memo Item

P/R Deduction (\$266.67 Monthly)

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

**B. BECKER, DAVID, M., ,**

Mailing Address 117 ROSE DR

City  
PORT MATILDA

State  
PA

Zip Code  
16870-7535

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789885662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. FILOSA, DEANNA, , ,**

Mailing Address 94 HOLST DR W

City  
HUNTINGTON

State  
NY

Zip Code  
11743-3940

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789886862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

316.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. DUVAL, DENNIS, MICHAEL, ,**

Mailing Address 175 TURN BERRY LN

City  
BATTLE CREEKState  
MIZip Code  
49015-9406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR789888962518**

Amount of Each Receipt this Period

29.16

☐ Memo Item

P/R Deduction (\$14.58 Bi-Weekly)

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

**B. OLSEN, DONALD, G, ,**

Mailing Address 709 JEFFERSON ST

City  
HANOVERState  
ILZip Code  
61041-9678FEC 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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR789891862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. LEBOLD, EDWARD, J, ,**

Mailing Address 945 OAK TER

City  
LAKE OSWEGOState  
ORZip Code  
97034-4664FEC 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 ▼

395.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2018

**Transaction ID : PR789897762518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.84

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

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

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(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. SUNTER, EDWARD, P, ,

Mailing Address 106 BROOKHAVEN DR

City  
E LONGMEADOW

State  
MA

Zip Code  
01028-1409

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789898062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. GINNANE, F, JAMES, ,

Mailing Address 8570 GREENWAY CT

City  
EAST AMHERST

State  
NY

Zip Code  
14051-2054

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789903162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

C. PICKETT, FRANCIS, JOSEPH, ,

Mailing Address 133 BONNIEBRAE CT

City  
BURLESON

State  
TX

Zip Code  
76028-2335

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 ▼

218.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789903262518

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$10.42 Bi-Weekly)

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

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

70.84

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. WILLIAMS, FORREST, E, , JR**

Mailing Address 1909 WOODSIDE LN

City  
VIRGINIA BCH

State  
VA

Zip Code  
23454-1031

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 ▼

247.09

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789904462518

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Bi-Weekly)

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

**B. TAYLOR, FRANKLIN, J, ,**

Mailing Address 5062 RANCHITO AVE

City  
SHERMAN OAKS

State  
CA

Zip Code  
91423-1226

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 ▼

243.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789907662518

Amount of Each Receipt this Period

27.08

☐ Memo Item

P/R Deduction (\$13.54 Bi-Weekly)

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

**C. TYRRELL, Gene, S., ,**

Mailing Address 1657 SOUTHPORT DR  
Suite 415

City  
RIVERSIDE

State  
CA

Zip Code  
92506-5450

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 ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789913362518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

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

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

186.85

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **BECKNELL, George, Phelps, , III**

Mailing Address 201 CRESCENT ST

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-4406

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 ▼

555.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789915662518

Amount of Each Receipt this Period

222.20

☐ Memo Item

P/R Deduction (\$222.20 Monthly)

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

B. **CAYLOR, George, V., ,**

Mailing Address 2460 RIVERMONT AVE

City  
LYNCHBURG

State  
VA

Zip Code  
24503-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789915862518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

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

C. **KIMPEL, GORDON, M., ,**

Mailing Address 10161 CASTLEWOOD LN

City  
OAKTON

State  
VA

Zip Code  
22124-3026

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 ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789919762518

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

395.53

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



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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. CARROLL, Gregory, F., ,**

Mailing Address 6016 CAIRN TER

City  
BETHESDA

State  
MD

Zip Code  
20817-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789921462518**

Amount of Each Receipt this Period

266.67

☐ Memo Item

P/R Deduction (\$266.67 Monthly)

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

**B. SKARDA, HAROLD, J., , JR**

Mailing Address 746 LOST CREEK DR

City  
BULVERDE

State  
TX

Zip Code  
78163-3147

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 ▼

208.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789926062518**

Amount of Each Receipt this Period

20.82

☐ Memo Item

P/R Deduction (\$10.41 Bi-Weekly)

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

**C. MERIWETHER, HERSHEL, S., , II**

Mailing Address 6535 ADEN LN

City  
AUSTIN

State  
TX

Zip Code  
78739-1594

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 ▼

200.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789931762518**

Amount of Each Receipt this Period

19.85

☐ Memo Item

P/R Deduction (\$19.85 Semi-Monthly)

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

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

307.34

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

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

FOR LINE NUMBER: PAGE 139 OF 261

(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. Bienenfeld, Howard, N., ,

Mailing Address 5921 SW 33RD LN

City  
FT LAUDERDALE

State  
FL

Zip Code  
33312-6364

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 ▼

666.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789932762518

Amount of Each Receipt this Period

166.67

☐ Memo Item

P/R Deduction (\$166.67 Monthly)

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

B. HINRICHS, IVAN, CARL, ,

Mailing Address 2418 LA MAISON DR

City  
CHARLOTTE

State  
NC

Zip Code  
28226-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789935262518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

C. JENSEN, JAMES, MICHAEL, ,

Mailing Address 7903 COPELAND RD

City  
ODESSA

State  
FL

Zip Code  
33556-3261

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789937162518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

258.35

# **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  
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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. BROCKE, JAMES, C, ,**

Mailing Address 14010 PLATTE DR

City  
CARMEL

State  
IN

Zip Code  
46033-8592

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 ▼

208.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789941862518**

Amount of Each Receipt this Period

15.13

☐ Memo Item

P/R Deduction (\$15.13 Semi-Monthly)

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

**B. FINNEY, JAMES, I, , III**

Mailing Address 2304 BUFFAPPLE CT

City  
RICHMOND

State  
VA

Zip Code  
23233-2601

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789947262518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. GROOMS, JAMES, P, ,**

Mailing Address 660 OWNBY DR

City  
GATLINBURG

State  
TN

Zip Code  
37738-5767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR789950762518**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$10.42 Bi-Weekly)

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

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

60.97

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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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. FLEISHMAN, JANET, GAIL, ,

Mailing Address 143 SOUNDVIEW CT

City  
STAMFORDState  
CTZip Code  
06902-7111FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789955562518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

B. Duncan, Jeffrey, H., ,

Mailing Address 39 DEACON PL

City  
CRESSKILLState  
NJZip Code  
07626-1140FEC 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 ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789959362518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

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

C. SKOOG, JOHN, CURTIS, ,

Mailing Address 4945 PINE LN

City  
EAGANState  
MNZip Code  
55123-4911FEC 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 ▼

395.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789968762518

Amount of Each Receipt this Period

41.66

☐ Memo Item

P/R Deduction (\$20.83 Bi-Weekly)

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

199.99

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

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

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

FOR LINE NUMBER: PAGE 142 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. RUCKEL, John, Marvin, ,**

Mailing Address 524 INWOOD LN

City  
NACOGDOCHES

State  
TX

Zip Code  
75965-1929

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 ▼

666.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789975562518**

Amount of Each Receipt this Period

266.67

☐ Memo Item

P/R Deduction (\$266.67 Monthly)

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

**B. SCHNEIDER, JOHN, N, ,**

Mailing Address 211 ADDYSTON PARC

City  
SAINT PETERS

State  
MO

Zip Code  
63376-2448

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 ▼

203.42

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789975662518**

Amount of Each Receipt this Period

23.28

☐ Memo Item

P/R Deduction (\$11.64 Bi-Weekly)

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

**C. AHRENS, JOHN, R, ,**

Mailing Address 8661 MILLCREEK DR

City  
EAST AMHERST

State  
NY

Zip Code  
14051-2085

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 ▼

208.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789976462518**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$10.42 Bi-Weekly)

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

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

310.79

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. DEGEN, JOHN, R, ,**

Mailing Address 1231 W 66TH ST

City  
KANSAS CITY

State  
MO

Zip Code  
64113-1805

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

10 / 17 / 2018

**Transaction ID : PR789976862518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**B. WILSON, JOHN, WALTER, ,**

Mailing Address 1321 VASSAR ST

City  
HOUSTON

State  
TX

Zip Code  
77006-6029

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

10 / 17 / 2018

**Transaction ID : PR789980062518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

**C. EPPY, JOSEPH, F, ,**

Mailing Address 333 LAS OLAS WAY APT 4103

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33301-2394

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 ▼

2083.37

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR789983162518**

Amount of Each Receipt this Period

208.32

☐ Memo Item

P/R Deduction (\$104.16 Bi-Weekly)

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

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

308.32

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 144 OF 261

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MURRAY, JOSEPH, W, ,

Mailing Address 134 ROLLING HILL RD

City  
ELKINS PARK

State  
PA

Zip Code  
19027-1825

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 ▼

244.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789986162518

Amount of Each Receipt this Period

27.68

☐ Memo Item

P/R Deduction (\$13.84 Bi-Weekly)

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

B. Feitelberg, Karl, J., ,

Mailing Address 175 DERBY ST UNIT 33

City  
HINGHAM

State  
MA

Zip Code  
02043-4017

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 ▼

346.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789989162518

Amount of Each Receipt this Period

126.67

☐ Memo Item

P/R Deduction (\$126.67 Monthly)

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

C. Degen, Kathleen, L., ,

Mailing Address 1231 W 66TH ST

City  
KANSAS CITY

State  
MO

Zip Code  
64113-1805

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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR789989262518

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$120.00 Monthly)

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

274.35

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Tomczak, Lawrence, M., ,**

Mailing Address 5938 SWAN CREEK DR

City  
TOLEDO

State  
OH

Zip Code  
43614-1021

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 ▼

277.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790001762518**

Amount of Each Receipt this Period

111.07

☐ Memo Item

P/R Deduction (\$111.07 Monthly)

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

**B. Holden, Lawrence, Norbert, , III**

Mailing Address 601 ARBOR RD

City  
WINSTON SALEM

State  
NC

Zip Code  
27104-2331

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 ▼

333.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790001862518**

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

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

**C. BELINKIE, LOUIS, , ,**

Mailing Address 1711 CLOISTER DR

City  
RICHMOND

State  
VA

Zip Code  
23238-3408

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 ▼

226.28

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790009662518**

Amount of Each Receipt this Period

28.76

☐ Memo Item

P/R Deduction (\$14.38 Bi-Weekly)

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

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

273.16

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

Use separate schedule(s)  
for each category of the  
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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. WESTBROOK, LYNN, BRANTLY, , JR**

Mailing Address 6412 ONEIDA ST

City  
WICHITA

State  
KS

Zip Code  
67206-1318

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 ▼

277.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790010462518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. MURRAY, LYNNE, HARMSTON, ,**

Mailing Address 3470 MOORES SPRING RD

City  
WESTFIELD

State  
NC

Zip Code  
27053-7354

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 ▼

208.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790011162518**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$10.42 Bi-Weekly)

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

**C. RICHARDS, MARK, R, ,**

Mailing Address 22600 SW MIAMI DR

City  
TUALATIN

State  
OR

Zip Code  
97062-7363

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 ▼

246.49

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790016562518**

Amount of Each Receipt this Period

26.16

☐ Memo Item

P/R Deduction (\$13.08 Bi-Weekly)

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

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

77.00

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

Use separate schedule(s)  
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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. KERN, MATTHEW, L.,**

Mailing Address 1019 CHAMBERLEYNE WAY

City  
WAXHAW

State  
NC

Zip Code  
28173-7332

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 ▼

292.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790022662518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. Brown, Michael, O.,**

Mailing Address 6512 NE 113TH ST

City  
EDMOND

State  
OK

Zip Code  
73013-8351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790030562518**

Amount of Each Receipt this Period

186.67

☐ Memo Item

P/R Deduction (\$186.67 Monthly)

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

**C. PINE, MICHAEL, SCOTT,**

Mailing Address 11 STILL HOLLOW RD

City  
NEWBURGH

State  
NY

Zip Code  
12550-8836

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 ▼

416.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790031862518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

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

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

258.35

# **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. STARR, MITCHELL, BRADLEY, ,**

Mailing Address 9800 SW 4TH ST

City  
PLANTATION

State  
FL

Zip Code  
33324-2826

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 ▼

2083.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790035462518**

Amount of Each Receipt this Period

208.32

☐ Memo Item

P/R Deduction (\$104.16 Bi-Weekly)

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

**B. DOLAN, PATRICK, J, ,**

Mailing Address 4310 PROMENADE BLVD

City  
FAIR LAWN

State  
NJ

Zip Code  
07410-2780

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 ▼

411.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790043762518**

Amount of Each Receipt this Period

44.12

☐ Memo Item

P/R Deduction (\$22.06 Bi-Weekly)

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

**C. DECOURSEY, PAUL, A, ,**

Mailing Address 1467 MORNINGCREST CT

City  
INDIANAPOLIS

State  
IN

Zip Code  
46280-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790044862518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

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

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

377.44

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

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

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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. HERZOG, PAUL, H, ,**

Mailing Address 900 HIGHLAND CT

City  
GERMANTOWN HILLS

State  
IL

Zip Code  
61548-9056

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 ▼

467.63

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790046262518**

Amount of Each Receipt this Period

61.76

☐ Memo Item

P/R Deduction (\$30.88 Bi-Weekly)

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

**B. JOANOU, PAUL, M, ,**

Mailing Address 59 BRIARWOOD DR

City  
WHEELING

State  
WV

Zip Code  
26003-4835

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790047062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

**C. LEWIS, Peter, M., ,**

Mailing Address 230 LITTLE ROUND TOP

City  
BULVERDE

State  
TX

Zip Code  
78163-3400

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 ▼

213.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790051362518**

Amount of Each Receipt this Period

13.33

☐ Memo Item

P/R Deduction (\$13.33 Monthly)

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

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

100.09

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

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

FOR LINE NUMBER:  
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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. SPRAGUE, PHILIP, J, ,**

Mailing Address 1308 SUNSET RDG

City  
WATERTOWN

State  
NY

Zip Code  
13601-4438

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790054762518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZANARINI, RAYMOND, HENRY, ,**

Mailing Address 1920 W SOUTHMEADOW LN

City  
LAKE FOREST

State  
IL

Zip Code  
60045-4830

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 ▼

213.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790056162518**

Amount of Each Receipt this Period

17.34

☐ Memo Item

P/R Deduction (\$17.34 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CUSHING, Robert, Rand, ,**

Mailing Address 696 COMMERCIAL ST

City  
WEYMOUTH

State  
MA

Zip Code  
02189-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

316.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790056362518**

Amount of Each Receipt this Period

116.67

☐ Memo Item

P/R Deduction (\$116.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

159.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 261

(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. Lang, Raleigh, H., ,**

Mailing Address 6727 RAINBOW AVE

 City  
 MISSION HILLS

 State  
 KS

 Zip Code  
 66208-2265

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF

 Occupation (for Individual)  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR790056962518**

Amount of Each Receipt this Period

☐ Memo Item

P/R Deduction (\$120.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Welsh, Raymond, E., ,**

Mailing Address 913 17TH RD

 City  
 PENDER

 State  
 NE

 Zip Code  
 68047-5001

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF

 Occupation (for Individual)  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR790060762518**

Amount of Each Receipt this Period

☐ Memo Item

P/R Deduction (\$33.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KARCHEFSKY, RICHARD, IRVING, ,**

Mailing Address 7502 CARMELA WAY

 City  
 DELRAY BEACH

 State  
 FL

 Zip Code  
 33446-5668

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF

 Occupation (for Individual)  
 Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR790066962518**

Amount of Each Receipt this Period

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. VANBENSCHOTEN, RICHARD, PIERCE, , JR**

Mailing Address 875 5TH AVE APT 3A

City  
NEW YORK

State  
NY

Zip Code  
10065-4952

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 ▼

833.43

Date of Receipt

10 / 17 / 2018

Transaction ID : PR790069062518

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOMER, ROBERT, L, , III**

Mailing Address 10751 WILSHIRE AVE NE

City  
ALBUQUERQUE

State  
NM

Zip Code  
87122-3138

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

10 / 17 / 2018

Transaction ID : PR790081662518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, Robert, M., ,**

Mailing Address 1487 S CREST DR

City  
LOS ANGELES

State  
CA

Zip Code  
90035-3339

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 ▼

333.33

Date of Receipt

10 / 17 / 2018

Transaction ID : PR790083662518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Sinks, Timothy, Timothy, ,**

Mailing Address 3428 HAMPTON AVE

City  
NASHVILLE

State  
TN

Zip Code  
37215-1408

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 ▼

1388.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR79008662518**

Amount of Each Receipt this Period

555.57

☐ Memo Item

P/R Deduction (\$555.57 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JEWELL, RODNEY, E, ,**

Mailing Address 5420 DECATUR ST

City  
OMAHA

State  
NE

Zip Code  
68104-4931

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 ▼

247.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790090962518**

Amount of Each Receipt this Period

26.50

☐ Memo Item

P/R Deduction (\$13.25 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUIE, Ronnie, E., ,**

Mailing Address 7740 SWEETWIND CIR

City  
FAIR OAKS RANCH

State  
TX

Zip Code  
78015-4569

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790095562518**

Amount of Each Receipt this Period

88.87

☐ Memo Item

P/R Deduction (\$88.87 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

670.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. CURRAN, Scott, Charles, ,**

Mailing Address 9 TRIUMPH CT

City  
FLANDERS

State  
NJ

Zip Code  
07836-4404

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 ▼

555.60

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790102962518**

Amount of Each Receipt this Period

222.20

☐ Memo Item

P/R Deduction (\$222.20 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RIDER, SCOTT, P, ,**

Mailing Address 23 RIVER PL

City  
BEAUFORT

State  
SC

Zip Code  
29906-9189

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790103662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ESTLER, STEPHEN, DAVID, ,**

Mailing Address 2177 NE 63RD ST

City  
FT LAUDERDALE

State  
FL

Zip Code  
33308-1330

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 ▼

1666.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790109462518**

Amount of Each Receipt this Period

166.68

☐ Memo Item

P/R Deduction (\$83.34 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

413.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. CONKLIN, THOMAS, DEAN, ,**

Mailing Address 7391 E 111TH PL S

City  
BIXBY

State  
OK

Zip Code  
74008-2138

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790122162518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deleot, Thomas, L., ,**

Mailing Address 120 SULLIVAN WAY

City  
WINSTON SALEM

State  
NC

Zip Code  
27104-4925

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 ▼

222.27

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790124862518**

Amount of Each Receipt this Period

88.87

☐ Memo Item

P/R Deduction (\$88.87 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NAYLOR, THOMAS, W., ,**

Mailing Address 11304 SPRING MEADOW LN

City  
SAN DIEGO

State  
CA

Zip Code  
92128-6332

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 ▼

204.15

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790128162518**

Amount of Each Receipt this Period

32.60

☐ Memo Item

P/R Deduction (\$16.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

146.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MCDONALD, TODD, J, ,**

Mailing Address 11 EAGLE RIDGE DR

City  
TROY

State  
NY

Zip Code  
12180-7167

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790131862518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IANNELLI, VICTOR, , ,**

Mailing Address 134 EDWARDS RD

City

FREEHOLD

State

NJ

Zip Code

07728-1313

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 ▼

773.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790134662518**

Amount of Each Receipt this Period

238.10

☐ Memo Item

P/R Deduction (\$119.05 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCPHERSON, WILLIAM, GORDON, ,**

Mailing Address 1276 PARNELL AVE NE

City

LOWELL

State

MI

Zip Code

49331-9768

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790135562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

388.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. KING, WILLIAM, B, ,

Mailing Address 40 CALYPSO RD

City  
MONETA

State  
VA

Zip Code  
24121-5391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790140862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, WILLIAM, H, ,

Mailing Address 265 BRUSH VALLEY RD

City

BOALSBURG

State

PA

Zip Code

16827-1028

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790144562518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLAIS, Alan, L, MR.,

Mailing Address 20 Shady Dell Ln

City

Somers

State

CT

Zip Code

06071-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790151862518

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

76.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Kingan, Albert, R, MR.,**

Mailing Address 3325 W Desert Vista Trl

City  
Phoenix

State  
AZ

Zip Code  
85083-5875

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Advanced Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790152762518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Frogameni, Anthony, D, MR.,**

Mailing Address 31 Coventry Ln

City

Agawam

State

MA

Zip Code

01001-3570

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.91

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790157062518**

Amount of Each Receipt this Period

14.71

☐ Memo Item

P/R Deduction (\$14.71 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scibelli, Antonio, , MR.,**

Mailing Address 51 Mountain View St

City

South Hadley

State

MA

Zip Code

01075-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790157462518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33.95



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. KULIG, Alan, , MR.,**

Mailing Address 3 Wildwood Ln

City  
Wilbraham

State  
MA

Zip Code  
01095-2660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790158862518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dickey, Andrew, C, MR.,**

Mailing Address 2934 E Crestview St

City  
Springfield

State  
MO

Zip Code  
65804-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Managing Director - Strategic Investme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1539.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790159362518**

Amount of Each Receipt this Period

76.95

☐ Memo Item

P/R Deduction (\$76.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prast, Brian, J, MR.,**

Mailing Address 47 Ellington St

City  
Longmeadow

State  
MA

Zip Code  
01106-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Second VP & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790165962518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. Frisbie, Bruce, C, MR.,**

Mailing Address 54 Massasoit Ave

City  
W Springfield

State  
MA

Zip Code  
01089-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790168362518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Demas, Carol, W, MS.,**

Mailing Address 52 Cedar Woods Gln

City  
W Springfield

State  
MA

Zip Code  
01089-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Field Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790171362518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dube, Carol, A, MS.,**

Mailing Address 80 Chilson Rd

City  
Wilbraham

State  
MA

Zip Code  
01095-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790171662518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

34.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. KINNON, Christopher, K, MR.,**

Mailing Address 2415 Manhattan Ave

City

Hermosa Beach

State

CA

Zip Code

90254-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790183862518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Noreen, Clifford, M, MR.,**

Mailing Address 95 Bent Tree Dr

City

E Longmeadow

State

MA

Zip Code

01028-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Managing Director - Strategic Investme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.36

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790184162518**

Amount of Each Receipt this Period

96.16

☐ Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waddington, Craig, , MR.,**

Mailing Address 14 Spring Meadow Dr

City

Granby

State

CT

Zip Code

06035-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790184562518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. Echeverria, David, J, MR.,**

Mailing Address 36 Farmington Ave

City  
Longmeadow

State  
MA

Zip Code  
01106-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Managing Dir - Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790188662518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WHARMBY, David, D, MR.,**

Mailing Address 34 Verplank Ave

City  
Stamford

State  
CT

Zip Code  
06902-8216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790192662518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Darley, Derek, D, MR.,**

Mailing Address 27 North St

City  
Blandford

State  
MA

Zip Code  
01008-9516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790197162518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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74.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. Pellerin, Diane, , MS.,**

Mailing Address 13 Pittroff Ave

City  
South Hadley

State  
MA

Zip Code  
01075-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP-Reg Advisory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790198562518**

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$23.10 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PHELAN, Donald, J, MR.,**

Mailing Address 24 Hammersmith

City  
Avon

State  
CT

Zip Code  
06001-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790207862518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rawson, Ellen, , MS.,**

Mailing Address 145 Yokun Rd

City  
Pittsfield

State  
MA

Zip Code  
01201-8880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President & Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790212262518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

59.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. Garvey, Gail, S, MS.,**

Mailing Address 23 Crescent Cir

City  
Westfield

State  
MA

Zip Code  
01085-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790220062518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoffman, Harvey, , MR.,**

Mailing Address 50 Devonshire Ter

City  
E Longmeadow

State  
MA

Zip Code  
01028-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
SVP - Operational and Strategic Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2741.51

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790231462518**

Amount of Each Receipt this Period

151.71

☐ Memo Item

P/R Deduction (\$151.71 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coelho, Jeffrey, A, MR.,**

Mailing Address 118 Oakridge St

City  
Ludlow

State  
MA

Zip Code  
01056-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790240962518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Deitelbaum, John, E, MR.,**

Mailing Address 3 Monticello Cir

City  
Ellington

State  
CT

Zip Code  
06029-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
SVP & Deputy Gen Couns USIG Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2827.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790248262518**

Amount of Each Receipt this Period

134.62

☐ Memo Item

P/R Deduction (\$134.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calabrese, Joseph, A, MR.,**

Mailing Address 28 Canterbury Ln

City  
Feeding Hills

State  
MA

Zip Code  
01030-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
AVP Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790253262518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Puhala, James, P, MR., III**

Mailing Address 68 Holcomb St

City  
East Granby

State  
CT

Zip Code  
06026-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - Compliance & Regulate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790260462518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

188.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. Rodolakis, James, M, MR.,**

Mailing Address 26 Evergreen Dr

City

E Longmeadow

State

MA

Zip Code

01028-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President & Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790260562518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GURSKI, Jeffrey, M, MR.,**

Mailing Address 10 Victoria Ln

City

Wilbraham

State

MA

Zip Code

01095-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.71

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790261262518**

Amount of Each Receipt this Period

4.71

☐ Memo Item

P/R Deduction (\$4.71 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Coughlin, Kathleen, M, MS.,**

Mailing Address 37 Southwood Rd

City

Newington

State

CT

Zip Code

06111-3156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP New Business Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790271462518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

29.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 167 OF 261

(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. REEVE, Kathy, S, MS.,**

Mailing Address Edgemere Hills Bldg 14  
85 N MAIN ST UNIT 14A

City

East Hampton

State

CT

Zip Code

06424-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790272762518**

Amount of Each Receipt this Period

19.23

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perlotto, Laura, J, MS.,**

Mailing Address 17 Claire Lane

City

Bloomfield

State

CT

Zip Code

06002-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790280562518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Flynn, Linda, M, MS.,**

Mailing Address 26 Bayne St

City

E Longmeadow

State

MA

Zip Code

01028-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790283862518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

38.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 261

(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. Langlois, Louise, R, MS.,**

Mailing Address 21 Upland Rd

City  
Holyoke

State  
MA

Zip Code  
01040-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Quantitative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790288362518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACKERMAN, Mark, , MR.,**

Mailing Address 50 Barber Hill Rd

City

Broad Brook

State

CT

Zip Code

06016-9716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790296062518**

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NATCHARIAN, Matthew, P, MR.,**

Mailing Address 3 Ridgebury Rd

City

Avon

State

CT

Zip Code

06001-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2827.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790301462518**

Amount of Each Receipt this Period

134.62

☐ Memo Item

P/R Deduction (\$134.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

171.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. GATELY, Michael, H, MR.,**

Mailing Address 134 Fairview Ter

City

S Glastonbury

State

CT

Zip Code

06073-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790304962518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dubois, Michael, E, MR.,**

Mailing Address 76 Clearbrook Dr

City

Springfield

State

MA

Zip Code

01118-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Second VP & Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790313362518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZAMMITTI, Michael, E, MR.,**

Mailing Address 57 Virginia Rail Dr

City

Marlborough

State

CT

Zip Code

06447-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790314762518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

69.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Drzewiecki, Neil, E, MR.,**

Mailing Address 74 Greenwood Rd

City  
Windsor Locks

State  
CT

Zip Code  
06096-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790319662518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beals, Pamela, M, MS.,**

Mailing Address 20 Wishing Well Way

City  
W Springfield

State  
MA

Zip Code  
01089-4363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President & Chief Life Underwrite

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790320462518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Delaney, Pamela, J, MS.,**

Mailing Address 15 Winterset Ln

City  
Simsbury

State  
CT

Zip Code  
06070-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790320662518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Preston, Phillip, J, MR.,**

Mailing Address 63 Wright St

City  
Agawam

State  
MA

Zip Code  
01001-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790330762518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ferris, Peter, G, MR.,**

Mailing Address 393 Pinewood Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.13

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790332962518**

Amount of Each Receipt this Period

11.53

☐ Memo Item

P/R Deduction (\$11.53 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Van Beaver, Peter, C, MR.,**

Mailing Address 8 Victoria Ln

City  
Wilbraham

State  
MA

Zip Code  
01095-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President & Illustration Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790333162518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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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. Kennedy, Rhae, A, MS.,**

Mailing Address 10 Briar Cliff Dr

City  
Wilbraham

State  
MA

Zip Code  
01095-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Managing Director - Investment Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790351862518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnhart, Richard, P, MR.,**

Mailing Address 344 Westchester Rd

City  
Colchester

State  
CT

Zip Code  
06415-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
VP, Acctg Standards & Ind Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790352062518**

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bourgeois, Richard, D, MR.,**

Mailing Address 415 Porter Lake Drive  
Apartment 313

City  
Springfield

State  
MA

Zip Code  
01106-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Senior Vice President - Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790352262518**

Amount of Each Receipt this Period

76.95

☐ Memo Item

P/R Deduction (\$76.95 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BUCKLEY, Richard, F, MR., Jr.**

Mailing Address 1 Cedar Rdg

City  
South Hadley

State  
MA

Zip Code  
01075-1795

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790352362518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosenthal, Robert, S, MR.,**

Mailing Address 12 Sherwood Ln

City  
Avon

State  
CT

Zip Code  
06001-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VP & Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790355462518**

Amount of Each Receipt this Period

57.70

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crandall, Roger, W, MR.,**

Mailing Address 165 Converse St Apt 13

City  
Longmeadow

State  
MA

Zip Code  
01106-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Chairman President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790355962518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

276.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MOORE, Susan, A, MS.,**

Mailing Address 70 Brooks Rd

City  
Longmeadow

State  
MA

Zip Code  
01106-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2827.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790370162518

Amount of Each Receipt this Period

134.62

☐ Memo Item

P/R Deduction (\$134.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooney, Thomas, M, MR.,**

Mailing Address 85 The Laurels

City  
Enfield

State  
CT

Zip Code  
06082-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790377362518

Amount of Each Receipt this Period

10.95

☐ Memo Item

P/R Deduction (\$10.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Curran, Thomas, P, MR.,**

Mailing Address 105 Munsing Rdg

City  
Granby

State  
MA

Zip Code  
01033-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Fraud Prevention Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790377662518

Amount of Each Receipt this Period

9.73

☐ Memo Item

P/R Deduction (\$9.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

155.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Flanagan, Timothy, C., , Jr.**

Mailing Address 608 BELLE MEADE CT

City  
WAXHAW

State  
NC

Zip Code  
28173-7159

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 ▼

2777.80

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790380362518**

Amount of Each Receipt this Period

1111.10

☐ Memo Item

P/R Deduction (\$1111.10 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOOLRIDGE, Victor, , MR.,**

Mailing Address 146 Longhill St

City  
Springfield

State  
MA

Zip Code  
01108-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790387662518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dollarhide, Jeffrey, Carl, ,**

Mailing Address 9646 E LAUREL LN

City  
SCOTTSDALE

State  
AZ

Zip Code  
85260-5956

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 ▼

2142.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790394962518**

Amount of Each Receipt this Period

1428.57

☐ Memo Item

P/R Deduction (\$1428.57 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2566.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. FRANKLIN, WILLIAM, D, ,

Mailing Address 5611 ENDERLY RD

City  
BALTIMOREState  
MDZip Code  
21212-2958FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790396862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOWALSKI, KEN, CROYDON, ,

Mailing Address 3620 WILLOW LAWN DR

City  
LYNCHBURGState  
VAZip Code  
24503-3022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790397462518

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TANAKA, WAYNE, Y, ,

Mailing Address 565 ALIHI PL

City  
KAILUAState  
HIZip Code  
96734-3914FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790398862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

133.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 ▼

833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790404162518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

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 ▼

277.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790416162518**

Amount of Each Receipt this Period

111.07

☐ Memo Item

P/R Deduction (\$111.07 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790419062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

219.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Muirhead, Benjamin, Michael, ,**

Mailing Address 600 POST OAK RD

City  
GORDON

State  
TX

Zip Code  
76453-3894

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 ▼

366.67

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790420762518**

Amount of Each Receipt this Period

146.67

☐ Memo Item

P/R Deduction (\$146.67 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SUNDET, SCOTT, M, ,**

Mailing Address 4739 161 CT

City  
URBANDALE

State  
IA

Zip Code  
50323-0013

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

10 / 17 / 2018

**Transaction ID : PR790425462518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KARCHER, MARK, A, ,**

Mailing Address 6125 WESTMOOR RD

City  
BLOOMFIELD

State  
MI

Zip Code  
48301-1356

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790427462518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

221.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. CADY, DEAN, S, ,**

Mailing Address 3554 JOSEPHINE LN

City  
MASON

State  
MI

Zip Code  
48854-9568

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 ▼

247.13

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790427562518**

Amount of Each Receipt this Period

26.42

☐ Memo Item

P/R Deduction (\$13.21 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RAPFOGEL OSTROFF, LISA, L, ,**

Mailing Address 6908 WINTERWOOD LN

City  
DALLAS

State  
TX

Zip Code  
75248-5157

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790431262518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BASEHORE, COREY, LEE, ,**

Mailing Address 1785 ELIZA WAY

City  
MECHANICSBURG

State  
PA

Zip Code  
17050-1684

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 ▼

1895.12

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790435062518**

Amount of Each Receipt this Period

302.44

☐ Memo Item

P/R Deduction (\$151.22 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

353.86



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. **LOGAN, BRIAN, ROBERT, ,**

Mailing Address 323 SOUTHVIEW DR

City  
MECHANICSBURG

State  
PA

Zip Code  
17055-5258

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 ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790437062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **DAVIS, JONATHAN, SCOTT, ,**

Mailing Address 7 OVERLOOK RD

City  
WESTPORT

State  
CT

Zip Code  
06880-2327

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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790448762518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **GREENBERG, STEFAN, ERICH, ,**

Mailing Address 27 BAILIWICK RD

City  
GREENWICH

State  
CT

Zip Code  
06831-3609

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790448862518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

158.32

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. SEGALL, ROBERT, J, ,**

Mailing Address 9 FAITH LN

City  
ARDSLEY

State  
NY

Zip Code  
10502-2510

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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790450362518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GARBUT, BRETT, M, ,**

Mailing Address 33 FARMINGTON LN

City  
MELVILLE

State  
NY

Zip Code  
11747-4016

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 ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790451362518**

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SEROTTE, STEVEN, R, ,**

Mailing Address 910 VERNAL WAY

City  
MILL VALLEY

State  
CA

Zip Code  
94941-4422

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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790451662518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

208.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. LEBLANC, PETER, J, ,**

Mailing Address 150 CARONDELET PLZ #1902

City  
SAINT LOUIS

State  
MO

Zip Code  
63105-3454

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790454362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DENNEN, WAYNE, J, ,**

Mailing Address 2302 VISTA MOORA AVE

City  
CHINO HILLS

State  
CA

Zip Code  
91709-4340

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790459162518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VAN GILDER, JUDY, DIANE, ,**

Mailing Address 6012 88TH PL

City  
LUBBOCK

State  
TX

Zip Code  
79424-3699

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790462562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. SHAUGHNESSY, MICHAEL, EDWARD, ,**

Mailing Address 7 WILLOW POND DR

City  
GOFFSTOWN

State  
NH

Zip Code  
03045-3105

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 ▼

247.09

Date of Receipt

10 / 17 / 2018

Transaction ID : PR790462962518

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHAUGHNESSY, T J, , ,**

Mailing Address 133 RIVERWALK WAY

City  
MANCHESTER

State  
NH

Zip Code  
03101-2642

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 ▼

750.03

Date of Receipt

10 / 17 / 2018

Transaction ID : PR790463062518

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KAMMERAAD, JEFFREY, W, ,**

Mailing Address 471 S 168TH AVE

City  
HOLLAND

State  
MI

Zip Code  
49424-2390

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 ▼

488.22

Date of Receipt

10 / 17 / 2018

Transaction ID : PR790466562518

Amount of Each Receipt this Period

55.88

☐ Memo Item

P/R Deduction (\$27.94 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

207.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. CORNETT, ROBERT, M, ,**

Mailing Address 115 STEELMAN RD

City  
PURVIS

State  
MS

Zip Code  
39475-3325

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 ▼

666.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790467762518**

Amount of Each Receipt this Period

66.68

☐ Memo Item

P/R Deduction (\$33.34 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VESSELL, JERRY, DONALD, ,**

Mailing Address 911 CALLOWAY DR

City

BRENTWOOD

State

TN

Zip Code

37027-6539

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 ▼

833.43

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790470162518**

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Podell, Kenneth, T., ,**

Mailing Address 425 REDLEAF RD

City

WYNNEWOOD

State

PA

Zip Code

19096-1623

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 ▼

313.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790483162518**

Amount of Each Receipt this Period

113.33

☐ Memo Item

P/R Deduction (\$113.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

263.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 185 OF 261

(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. HERDLER, ROBERT, C, ,**

Mailing Address 222 W GLENDALE RD

City  
WEBSTER GROVES

State  
MO

Zip Code  
63119-4019

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790508862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OFFERDAHL, KAREN, R, ,**

Mailing Address 1122 ELM ST APT 503

City  
HONOLULU

State  
HI

Zip Code  
96814-2205

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790519162518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCGEE, ROBERT, KELLY, , JR**

Mailing Address 115 W LANIER DR

City  
HARTSVILLE

State  
SC

Zip Code  
29550-3007

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790521062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 261

(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. Wolak, Walter, W., ,**

Mailing Address 525 ANGELO DR

City  
BETHLEHEM

State  
PA

Zip Code  
18017-3735

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 ▼

1666.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790525762518**

Amount of Each Receipt this Period

416.65

☐ Memo Item

P/R Deduction (\$416.65 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BELVEDERE, Robert, L., ,**

Mailing Address 74 WINDHAM RD

City  
ROCKVILLE CENTRE

State  
NY

Zip Code  
11570-1232

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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790530262518**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RILEY, LAURA, E., ,**

Mailing Address 389 COUNTY ROAD 537 W

City  
COLTS NECK

State  
NJ

Zip Code  
07722-1628

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790530962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

691.65



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ELWELL, ROBERT, C, ,**

Mailing Address 8 CALLE CANGREJO

City  
SAN CLEMENTE

State  
CA

Zip Code  
92673-6839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790533962518**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$10.42 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JONES, JASON, HUGHES, ,**

Mailing Address 8555 VALEMONT DR

City  
ATLANTA

State  
GA

Zip Code  
30350-2850

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790541562518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Viola, James, S, MR.,**

Mailing Address 208 N Farms Rd

City  
Florence

State  
MA

Zip Code  
01062-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President & Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790543962518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. O GRADY, THOMAS, D, ,**

Mailing Address 11301 SILVERSTONE DR

City  
MECHANICSVILLE

State  
VA

Zip Code  
23116-5877

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

10 / 17 / 2018

**Transaction ID : PR790544262518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gray, Jonathan, R, MR.,**

Mailing Address 152 Morningside Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790545462518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DULCHINOS, Dean, , MR.,**

Mailing Address 20 Abbey Ln

City  
E Longmeadow

State  
MA

Zip Code  
01028-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

808.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790568562518**

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Olearcek, Patrick, F, MR.,**

Mailing Address 321 Munger Hill Rd

City  
Westfield

State  
MA

Zip Code  
01085-4575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of Advanced Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.65

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790573162518**

Amount of Each Receipt this Period

9.65

☐ Memo Item

P/R Deduction (\$9.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hurley, Kerry, , MR.,**

Mailing Address 29 Lynnwood Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790576362518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hart, Karen, W, MS.,**

Mailing Address 45 Hawthorne St

City  
Longmeadow

State  
MA

Zip Code  
01106-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790577062518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Lord, Cynthia, A, MS.,**

Mailing Address 11 Sylvan Dr

City  
Wilbraham

State  
MA

Zip Code  
01095-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Sales Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.56

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790578962518**

Amount of Each Receipt this Period

13.16

☐ Memo Item

P/R Deduction (\$13.16 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KRAEZ, Kathleen, L, MS.,**

Mailing Address 111 Ashford Rd

City  
Longmeadow

State  
MA

Zip Code  
01106-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790579462518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TREVALLION, Douglas, M, MR., II**

Mailing Address 30 Coventry Ln

City  
Agawam

State  
MA

Zip Code  
01001-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790590362518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

78.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 261

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ROBERGE, Roger, M, MR.,**

Mailing Address 14 Rockingham Cir

City  
East Longmeadow

State  
MA

Zip Code  
01028-3197

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790594562518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHETTLE, Robert, M, MR.,**

Mailing Address 65 Kelsey Ln

City  
Glastonbury

State  
CT

Zip Code  
06033-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790597162518**

Amount of Each Receipt this Period

19.23

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Newton, Edward, G, MR.,**

Mailing Address 67 Rumford St

City  
West Hartford

State  
CT

Zip Code  
06107-3754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790600162518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

67.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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. Rathbun, George, F, MR., II**

Mailing Address 127 Tunxis St

City  
Windsor

State  
CT

Zip Code  
06095-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Delivery Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790604462518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SPELTZ, Jerome, J, MR.,**

Mailing Address 12 Rock Ln

City  
Guilford

State  
CT

Zip Code  
06437-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790626262518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARVEY, Greg, A., ,**

Mailing Address 15521 KESSLER ST

City  
OVERLAND PARK

State  
KS

Zip Code  
66221-9333

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 ▼

400.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790632962518**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. SHEA, Thomas, P, MR.,**

Mailing Address 81 Greenmeadow Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790640662518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martini, Stefano, , MR.,**

Mailing Address 18 Clay Creek Dr

City  
Suffield

State  
CT

Zip Code  
06078-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
CIO - MMFA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790649262518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fawthrop, Roland, P, MR.,**

Mailing Address 51 Horseshoe Ln

City  
Somers

State  
CT

Zip Code  
06071-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790658262518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

46.54



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Bhardwaj, Rakesh, , MR.,**

Mailing Address 96 Horizon Ln

City  
Glastonbury

State  
CT

Zip Code  
06033-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Second VP - Sales Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790661362518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morin, Jeffrey, A, MR.,**

Mailing Address 131 Canterbury Cir

City  
E Longmeadow

State  
MA

Zip Code  
01028-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790661662518**

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gish, Todd, M, MR.,**

Mailing Address 208 Long Wharf Drive

City  
Stonington

State  
CO

Zip Code  
06029-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Vice President - GIC Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790677162518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Desai, Shefali, , MS.,**

Mailing Address 24 Meadowlark dr

City  
East Longmeadow

State  
MA

Zip Code  
01028-3172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
VP - Sales Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790683162518**

Amount of Each Receipt this Period

11.12

☐ Memo Item

P/R Deduction (\$11.12 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BYERS, JOHN, N, ,**

Mailing Address 3680 JACOBS MILL RD

City  
LONG LAKE

State  
MN

Zip Code  
55356-9320

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 ▼

1250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790684862518**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$62.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TETHER, JASON, M, ,**

Mailing Address 1029 E FAIRVIEW LN

City  
ROCHESTER HILLS

State  
MI

Zip Code  
48306-4123

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 ▼

394.84

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790687362518**

Amount of Each Receipt this Period

52.58

☐ Memo Item

P/R Deduction (\$26.29 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

188.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. MCCARTHY, DANIEL, F, ,**

Mailing Address 22 CORTLAND DR

City  
TOLLAND

State  
CT

Zip Code  
06084-2157

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790691062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LONG, YIN, , ,**

Mailing Address 6 KAPPELMANN DR

City  
GREEN BROOK

State  
NJ

Zip Code  
08812-2157

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790702962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FEHRS, DAVID, SCOTT, ,**

Mailing Address 191 BUCKTHORN DR

City  
BADEN

State  
PA

Zip Code  
15005-2561

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 ▼

2083.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790708662518**

Amount of Each Receipt this Period

208.32

☐ Memo Item

P/R Deduction (\$104.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. CARR, ALLEN, WESLEY, , JR**

Mailing Address 427 RHODA DR

City  
LANCASTER

State  
PA

Zip Code  
17601-3669

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

10 / 17 / 2018

**Transaction ID : PR790708862518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WIGHT, EDWARD, IRA, , JR**

Mailing Address 804 KATESFORD RD

City  
COCKEYSVILLE

State  
MD

Zip Code  
21030-2246

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 ▼

833.43

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790710962518**

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JOHNSON, EDMOND, HOUGH, , III**

Mailing Address 617 DALE DR

City  
VIRGINIA BCH

State  
VA

Zip Code  
23452-1848

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 ▼

247.18

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790712762518**

Amount of Each Receipt this Period

26.50

☐ Memo Item

P/R Deduction (\$13.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

159.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. CODE, BRIAN, E, ,**

Mailing Address 10029 ORANGE GROVE DR

City  
TAMPA

State  
FL

Zip Code  
33618-4014

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790721062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WAHL, MICHAEL, T, ,**

Mailing Address 4 TODMORDEN LN

City

ROSE VALLEY

State

PA

Zip Code

19086-6729

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 ▼

858.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790723362518**

Amount of Each Receipt this Period

140.50

☐ Memo Item

P/R Deduction (\$70.25 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GULLICKSON, PAUL, R, ,**

Mailing Address 4210 E 59TH ST

City

DAVENPORT

State

IA

Zip Code

52807-2901

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790728062518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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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. SOLANO, ADAM, A, , JR**

Mailing Address 12 LIGHTHOUSE LN

City  
THIRD LAKE

State  
IL

Zip Code  
60030-2638

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790729362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMALLA, KENNETH, C, ,**

Mailing Address 122 FOREST EDGE DR

City  
PALOS PARK

State  
IL

Zip Code  
60464-1933

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 ▼

2083.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790731162518**

Amount of Each Receipt this Period

208.32

☐ Memo Item

P/R Deduction (\$104.16 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FOSTER, LARRY, W, ,**

Mailing Address 45 LAKE POINTE

City  
DECATUR

State  
IL

Zip Code  
62521

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790731962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. PFAFF, DONOVAN, D, ,

Mailing Address 1101 RED TAIL DR

City  
VERONA

State  
WI

Zip Code  
53593-7961

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790735762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATT, CHARLES, C., ,

Mailing Address 803 SILVER SPRUCE ST

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-2732

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 ▼

205.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790742662518

Amount of Each Receipt this Period

47.22

☐ Memo Item

P/R Deduction (\$23.61 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OWENS, LILBURN, HORACE, , JR

Mailing Address 734 HIGHLAND CIR

City  
TUPELO

State  
MS

Zip Code  
38804-2006

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 ▼

416.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790766362518

Amount of Each Receipt this Period

41.66

☐ Memo Item

P/R Deduction (\$20.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

113.88



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. Morin, Vanessa, B, MS.,**

Mailing Address 131 Canterbury Cir

City

E Longmeadow

State

MA

Zip Code

01028-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Head of Advisor Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.17

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790790362518**

Amount of Each Receipt this Period

30.77

☐ Memo Item

P/R Deduction (\$30.77 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zielinski, Greta, A, MS.,**

Mailing Address 894 Bernie Ave

City

W Springfield

State

MA

Zip Code

01089-4415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Tax Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790804662518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Afonso, Moises, X, MR.,**

Mailing Address 82 Reservoir Rd

City

Ludlow

State

MA

Zip Code

01056-1693

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR790806062518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Allen, David, S, MR.,

Mailing Address 8 Winhall Ln

City  
Hartford

State  
CT

Zip Code  
06105-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
SVP - DGC Dispute Resolution & Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790809762518

Amount of Each Receipt this Period

57.70

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PICCONE, Scott, , MR.,

Mailing Address 33 Trotwood Dr

City

West Hartford

State

CT

Zip Code

06117-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790815862518

Amount of Each Receipt this Period

19.23

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENDE, STEPHEN, J, ,

Mailing Address 41 HAMILTON ST

City

PLATTSBURGH

State

NY

Zip Code

12901-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR790846762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.93

# **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 203 OF 261

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. JARVIS, HAROLD, F, , III**

Mailing Address 190 MAIN ST

City  
CHICHESTER

State  
NH

Zip Code  
03258-6511

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790849862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOOLMAN, GARY, BRUCE, ,**

Mailing Address 10523 INDIAN RIDGE DR

City  
FORT WAYNE

State  
IN

Zip Code  
46814-9090

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR790998662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RYDER, AMY, R, ,**

Mailing Address 3260 COX RD

City  
LOUISVILLE

State  
TN

Zip Code  
37777-3700

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 ▼

247.09

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791040062518**

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 261

(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. SCHROEDER, MARY, JANE, ,

Mailing Address 4740 ALTA CANYADA RD

City  
LA CANADA

State  
CA

Zip Code  
91011-2027

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791115962518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAGLE, David, L, MR.,

Mailing Address 2219 Sarah Marks Ave.

City  
Charlotte

State  
NC

Zip Code  
28203-5755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791148462518

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casineau, Susan, M, MS.,

Mailing Address 3 Fernwood Dr

City  
Wilbraham

State  
MA

Zip Code  
01095-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Delivery Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791152562518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 205 OF 261

(check only one)

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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. O'SHAUGHNESSY, James, J, MR.,**

Mailing Address 591 Main St

City  
Concord

State  
MA

Zip Code  
01742-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791165962518**

Amount of Each Receipt this Period

19.23

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DILTS, MATTISON, A, ,**

Mailing Address 8025 LAKE SHORE DR

City  
GARY

State  
IN

Zip Code  
46403-1339

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 ▼

292.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791177462518**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHAMBERS, CRAIG, DOUGLAS, ,**

Mailing Address 32565 SW JULIETTE DR

City  
WILSONVILLE

State  
OR

Zip Code  
97070-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.22

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791183162518**

Amount of Each Receipt this Period

69.88

☐ Memo Item

P/R Deduction (\$34.94 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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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. SHAUGHNESSY, THOMAS, E., ,**

Mailing Address 4404 S ORANGE AVE # 74011

City  
BROKEN ARROW

State  
OK

Zip Code  
74011-1191

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 ▼

827.82

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791185162518**

Amount of Each Receipt this Period

111.10

☐ Memo Item

P/R Deduction (\$55.55 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Collins, Stephen, K., ,**

Mailing Address 236 STANFORD DR

City  
SAN ANTONIO

State  
TX

Zip Code  
78212-2010

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 ▼

1388.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791191562518**

Amount of Each Receipt this Period

555.57

☐ Memo Item

P/R Deduction (\$555.57 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Douglas, W, MR.,**

Mailing Address 68 Northfield Road

City  
Longmeadow

State  
MA

Zip Code  
01106-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President & Appointed Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791193762518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

693.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Waterman, Robert, C, MR.,**

Mailing Address 5 Drury Ln

City  
Longmeadow

State  
MA

Zip Code  
01106-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791195562518**

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goldberg, Andrew, M, MR.,**

Mailing Address 172 Captain Rd

City  
Longmeadow

State  
MA

Zip Code  
01106-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791207062518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOETZ, ADAM, , ,**

Mailing Address 604 QUINCY LANE

City  
WEXFORD

State  
PA

Zip Code  
15090-6836

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 ▼

590.59

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791213162518**

Amount of Each Receipt this Period

64.70

☐ Memo Item

P/R Deduction (\$32.35 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.48



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. DEBOER, BRUCE, A, ,**

Mailing Address 6839 RIDGEWOOD TRL

City  
TOLEDO

State  
OH

Zip Code  
43617-1181

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 ▼

658.85

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791215862518**

Amount of Each Receipt this Period

70.58

☐ Memo Item

P/R Deduction (\$35.29 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WRIGHT, DARREN, J, ,**

Mailing Address 6020 E CALLE DEL MEDIA

City

SCOTTSDALE

State

AZ

Zip Code

85251-3018

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 ▼

833.43

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791221262518**

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CLAYSON, MATTHEW, A, ,**

Mailing Address 167 TOWER AVE

City

NEEDHAM HEIGHTS

State

MA

Zip Code

02494-1945

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791248962518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

178.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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. BIRD, JULIE, L, ,**

Mailing Address 2273 E CONTINENTAL #120

City  
SOUTHLAKE

State  
TX

Zip Code  
76092-9799

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

10 / 17 / 2018

**Transaction ID : PR791255862518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milka, Terrence, , MR.,**

Mailing Address 10 Woods Ln

City  
Simsbury

State  
CT

Zip Code  
06070-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MassMutual Trust Company, FSB

Occupation (for Individual)  
Second VP Trust Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791279362518**

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. DOWD, Christopher, P, MR.,**

Mailing Address 35 Sunset Ter

City  
West Hartford

State  
CT

Zip Code  
06107-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791281162518**

Amount of Each Receipt this Period

19.23

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. WOOD, GREG, PAUL, ,**

Mailing Address 1249 E 26TH ST

City  
TULSA

State  
OK

Zip Code  
74114-2603

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 ▼

833.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791295762518**

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lacomb, Kevin, , MR.,**

Mailing Address 39 Christian Hill Rd

City  
Higganum

State  
CT

Zip Code  
06441-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
VP, Tax Planning and Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791326662518**

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Casiello, Christina, A, MS.,**

Mailing Address 63 Hillside Dr

City  
E Longmeadow

State  
MA

Zip Code  
01028-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791327362518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 261

(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. HASLAM III, JOHN, H, , III

Mailing Address 125 GOETTE TRL

City  
SAVANNAH

State  
GA

Zip Code  
31410-1056

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 ▼

407.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791343062518

Amount of Each Receipt this Period

46.14

☐ Memo Item

P/R Deduction (\$23.07 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chicares, Elizabeth, , MS.,

Mailing Address 186 Belle Woods Dr

City  
Glastonbury

State  
CT

Zip Code  
06033-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
EVP - CFO & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791351762518

Amount of Each Receipt this Period

96.16

☐ Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, JOHN, ANTHONY, ,

Mailing Address 1 WILLOW RIDGE RD

City  
BAYVILLE

State  
NY

Zip Code  
11709-3010

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791354062518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

167.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 261

(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. DEFRANCIS, Christopher, , MR.,**

Mailing Address 41 Maynard Rd

City  
Northampton

State  
MA

Zip Code  
01060-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791365062518**

Amount of Each Receipt this Period

57.70

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUTCHESON, Matthew, Dean, ,**

Mailing Address 903 S WILSON BLVD

City  
NASHVILLE

State  
TN

Zip Code  
37215-1041

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 ▼

333.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791374762518**

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRINKMAN, NATHAN, G, ,**

Mailing Address 9217 EAGLEWOOD DR

City  
VERONA

State  
WI

Zip Code  
53593-7803

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791379562518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BALINT, WILLIAM, F, ,**

Mailing Address 21 ELMCREST DR

City  
CHICOPEE

State  
MA

Zip Code  
01013-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791395262518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HILL, RYAN, M, ,**

Mailing Address 1426 AUTUMNMIST DR

City  
ALLEN

State  
TX

Zip Code  
75002-4956

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 ▼

410.83

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791411662518**

Amount of Each Receipt this Period

44.58

☐ Memo Item

P/R Deduction (\$22.29 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARROCCIO, HOLLY, BROWN, ,**

Mailing Address 2101 MAPLE LEAF DR

City  
PLANO

State  
TX

Zip Code  
75075-3112

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

10 / 17 / 2018

**Transaction ID : PR791411762518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. WEHR, JAMES, MICHAEL, ,**

Mailing Address 17485 FRANCIS FARM PL

City  
HAMILTON

State  
VA

Zip Code  
20158-3461

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

10 / 17 / 2018

**Transaction ID : PR791423762518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roether, Daniel, G., ,**

Mailing Address 7015 N 23RD PL

City  
PHOENIX

State  
AZ

Zip Code  
85020-5615

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 ▼

333.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791435162518**

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROMAN, RICHARD, WAYNE, ,**

Mailing Address 594 FAIRWAY DR

City  
NOVATO

State  
CA

Zip Code  
94949-5837

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791435262518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

208.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. HEIDT, JAMES, MASON, ,**

Mailing Address 836 MERRIWEATHER DR

City  
SAVANNAH

State  
GA

Zip Code  
31406-3219

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 ▼

233.41

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791496662518**

Amount of Each Receipt this Period

33.30

☐ Memo Item

P/R Deduction (\$16.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rogers, Susan, , MS.,**

Mailing Address 32 Pleasant View Rd

City  
Wilbraham

State  
MA

Zip Code  
01095-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Strategic Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791510462518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MORRISON, Russell, D, MR.,**

Mailing Address 5419 Gorham Dr

City  
Charlotte

State  
NC

Zip Code  
28226-6411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791511162518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

69.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. **FINKE, Thomas, M, MR.,**

Mailing Address 4920 Hardison Rd

City  
Charlotte

State  
NC

Zip Code  
28226-6418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791511962518

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Gallop, Mark, , MR.,**

Mailing Address 157 Fairway Xing

City  
Glastonbury

State  
CT

Zip Code  
06033-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSMUTUAL INTERNATIONAL

Occupation (for Individual)  
Senior Managing Director - MMI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791513762518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **DAMERON, JOHN, S, ,**

Mailing Address 5306 ALLISON LN

City  
CHARLOTTE

State  
NC

Zip Code  
28277-2609

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791531162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

255.80

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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. Waterman, Karen, , MS.,**

Mailing Address 5 Drury Ln

City

Longmeadow

State

MA

Zip Code

01106-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Strategic Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR791541062518

Amount of Each Receipt this Period

11.55

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murtagh, Gary, , MR.,**

Mailing Address 5609 Lands End Ct

City

Wilmington

State

NC

Zip Code

28409-2377

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VP &amp; Assistant General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR791542662518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THOMPSON, Paul, , MR.,**

Mailing Address 189 Mayfair Rd

City

Mooresville

State

NC

Zip Code

28117-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1163.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR791591462518

Amount of Each Receipt this Period

57.70

☐ Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

78.87

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 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. Goldstein, Richard, , MR.,

Mailing Address 197 Lynnwood Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - HR Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791591662518

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAVARO, Paul, A., ,

Mailing Address 6022 LAS COLINAS CIR

City  
LAKE WORTH

State  
FL

Zip Code  
33463-6560

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 ▼

333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791594062518

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPERSTEIN, JOEL, W, ,

Mailing Address 708 WINDSWEPT LN

City  
FRANKLIN LAKES

State  
NJ

Zip Code  
07417-1431

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791610262518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

196.79

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BOUDREAU, Lawrence, , MR.,**

Mailing Address 39 Riverview Dr

City  
Suffield

State  
CT

Zip Code  
06078-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791623462518

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CONLON, KEVIN, J., ,**

Mailing Address 584 HADDON LN

City  
EAST MEADOW

State  
NY

Zip Code  
11554-4714

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 ▼

233.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791626662518

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FIKES, DONOVAN, C., ,**

Mailing Address 8460 NOBLE LARK DR

City  
BOERNE

State  
TX

Zip Code  
78015-4440

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791766462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

73.78

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Ferrari, Gwendolyn, , MS.,**

Mailing Address 1511 Canyon Ridge Dr

City

Broad Brook

State

CT

Zip Code

06016-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791776462518**

Amount of Each Receipt this Period

9.61

☐ Memo Item

P/R Deduction (\$9.61 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Block, Mary, S, MS.,**

Mailing Address 67 Pershing Rd

City

Windsor Locks

State

CT

Zip Code

06096-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VP & Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791784462518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Silvanic, William, , MR.,**

Mailing Address 120 Creamery Hill Rd

City

Granby

State

CT

Zip Code

06035-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

SVP - Product & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791800462518**

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶

86.53

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Tenny, Shane, , ,**

Mailing Address 8317 PRINCE GEORGE RD

City  
CHARLOTTE

State  
NC

Zip Code  
28210-4229

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 ▼

333.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791822962518**

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLEC, DALE, T, ,**

Mailing Address 2590 W RIDGE RD

City  
GLADWIN

State  
MI

Zip Code  
48624-9701

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 ▼

237.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791825162518**

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, STEVEN, A, ,**

Mailing Address 10797 EAGLE CREST LN

City  
PARKER

State  
CO

Zip Code  
80138-3070

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR791864262518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.83



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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. Gamache, Shannon, , MS.,**

Mailing Address 57 Laurel Ln

City  
Columbia

State  
CT

Zip Code  
06237-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
AVP & Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791870762518

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KNOTTS, JANN, G, ,**

Mailing Address 7301 E HWY 9

City  
NORMAN

State  
OK

Zip Code  
73026-3966

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 ▼

237.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791880362518

Amount of Each Receipt this Period

31.26

☐ Memo Item

P/R Deduction (\$15.63 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIM, JONGSIK, , ,**

Mailing Address 4536 WILSHIRE BLVD #4

City  
LOS ANGELES

State  
CA

Zip Code  
90010-3836

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 ▼

292.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791881862518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

70.88

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. ABOWD, ERIC, STEVEN, ,

Mailing Address 9900 WILBUR MAY PKWY APT 4504

City  
RENOState  
NVZip Code  
89521-3087FEC 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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791913762518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLACE, Linda, Lea, ,

Mailing Address 290 CORONA AVE

City

LONG BEACH

State

CA

Zip Code

90803-1821

FEC 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 ▼

233.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791914562518

Amount of Each Receipt this Period

33.33

☐ Memo Item

P/R Deduction (\$33.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dias, Amy, , MS.,

Mailing Address 120 Cislak Dr

City

Ludlow

State

MA

Zip Code

01056-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)  
Head of HR Consulting & Talent Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

820.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791926962518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

155.15

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. BOWLING, FRANK, FERRELL, ,

Mailing Address 1130 SUNSET DR

City  
GALLATIN

State  
TN

Zip Code  
37066-5736

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791932962518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KYLE, THOMAS, HARLAN, ,

Mailing Address 407 W ALTA VISTA ST

City  
SHERMAN

State  
TX

Zip Code  
75092-2626

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 ▼

232.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791934062518

Amount of Each Receipt this Period

33.94

☐ Memo Item

P/R Deduction (\$16.97 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monroe Jr, William, F, MR., Jr

Mailing Address 225 General Hobbs Rd

City  
Jefferson

State  
MA

Zip Code  
01522-1565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Vice President - MMLISI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR791969162518

Amount of Each Receipt this Period

38.47

☐ Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

97.41

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. JORDAN, William, , MR.,**

Mailing Address 25 Harvest Hill Rd

City

West Simsbury

State

CT

Zip Code

06092-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barings LLC

Occupation (for Individual)

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791969362518**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morris, Maureen, , MS.,**

Mailing Address 10 Woodland Pl

City

Ludlow

State

MA

Zip Code

01056-1680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791969462518**

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas, Frances, , MS.,**

Mailing Address 1109 Roxboro Dr NE

City

Atlanta

State

GA

Zip Code

30324-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR791972262518**

Amount of Each Receipt this Period

9.65

☐ Memo Item

P/R Deduction (\$9.65 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

31.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. CONANT, JAMES, ARTHUR, ,**

Mailing Address 1120 UNIVERSITY DR NE

City  
ATLANTA

State  
GA

Zip Code  
30306-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.58

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792024062518**

Amount of Each Receipt this Period

35.72

☐ Memo Item

P/R Deduction (\$17.86 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOUSTON, Linda, C, MS.,**

Mailing Address 321 Merrimac St

City  
Newburyport

State  
MA

Zip Code  
01950-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.95

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792038762518**

Amount of Each Receipt this Period

26.95

☐ Memo Item

P/R Deduction (\$26.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOUCHARD, JANINE, M, ,**

Mailing Address 34 L ST

City  
HULL

State  
MA

Zip Code  
02045-1706

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792053362518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

87.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. KIMPEL, COLIN, W, ,**

Mailing Address 6201 WALHONDING RD

City  
BETHESDA

State  
MD

Zip Code  
20816-2138

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR792055862518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARTMAN, Jonathan, , ,**

Mailing Address 14806 MCCORMICK ST

City  
SHERMAN OAKS

State  
CA

Zip Code  
91411-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR792074862518**

Amount of Each Receipt this Period

111.07

☐ Memo Item

P/R Deduction (\$111.07 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHOWDHRY, ASHISH, M, ,**

Mailing Address 2 2ND ST APT 3306

City  
JERSEY CITY

State  
NJ

Zip Code  
07302-7025

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 ▼

333.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR792081862518**

Amount of Each Receipt this Period

33.32

☐ Memo Item

P/R Deduction (\$16.66 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

194.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. SNOOK, George, A., ,**

Mailing Address 502 SARAH CT

City  
MECHANICSBURG

State  
PA

Zip Code  
17050-7231

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 ▼

900.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792083362518**

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRATHER, KEVEN, P., ,**

Mailing Address 10761 CLARK RD

City  
CHARDON

State  
OH

Zip Code  
44024-9779

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792086662518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RHO, Sean, , ,**

Mailing Address 3331 PARAISO WAY

City  
LA CRESCENTA

State  
CA

Zip Code  
91214-1250

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 ▼

219.64

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792090462518**

Amount of Each Receipt this Period

32.14

☐ Memo Item

P/R Deduction (\$16.07 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

357.14



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. Starks, MacArthur, , MR.,**

Mailing Address 34 Nottingham Dr

City  
East Longmeadow

State  
MA

Zip Code  
01028-2630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
Vice President - Fin Plng & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792096562518**

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LAU, JONATHAN, D, ,**

Mailing Address 275 ASPEN RD

City  
BIRMINGHAM

State  
MI

Zip Code  
48009-3705

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

10 / 17 / 2018

**Transaction ID : PR792101362518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DOMINGUE, MICHAEL, , ,**

Mailing Address 107 SHELBURNE CIR

City  
LAFAYETTE

State  
LA

Zip Code  
70508-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247.59

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792102862518**

Amount of Each Receipt this Period

26.22

☐ Memo Item

P/R Deduction (\$13.11 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

88.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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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. PANTIN, SARA, WOOD, ,**

Mailing Address 3135 ABOVE STRATFORD PL

City  
AUSTIN

State  
TX

Zip Code  
78746-4600

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792103462518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'Connor, Michael, , MR.,**

Mailing Address 17 Twin Hill Rd

City

Hubbardston

State

MA

Zip Code

01452-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792107762518**

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MacWade, Lenore, T, MS.,**

Mailing Address 20 Mountain Hill Rd

City

N Grosvenordl

State

CT

Zip Code

06255-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Continuous Improvement Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.34

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792119062518**

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

228.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. LAYSON, DOLFORD, , ,

Mailing Address 2081 HAVENVIEW CT

City  
SNELLVILLE

State  
GA

Zip Code  
30078-7795

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792124362518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matthews, Stacy, S., ,

Mailing Address 20 PARK AVE APT 3F

City  
NEW YORK

State  
NY

Zip Code  
10016-3846

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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792127862518

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allard, Thomas, , MR.,

Mailing Address 16 Grandview St

City  
South Hadley

State  
MA

Zip Code  
01075-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Fraud Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792128362518

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

57.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. Conlin, Ellen, S, MS.,**

Mailing Address 20 Wellesley Dr

City  
Longmeadow

State  
MA

Zip Code  
01106-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
VP & Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.32

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792129562518**

Amount of Each Receipt this Period

26.92

☐ Memo Item

P/R Deduction (\$26.92 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOGGIANO, EDUARDO, J, ,**

Mailing Address 10197 CAMELBACK LN

City  
BOCA RATON

State  
FL

Zip Code  
33498-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.73

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792418162518**

Amount of Each Receipt this Period

32.14

☐ Memo Item

P/R Deduction (\$16.07 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIPNISS, MICHAEL, S, ,**

Mailing Address 115 WHITE COLUMNS DR

City  
ALPHARETTA

State  
GA

Zip Code  
30004-3057

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 ▼

250.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792446862518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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. MILLER, JOHN, J, ,**

Mailing Address 13 WHIPPANY AVE

City  
WARREN

State  
NJ

Zip Code  
07059-5774

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 ▼

833.37

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792501462518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FERRANTE, PAUL, DAVID, ,**

Mailing Address 648 SHORE ACRES DR

City  
MAMARONECK

State  
NY

Zip Code  
10543-4011

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 ▼

740.00

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR792549062518**

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$65.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KENNY, BRENDAN, J, ,**

Mailing Address 27 HILLSIDE RD

City  
SOUTHAMPTON

State  
NY

Zip Code  
11968-3731

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

10 / 17 / 2018

**Transaction ID : PR792549762518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

263.32

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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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. ROLNICK, RUSSELL, J, ,

Mailing Address 8 TALL PINES CT

City  
WEST NYACK

State  
NY

Zip Code  
10994-1341

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 ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792728162518

Amount of Each Receipt this Period

41.68

☐ Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARGE, BRIAN, C, ,

Mailing Address 141 WOLFPIT AVE

City  
NORWALK

State  
CT

Zip Code  
06851-3429

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792732662518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karlitz, Paul, E., ,

Mailing Address 1908 VIA ESTUDILLO

City  
PALOS VERDES ESTATES

State  
CA

Zip Code  
90274-1910

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR792971862518

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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. KATES, DAVID, S, ,

Mailing Address 88 MIDDLE RD

City  
SANDS POINT

State  
NY

Zip Code  
11050-2634

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793060562518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRASNIPOL, STEVEN, E, ,

Mailing Address 820 ARBORETUM DR

City  
WILMINGTON

State  
NC

Zip Code  
28405-5220

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793194162518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SELIGMAN, STEPHEN, MARC, ,

Mailing Address 269 SHADYBROOK LN

City  
PRINCETON

State  
NJ

Zip Code  
08540-4137

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793285762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. GOLISH, GLEN, R, ,

Mailing Address 22261 HOLLYHOCK TRL

City  
BOCA RATONState  
FLZip Code  
33433-4865FEC 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 ▼

770.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793450562518

Amount of Each Receipt this Period

45.45

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEORGE, IAN, R, ,

Mailing Address 600 CLEMSON DR

City  
PITTSBURGHState  
PAZip Code  
15243-1736FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793621462518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERDELMANN, MARK, J, ,

Mailing Address 206 COVENTRY RD

City  
CHALFONTState  
PAZip Code  
18914-2970FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793654762518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

153.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 237 OF 261

(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. Kaltenbach, Gregory, Linn, ,

Mailing Address 1 RAND COURT

City  
COTO DE CAZA

State  
CA

Zip Code  
92679-5148

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 ▼

1250.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR793731562518

Amount of Each Receipt this Period

59.53

☐ Memo Item

P/R Deduction (\$59.53 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COHN, SETH, MICHAEL, ,

Mailing Address 247 UNDERWOOD DR

City  
ATLANTA

State  
GA

Zip Code  
30328-2942

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

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR794231462518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOX, AMIE, L, ,

Mailing Address 20138 ENNIS DR

City  
STRONGSVILLE

State  
OH

Zip Code  
44149-0992

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR794427862518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 261

(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. MCKEAN, Ryan, P., ,**

Mailing Address 1080 NICHOLSON AVE

City  
LAKEWOOD

State  
OH

Zip Code  
44107-1403

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 ▼

233.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR794428062518**

Amount of Each Receipt this Period

33.33

☐ Memo Item

P/R Deduction (\$33.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DORMAN, MARK, J., ,**

Mailing Address 3980 FAIRWAY DR

City  
MEDINA

State  
OH

Zip Code  
44256-7847

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR794449362518**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PERME, CHRISTOPHER, A., ,**

Mailing Address 11676 STATE ROUTE 88

City  
GARRETTSVILLE

State  
OH

Zip Code  
44231-9105

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 ▼

798.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR794455162518**

Amount of Each Receipt this Period

100.78

☐ Memo Item

P/R Deduction (\$50.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.11

# **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  
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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. 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 ▼

833.37

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR794655562518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Powers, Timothy, W., ,**

Mailing Address 1810 CHADSWORTH DR

City

SUN PRAIRIE

State

WI

Zip Code

53590-3554

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 ▼

1388.87

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR794959162518**

Amount of Each Receipt this Period

555.57

☐ Memo Item

P/R Deduction (\$555.57 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 ▼

333.33

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR795097462518**

Amount of Each Receipt this Period

133.33

☐ Memo Item

P/R Deduction (\$133.33 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

772.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. COHAN, DENNIS, ALAN, ,

Mailing Address 2707 QUENBY AVE

City  
HOUSTON

State  
TX

Zip Code  
77005-2429

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 ▼

466.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795315062518

Amount of Each Receipt this Period

66.66

☐ Memo Item

P/R Deduction (\$33.33 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEPHENS, DAVID, R, ,

Mailing Address 209 79TH ST UNIT B

City  
VIRGINIA BCH

State  
VA

Zip Code  
23451-1973

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

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795338762518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KATZ, WALTER, E, ,

Mailing Address 1401 RICHMOND AVE STE 200

City  
HOUSTON

State  
TX

Zip Code  
77006-5480

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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795359662518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

199.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. HERNANDEZ, CARLOS, , ,

Mailing Address 1211 WILDEWOOD CT

City  
SUGAR LANDState  
TXZip Code  
77479-6294FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795364062518

Amount of Each Receipt this Period

222.20

☐ Memo Item

P/R Deduction (\$222.20 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, MICHAEL, S, ,

Mailing Address 569 SHANES LN

City  
WEATHERFORDState  
TXZip Code  
76087-7133FEC 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 ▼

833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795374462518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, GREGORY, B, ,

Mailing Address 6223 N PONDEROSA WAY

City  
PARKERState  
COZip Code  
80134-5623FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795765562518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

355.52

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. MU, CATHY, , ,

Mailing Address 3273 WITHERS AVE

City  
LAFAYETTEState  
CAZip Code  
94549-1942FEC 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 ▼

242.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795843462518

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FURSTNER, ERIC, C, ,

Mailing Address 10 CASOLYN RANCH CT

City  
DANVILLEState  
CAZip Code  
94506-4756FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR795969862518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRTZ, EDWARD, J, ,

Mailing Address 12 BRANDING IRON LN

City  
ROLLING HILLS ESTATESState  
CAZip Code  
90274-2501FEC 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 ▼

833.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : PR796003962518

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

163.30

TOTAL This Period (last page this line number only)..... ►



# **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  
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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. WHITMORE, EDGAR, F, , III**

Mailing Address 25471 PRADO DE ORO

City  
CALABASAS

State  
CA

Zip Code  
91302-3664

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 ▼

833.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796010162518**

Amount of Each Receipt this Period

83.30

☐ Memo Item

P/R Deduction (\$41.65 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEARNS, CRAIG, E, ,**

Mailing Address 136 HENRY ST

City  
FAIRFIELD

State  
CT

Zip Code  
06824-2820

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 ▼

494.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796044662518**

Amount of Each Receipt this Period

52.94

☐ Memo Item

P/R Deduction (\$26.47 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BENNETT, DAVID, W., ,**

Mailing Address 22371 CANYON CREST DR

City  
MISSION VIEJO

State  
CA

Zip Code  
92692-4532

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 ▼

229.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796052362518**

Amount of Each Receipt this Period

35.10

☐ Memo Item

P/R Deduction (\$17.55 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

171.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 261

(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. ADAMS, MAX, A, ,**

Mailing Address 600 NE 27TH ST APT 1603

City  
MIAMI

State  
FL

Zip Code  
33137-5093

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 ▼

833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796324662518**

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCarron, Patrick, , MR.,**

Mailing Address 35 Sovereign Dr

City  
Flanders

State  
NJ

Zip Code  
07836-0230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796416262518**

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Christopher, , MR.,**

Mailing Address 38 Bailey Ln

City  
Somers

State  
CT

Zip Code  
06071-1686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MassMutual Trust Company, FSB

Occupation (for Individual)  
External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

**Transaction ID : PR796517262518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

104.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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. TOWILL, William, F, MR.,**

Mailing Address 44 Zenith Ln

City  
Glastonbury

State  
CT

Zip Code  
06033-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR796591462518**

Amount of Each Receipt this Period

11.54

☐ Memo Item

P/R Deduction (\$11.54 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILGRAM, ARKADY, , ,**

Mailing Address 1391 OAK TRAIL ST

City  
NEWBURY PARK

State  
CA

Zip Code  
91320-5918

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 ▼

460.70

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR79666662518**

Amount of Each Receipt this Period

69.64

☐ Memo Item

P/R Deduction (\$34.82 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finnegan, Kevin, O, MR.,**

Mailing Address 37 Charter Ridge Dr

City  
Sandy Hook

State  
CT

Zip Code  
06482-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)  
SVP & Deputy General Couns RS Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR796668362518**

Amount of Each Receipt this Period

9.62

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. NELSON, DAVID, R., , III**

Mailing Address 4794 BORDAGES RD

City  
BEAUMONT

State  
TX

Zip Code  
77705-7675

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 ▼

403.90

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR796717262518**

Amount of Each Receipt this Period

63.72

☐ Memo Item

P/R Deduction (\$31.86 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hirschberg, Michael, , MR.,**

Mailing Address 122 Pasadena Pl

City  
Hawthorne

State  
NJ

Zip Code  
07506-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
External Wholesaler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR811444962518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Janco, Paul, , MR.,**

Mailing Address 335 Cedar Ln

City  
New Hartford

State  
CT

Zip Code  
06057-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

415.45

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR811451362518**

Amount of Each Receipt this Period

19.25

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. PLANK, JOSHUA, RYAN, ,

Mailing Address 9330 TIMBERWOLF LN

City  
ZIONSVILLEState  
INZip Code  
46077-8322FEC 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 ▼

833.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR811793662518

Amount of Each Receipt this Period

83.32

☐ Memo Item

P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ECKART, SCOTT, WENDELL, ,

Mailing Address 4559 SUNFLOWER CT

City  
ZIONSVILLEState  
INZip Code  
46077-8118FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR811820962518

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Jeanne, G, MS.,

Mailing Address 10 Pondview Ln

City  
SouthwickState  
MAZip Code  
01077-9264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Massachusetts Mutual Life Insurance CoOccupation (for Individual)  
Vice President- - Corp Business Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR904834662518

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

171.82

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 261

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Zuber, Lee, M, MR.,

Mailing Address 5 Andrew Cir

City  
Hampden

State  
MA

Zip Code  
01036-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Agency Focus Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR904835462518

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Belmore, Cindy, , MS.,

Mailing Address 7 Crystal Dr

City  
Southwick

State  
MA

Zip Code  
01077-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

Vice President - Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR932682162518

Amount of Each Receipt this Period

26.93

☐ Memo Item

P/R Deduction (\$26.93 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDY, JASON, RYAN, ,

Mailing Address 614 OLD HOLLOW CT

City  
CLOVER

State  
SC

Zip Code  
29710-6305

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2018

Transaction ID : PR934745462518

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

67.33

TOTAL This Period (last page this line number only)..... ►

41510.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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. MassMutual Political Action Committee**

Mailing Address 1295 State Street

City  
Springfield

State  
MA

Zip Code  
01111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4207.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2018

**Transaction ID : 78847592**

Amount of Each Receipt this Period

255.71

☐ Memo Item

Refund of Sept-18 Fed Operating Expenditures

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.71

255.71



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Elise For Congress**

Mailing Address PO Box 500

City

Glens Falls

State

NY

Zip Code

12801

FEC ID number of contributing  
federal political committee.

C

C00547893

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2013

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2018

**Transaction ID : 78846333**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Refund of 18G contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Georgians For Isakson**

Mailing Address Post Office Box 250116

City

Atlanta

State

GA

Zip Code

30325

FEC ID number of contributing  
federal political committee.

C

C00384693

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 78847590**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of contribution - orig. dated 11/1/17

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Georgians For Isakson**

Mailing Address Post Office Box 250116

City

Atlanta

State

GA

Zip Code

30325

FEC ID number of contributing  
federal political committee.

C

C00384693

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2022

☒ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2018

**Transaction ID : 78847591**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of contribution - orig. dated 10/19/17

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
AMEX Processing Fees - Sept-18

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2018					

FEC Identification Number

C

**Transaction ID : 78846813**

Amount of Each Disbursement this Period

49.99

AMEX Processing Fees - Sept-18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase PaymenTech**

Mailing Address P.O. Box 29534

City  
PhoenixState  
AZZip Code  
85038Purpose of Disbursement  
Chase PaymenTech Processing Fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				11				2018					

FEC Identification Number

C

**Transaction ID : 78847490**

Amount of Each Disbursement this Period

10.59

Chase PaymenTech Processing Fee

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

60.58

**TOTAL** This Period (last page this line number only).....▶

60.58

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mark Warner**Mailing Address 201 North Union Street  
Suite 300City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Event: Nov. 28, 2018

011

Category/  
Type

Candidate Name

**Warner, Mark, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2018					

FEC Identification Number

**C** C00438713**Transaction ID : 78556256**

Amount of Each Disbursement this Period

3000.00

Event: Nov. 28, 2018

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
In-district Event; Oct 29 2018

011

Category/  
Type

Candidate Name

**Beyer, Don, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2018					

FEC Identification Number

**C** C00555888**Transaction ID : 78626093**

Amount of Each Disbursement this Period

2500.00

In-district Event; Oct 29 2018

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican Majority Fund**

Mailing Address 1316 Alexandria Avenue

City  
AlexandriaState  
VAZip Code  
22308Purpose of Disbursement  
Event: October 4, 2018

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2018					

FEC Identification Number

**C** C00296640**Transaction ID : 78644769**

Amount of Each Disbursement this Period

3500.00

Event: October 4, 2018

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Graves For Congress**

Mailing Address PO Box 335

City  
CalhounState  
GAZip Code  
30703Purpose of Disbursement  
Event: October 5, 2018

011

Category/  
Type

Candidate Name

**Graves, Tom, , Rep.,**

Office Sought:



House



Senate



President

State: GA

District: 14

Disbursement For: 2013



Primary



General



Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2018			

FEC Identification Number

**C** C00462556**Transaction ID : 78647181**

Amount of Each Disbursement this Period

2500.00

Event: October 5, 2018

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**Mailing Address 611 Pennsylvania Ave SE  
Suite 143City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2018 PAC Support

011

Category/  
Type

Candidate Name

Office Sought:



House



Senate



President

State:

District:

Disbursement For:



Primary



General



Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2018			

FEC Identification Number

**C** C00507574**Transaction ID : 78655311**

Amount of Each Disbursement this Period

5000.00

2018 PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Cheri Bustos**

Mailing Address 1050 17th St Nw Ste 590

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Event: October 2, 2018

011

Category/  
Type

Candidate Name

**Bustos, Cheri, , Rep.,**

Office Sought:



House



Senate



President

State: IL

District: 17

Disbursement For: 2013



Primary



General



Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2018			

FEC Identification Number

**C** C00498568**Transaction ID : 78659183**

Amount of Each Disbursement this Period

3500.00

Event: October 2, 2018

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 254 OF 261

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blum For Congress**

Mailing Address 2728 Asbury Road Suite 400

City  
DubuqueState  
IAZip Code  
52001Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Blum, Rod, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

FEC Identification Number

**C** C00543926**Transaction ID : 78690979**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Buddy Carter For Congress**

Mailing Address PO Box 10570

City  
SavannahState  
GAZip Code  
31412Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Carter, Buddy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

FEC Identification Number

**C** C00543967**Transaction ID : 78690984**

Amount of Each Disbursement this Period

5000.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Comstock For Congress**

Mailing Address PO Box 831

City  
Mc LeanState  
VAZip Code  
22101Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Comstock, Barbara, J., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2018

FEC Identification Number

**C** C00554261**Transaction ID : 78690985**

Amount of Each Disbursement this Period

5000.00

2018 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo Congress**Mailing Address 8724 Sunset Dr  
#355City  
MiamiState  
FLZip Code  
33173Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Curbelo, Carlos, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	8		

FEC Identification Number

**C** C00546846**Transaction ID : 78690986**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Drew Ferguson For Congress Inc.**

Mailing Address PO Box 387

City  
West PointState  
GAZip Code  
31833Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Ferguson, A. Drew, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	1	8		

FEC Identification Number

**C** C00607838**Transaction ID : 78691213**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jaime For Congress**

Mailing Address PO Box 1614

City  
RidgefieldState  
WAZip Code  
98642Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Herrera-Beutler, Jaime, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	8		

FEC Identification Number

**C** C00472704**Transaction ID : 78691226**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pete King For Congress Committee**

Mailing Address PO Box 1428

City  
SeafordState  
NYZip Code  
11783Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**King, Pete, T., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	8		

FEC Identification Number

C C00272211

**Transaction ID : 78691227**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cooper For Congress**

Mailing Address P.O. Box 198497

City  
NashvilleState  
TNZip Code  
37219Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Cooper, Jim, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	1	8		

FEC Identification Number

C C00376665

**Transaction ID : 78691228**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**Mailing Address 1519 Washington Street  
Suite 200City  
LaredoState  
TXZip Code  
78040Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Cuellar, Henry, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 28

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	8		

FEC Identification Number

C C00371302

**Transaction ID : 78691242**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Davis For Congress/Friends Of Davis**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2018

Mailing Address 5956 W. Race Avenue

City  
ChicagoState  
ILZip Code  
60644Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Davis, Danny, K., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 07

FEC Identification Number

C C00172619

**Transaction ID : 78691248**

Amount of Each Disbursement this Period

3000.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Valadao For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

Mailing Address 5132 North Palm Avenue  
#227City  
FresnoState  
CAZip Code  
93704Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Valadao, David, G., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 21

FEC Identification Number

C C00499392

**Transaction ID : 78698848**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Walker 4 Nc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2018

Mailing Address PO Box 99247

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Walker, Mark, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 06

FEC Identification Number

C C00543231

**Transaction ID : 78698850**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 258 OF 261

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Loeb sack For Congress**

Mailing Address PO Box 3013

City  
Iowa CityState  
IAZip Code  
52244Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Loeb sack, David, Wayne, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2018					

FEC Identification Number

C C00414318

**Transaction ID : 78699063**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sherman For Congress**Mailing Address 777 S. Figueroa Street  
Suite 4050City  
Los AngelesState  
CAZip Code  
90017Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Sherman, Brad, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 30

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2018					

FEC Identification Number

C C00308742

**Transaction ID : 78699125**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Takano For Congress**

Mailing Address PO Box 5214

City  
RiversideState  
CAZip Code  
92517Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Takano, Mark, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2018					

FEC Identification Number

C C00498667

**Transaction ID : 78699126**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tenney For Congress**Mailing Address 28 Robinson Road  
PO Box 128City  
ClintonState  
NYZip Code  
13323Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Tenney, Claudia, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2018			

FEC Identification Number

C C00561183

**Transaction ID : 78699129**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City  
BuffaloState  
NYZip Code  
14220Purpose of Disbursement  
2018 Add'l Candidate Support

011

Category/  
Type

Candidate Name

**Higgins, Brian, M., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2018			

FEC Identification Number

C C00401034

**Transaction ID : 78712227**

Amount of Each Disbursement this Period

2500.00

2018 Add'l Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Insured Retirement Institute PAC**Mailing Address 1100 Vermont Avenue, NW  
10th FloorCity  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
2018 IRI PAC Support

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

C C00490474

**Transaction ID : 78729292**

Amount of Each Disbursement this Period

5000.00

2018 IRI PAC Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 260 OF 261

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Denny Heck For Congress**

Mailing Address PO Box 235

City  
OlympiaState  
WAZip Code  
98507Purpose of Disbursement  
Event: November 30, 2018

011

Category/  
Type

Candidate Name

**Heck, Denny, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C C00472159

**Transaction ID : 78752841**

Amount of Each Disbursement this Period

2500.00

Event: November 30, 2018

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Derek Kilmer**

Mailing Address PO Box 1381

City  
TacomaState  
WAZip Code  
98402Purpose of Disbursement  
2018 Candidate Support

011

Category/  
Type

Candidate Name

**Kilmer, Derek, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

FEC Identification Number

C C00514893

**Transaction ID : 78753493**

Amount of Each Disbursement this Period

2500.00

2018 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Women2Women PAC**Mailing Address 2201 Wisconsin Ave., NW  
Suite 320City  
WashingtonState  
DCZip Code  
20007Purpose of Disbursement  
Void - Uncleared Disbursement (dated 4/5/18)

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2018

FEC Identification Number

C C00614958

**Transaction ID : 78847548**

Amount of Each Disbursement this Period

- 5000.00

Void - Uncleared Disbursement  
(dated 4/5/18)☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 261 OF 261

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan For Congress**

Mailing Address PO Box 327

City  
MadisonState  
WIZip Code  
53701Purpose of Disbursement  
Void - Uncleared Disbursement (dated 4/12/18)

011

Category/  
Type

Candidate Name

**Pocan, Mark, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		12		2018

FEC Identification Number

C C00502179

**Transaction ID : 78847549**

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item (dated 4/12/18)

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address Pob 100

City  
TeaneckState  
NJZip Code  
07666Purpose of Disbursement  
Void - Uncleared Disbursement (dated 5/8/18)

011

Category/  
Type

Candidate Name

**Pascrell, William, J., Rep., Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☒ General  
☐ Other (specify)

State: NJ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		08		2018

FEC Identification Number

C C00313510

**Transaction ID : 78847553**

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item (dated 5/8/18)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 5000.00

68000.00