



REGULATED
FEDERAL ELECTION
COMMISSION FORM NO.

10/21/98
Massachusetts Mutual Life Insurance Company
1295 State Street Springfield MA 01111-0001
(417) 744 6257

October 19, 1998

AIRBORNE OVERNIGHT

Ms. Andrea Wilkins, Report Analyst Specialist
Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Dear Ms. Wilkins:

In order to assure the timely filing of reports, the Massachusetts Mutual Life Insurance Company Political Action Committee has elected, pursuant to Federal Election Commission Regulation 104.5(c), to file monthly reports during 1998.

Accordingly, enclosed please find the Pre-general report covering the period October 1, 1998 through October 14, 1998.

Sincerely,

Ellen Wilkins Ellis
Second Vice President
Government Relations

Enclosure

c: Bruce Frisbie E078

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 21 12 14 PM '98

1. NAME OF COMMITTEE (in full) Massachusetts Mutual Life Insurance Company Political Action Committee		2. FEC IDENTIFICATION NUMBER C 00118943
ADDRESS (number and street) 1295 State Street	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE Springfield, MA 01111-0001		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

Monthly Report Due On:

- a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding General
(Type of Election)
election on 11/3/98 in the State of Massachusetts
- Thirtieth day report following the General Election on _____
in the State of _____

b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 7,869.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,835.72	
(c) Total Receipts (from Line 19)	\$ 11,638.27	\$ 240,954.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,473.99	\$ 248,824.05
7. Total Disbursements (from Line 30)	\$ 10,556.67	\$ 236,906.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,917.32	\$ 11,917.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For Further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 15,000.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer Bruce C. Frisbie		Date <u>10/20/98</u>
Signature of Treasurer <i>Bruce C. Frisbie</i>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Massachusetts Mutual Life Insurance Company Political Action Committee	REPORT COVERING PERIOD	
	FROM: 10/1/98	TO: 10/14/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$9,535.81	\$126,579.32
ii. Unitemized.....	\$3,602.46	\$91,308.69
iii. Total.....(add i and ii) *	\$9,138.27	\$217,888.01
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contributions.....(add a iii, b and c) *	\$9,138.27	\$217,888.01
12. Transfers From Affiliated/Other Party Committees.....	\$0.00	\$0.00
13. All Loans Received.....	\$0.00	\$15,000.00
14. Loan Repayments Received.....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	\$0.00	\$44.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$2,500.00	\$7,500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$0.00	\$530.68
18. Transfers from Nonfederal Account for Joint Activity.....	\$0.00	\$0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) *	\$11,638.27	\$240,954.69
20. Total Federal Receipts.....(subtract line 18 from line 19) *	\$11,638.27	\$240,954.69
II. Disbursements		
21. Operating Expenditures:		
a. Shared 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.....	\$56.67	\$300.09
c. Total Operating Expenditures.....(add a i, a ii, and b) *	\$56.67	\$300.09
22. Transfers to Affiliated/Other Party Committees.....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$10,500.00	\$230,700.00
24. Independent Expenditures (use Schedule E).....	\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	\$706.64
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contribution Refunds.....(add a, b and c) *	\$0.00	\$706.64
29. Other Disbursements.....	\$0.00	\$5,200.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) *	\$10,556.67	\$236,906.73
31. Total Federal Disbursements.....(subtract line 21 a ii from line 30) *	\$10,556.67	\$236,906.73
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	\$9,138.27	\$217,888.01
33. Total Contribution Refunds (from line 28d).....	\$0.00	\$706.64
34. Net Contributions (other than loans)(subtract line 33 from 32).....	\$9,138.27	\$217,173.37
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) *	\$56.67	\$300.09
36. Offsets to Operating Expenditures (from line 15).....	\$0.00	\$44.00
37. Net Operating Expenditures.....(subtract line 36 from 35) *	\$56.67	\$256.09

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L Abbott 52 Coventry Lane Longmeadow, MA 01106	Massachusetts Mutual Life Ins. Co. Occupation Vice President	10/1/98	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Paul D Adornato 418 Longhill Street Springfield, MA 01108	Massachusetts Mutual Life Ins. Co. Occupation Sr Vice Pres	10/1/98	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 833.30		
Susan A Alfano 22 Ridgewood Road Somers, CT 06071	Massachusetts Mutual Life Ins. Co. Occupation Sr VP	10/1/98	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250.00		
Gary J Bacchiocchi 14 Gary Drive Westfield, MA 01085	Massachusetts Mutual Life Ins. Co. Occupation VP & Actuary	10/1/98	\$35.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 354.20		
Gary C Bingham 165 The Meadows Enfield, CT 06082	Massachusetts Mutual Life Ins. Co. Occupation VP & Actuary	10/1/98	\$35.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 354.20		
Martha L Blausett 181 Converse Street Longmeadow, MA 01106	Massachusetts Mutual Life Ins. Co. Occupation Vice President	10/1/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Stephen R Bosworth 19 Shirley Street Wilbraham, MA 01095	Massachusetts Mutual Life Ins. Co. Occupation VP & Asso Gen Counsel	10/1/98	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		

SUBTOTAL of Receipts This Page (optional)	\$ 384.17
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	12
FOR LINE NUMBER		11(a)(i)

Contributions From Individuals (Itemized)

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, Mailing Address and ZIP Code Richard D Bourgeois 11 Echo Hill Road Wilbraham, MA 01095	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Vice President	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 354.20		
Full Name, Mailing Address and ZIP Code David L Brassard 175 Tanglewood Drive Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr. Man. Dir.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$55.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 589.20		
Full Name, Mailing Address and ZIP Code Robert J Broderick 62 Academy Drive Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Invest Dir	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$31.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 286.07		
Full Name, Mailing Address and ZIP Code Frederick C Castellani 47 Blue Ridge Road Simsbury, CT 06070	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr VP	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 833.40		
Full Name, Mailing Address and ZIP Code Kenneth S Cohen 59 Woodlot Road Amherst, MA 01102	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr Vp/Aso Gen Coun	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 833.30		
Full Name, Mailing Address and ZIP Code Colin C Collins 2 Washington Road Springfield, MA 01108	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr VP	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$33.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 333.30		
Full Name, Mailing Address and ZIP Code Peter J Dahoul 56 Brookside Village Enfield, CT 06082	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Ex VP & Chf Inf Off	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 580.00		
SUBTOTAL of Receipts This Page (optional)			\$ 382.83
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
Full Name, Mailing Address and ZIP Code Nancy A Dalessio 173 Southampton Road Holyoke, MA 01040	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address and ZIP Code John B Davies 1259 Western Avenue Westfield, MA 01085	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice Pres Aggregate Year-to-Date > \$ 2,000.00		
Full Name, Mailing Address and ZIP Code Anne Melissa Dowling 37 Sunset Farm Road West Hartford, CT 06107	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$95.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr VP Aggregate Year-to-Date > \$ 810.00		
Full Name, Mailing Address and ZIP Code Thomas F English 167 Franklin Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$37.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Asso Gen Coun Aggregate Year-to-Date > \$ 350.37		
Full Name, Mailing Address and ZIP Code Jill Fields 38 Twinbrook Circle Longmeadow, MA	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$31.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Dir Aggregate Year-to-Date > \$ 286.38		
Full Name, Mailing Address and ZIP Code William B Fisher 162 Franklin Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Assoc Gen Coun Aggregate Year-to-Date > \$ 354.20		
Full Name, Mailing Address and ZIP Code Daniel J Fitzgerald 8 Ward Drive Wilbraham, MA 01095	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$166.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO-Intl Aggregate Year-to-Date > \$ 1,666.60		
SUBTOTAL of Receipts This Page (optional)			\$ 606.21
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)
 Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Foley 198 Gilead Street Hebron, CT 06248 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Managing Dir Aggregate Year-to-Date \$ 289.00	10/1/98	\$30.49
Arthur Forest 192 Eastwood Drive Westfield, MA 01085 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Sr VP Aggregate Year-to-Date \$ 583.30	10/1/98	\$58.33
David E Fusco 17 Copper Drive Enfield, CT 06082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Compliance Dir. Aggregate Year-to-Date \$ 293.41	10/1/98	\$30.49
Gary L Greenfield 10 Bedford Court Lincolnshire, IL 60069 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Vp/Asst Leader Aggregate Year-to-Date \$ 347.67	10/1/98	\$38.63
Richard E Guertin 265 Silver Street Monson, MA 01057 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation VP Aggregate Year-to-Date \$ 583.30	10/1/98	\$58.33
Robert A Hague Lake Paradise Monson, MA 01057 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Vice President Aggregate Year-to-Date \$ 354.20	10/1/98	\$35.42
Margaret G Hannigan 6 Tecumseh Drive Longmeadow, MA 01106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Managing Director Aggregate Year-to-Date \$ 352.45	10/1/98	\$37.31

SUBTOTAL of Receipts This Page (optional)	\$ 289.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	5	12
FOR LINE NUMBER		11(n)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
Full Name, Mailing Address and ZIP Code Kenneth L Hargreaves 40 Englewood Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr Vice President	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 833.30		
Full Name, Mailing Address and ZIP Code Michael D Hays 118 Trimmer Lane Westfield, MA 01085	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr VP & Acty	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 833.30		
Full Name, Mailing Address and ZIP Code Mark S Higgins 6115 Abbots Bridge Road, #1304 Duluth, GA 30155	Name of Employer Cornerstone Real Estate Investors Occupation Regional Director	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$31.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 288.00		
Full Name, Mailing Address and ZIP Code Isadore Jermyn 18 Duxbury Lane Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr. V.P. & Chf Acty	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$85.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 828.82		
Full Name, Mailing Address and ZIP Code Carol M Johnson 21 S. Sunset Avenue Amherst, MA 01002	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation VP & Asso Gen Counsel	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$57.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 585.44		
Full Name, Mailing Address and ZIP Code E. Thomas Johnson Jr. 654 Main Street Hingham, MA 02043	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr. Vice President	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 916.63		
Full Name, Mailing Address and ZIP Code Robert E Joyal 949 Glendale Road Wilbraham, MA 01095	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Exec. Dir.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$85.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 840.40		
SUBTOTAL of Receipts This Page (optional)			\$ 509.48
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
Full Name, Mailing Address and ZIP Code John B. Joyce 585 Wolf Swamp Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.41
Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 354.10	
Full Name, Mailing Address and ZIP Code Candice Y Kasal 25 Walnut Street Northampton, MA 01060	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Occupation Sr Vice Pres			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 833.30	
Full Name, Mailing Address and ZIP Code Edward M Kline 119 Knollwood Drive Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.41
Occupation VP & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 354.10	
Full Name, Mailing Address and ZIP Code Robert L Knowles 25 Kingslake Lane Springfield, MA 01129	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.42
Occupation VP & Actuary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 354.20	
Full Name, Mailing Address and ZIP Code Stephen L Kuhn 285 Farmington Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$58.33
Occupation VP & Asst Gen Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 583.30	
Full Name, Mailing Address and ZIP Code Robert W Kunning Jr. 22 McIntosh Drive Wilbraham, MA 01095	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$35.42
Occupation Reg VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 354.20	
Full Name, Mailing Address and ZIP Code David Lauretti 6 Gale Road Bloomfield, CT 06002	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$54.44
Occupation Sr. Man. Dir.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 591.08	
SUBTOTAL of Receipts This Page (optional)			\$ 337.76
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
Full Name, Mailing Address and ZIP Code Robert C MacKenzie 130 Wendover Suffield, CT 06078	Name of Employer Cornerstone Real Estate Investors Occupation Chief Engineer	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$38.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 272.23		
Full Name, Mailing Address and ZIP Code Byron B Mattson 67 Ridge Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Sr. Man. Dir.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$55.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 589.20		
Full Name, Mailing Address and ZIP Code Gary D. McMahan 1506 S. Seabreeze Trail Virginia Beach, VA 23452-4748	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Senior Vice President	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.00		
Full Name, Mailing Address and ZIP Code James E Miller 344 Inverness Lane Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Executive Vice Pres	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$181.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,636.29		
Full Name, Mailing Address and ZIP Code Raymond J Maratori 457 Stanley Drive Glastonbury, CT 06033	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation 2nd VP	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 304.00		
Full Name, Mailing Address and ZIP Code John V Murphy 651 Main Street Hingham, MA 02043	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Ex VP	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$181.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,636.38		
Full Name, Mailing Address and ZIP Code Clifford M Noreen 95 Bent Tree Drive East Longmeadow, MA 01028	Name of Employer Massachusetts Mutual Life Ins. Co. Occupation Managing Dir	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
SUBTOTAL of Receipts This Page (optional)			\$ 595.94
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

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, Mailing Address and ZIP Code Michael P O'Connor 23 Bridle Path Road Springfield, MA 01118	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$34.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 350.70	
Full Name, Mailing Address and ZIP Code Thomas F O'Connor 55 Woodfields Drive Tolland, CT 06084	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$54.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Actuary	Aggregate Year-to-Date > \$ 591.08	
Full Name, Mailing Address and ZIP Code Patrick J O'Rourke 380 Knight Way La Canada Flintridge, CA 91011	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$20.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg Pens Mgr	Aggregate Year-to-Date > \$ 208.30	
Full Name, Mailing Address and ZIP Code Stephen P Oman 35309 Bobean Avenue Fraser, MI 48026	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$20.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg Pens Mgr	Aggregate Year-to-Date > \$ 208.30	
Full Name, Mailing Address and ZIP Code John J Pajak 31 Maryland Avenue Chicopee, MA 01020	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$166.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & Con	Aggregate Year-to-Date > \$ 1,666.70	
Full Name, Mailing Address and ZIP Code John L Palmieri 10 Olde Greenhouse Lane Madison, NJ 07940	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$20.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg Pens Mgr	Aggregate Year-to-Date > \$ 208.30	
Full Name, Mailing Address and ZIP Code Leo J Polverini Jr 81 Concord Road Longmeadow, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$87.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr VP	Aggregate Year-to-Date > \$ 824.63	
SUBTOTAL of Receipts This Page (optional)			\$ 405.96
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G Poullot 12 Briarcliff Drive Westfield, MA 01085	Massachusetts Mutual Life Ins. Co.	10/1/98	\$60.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. VP Aggregate Year-to-Date > \$ 579.19		
John W Powell Jr. 16 Chelsea Lane W. Hartford, CT 06119	Massachusetts Mutual Life Ins. Co.	10/1/98	\$30.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Managing Dir Aggregate Year-to-Date > \$ 290.32		
David J Reilly 32 Joshua Drive West Simsbury, CT 06092	Cornerstone Real Estate Adv.	10/1/98	\$59.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Vice President Aggregate Year-to-Date > \$ 588.65		
Tracy L Rich 65 North Farms Road Avon, CT 06001	Massachusetts Mutual Life Ins. Co.	10/1/98	\$61.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vp/Dep Gen Coun Aggregate Year-to-Date > \$ 572.24		
Kenneth M Rickson 3 Westwood Drive Wilbraham, MA 01095	Massachusetts Mutual Life Ins. Co.	10/1/98	\$33.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President Aggregate Year-to-Date > \$ 358.92		
Dean A Rogences 22 Warren Terrace Longmeadow, MA 01106	Massachusetts Mutual Life Ins. Co.	10/1/98	\$57.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Asso Gen Counsel Aggregate Year-to-Date > \$ 585.20		
Edmond F Ryan 19 Quinnetuk Road Longmeadow, MA 01106	Massachusetts Mutual Life Ins. Co.	10/1/98	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr VP Aggregate Year-to-Date > \$ 833.30		

SUBTOTAL of Receipts This Page (optional)	\$ 385.93
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nell E Salowitz 21 Northam Road Amston, CT 06231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Sr. Man. Director Aggregate Year-to-Date \$ 409.05	10/1/98	\$45.45
Jonathan E Soule 163 Whitney Street Northboro, MA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation 2nd Vp/Reg. Director Aggregate Year-to-Date \$ 345.80	10/1/98	\$39.58
Margaret Sperry 97 Sessions Drive Hampden, MA 01036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Sr Vice President Aggregate Year-to-Date \$ 375.00	10/1/98	\$37.50
Jeanne M Stamat 214 Woodbrook Terrace West Springfield, MA 01089 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Vice Pres & Acty Aggregate Year-to-Date \$ 916.70	10/1/98	\$91.67
Robert F Stamat 214 Woodbrook Terrace West Springfield, MA 01089 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Managing Dir Aggregate Year-to-Date \$ 285.80	10/1/98	\$32.08
John E. Steger 1982 Oak Knoll Drive White Bear Lake, MN 55110-4263 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	St. Paul/Self Occupation Agent Aggregate Year-to-Date \$ 500.00	10/1/98	\$500.00
Laura S Volz 15 Stone Cress Lane Glastonbury, CT 06033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Massachusetts Mutual Life Ins. Co. Occupation Dr Ins Admin Aggregate Year-to-Date \$ 209.06	10/1/98	\$20.45

SUBTOTAL of Receipts This Page (optional)	\$ 766.73
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
Full Name, Mailing Address and ZIP Code Craig Waddington 6 Breadans Way Granby, CT 06035	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$36.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Actuary Aggregate Year-to-Date > \$ 351.30		
Full Name, Mailing Address and ZIP Code Gary E Wendlandt 55 Sently Road Somers, CT 06071	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$166.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Ex VP & Chf Inv Off Aggregate Year-to-Date > \$ 1,666.60		
Full Name, Mailing Address and ZIP Code Thomas B Wheeler 288 Park Drive Springfield, MA 01106	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & Ceo Aggregate Year-to-Date > \$ 833.30		
Full Name, Mailing Address and ZIP Code J. Spencer Williams 78 Fiske Hill Road Sturbridge, MA 01566	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$32.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 294.57		
Full Name, Mailing Address and ZIP Code Bruce W Winne 7 Snnegata Circle Wilbraham, MA 01095	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address and ZIP Code Matthew E Winter 21 Ledyard Road West Hartford, CT 06117	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$29.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$ 240.64		
Full Name, Mailing Address and ZIP Code Victor Woolridge 146 Loughill Street Springfield, MA 01108	Name of Employer Massachusetts Mutual Life Ins. Co.	Date (month, day, year) 10/1/98	Amount of Each Receipt this Period \$30.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Invest Dir Aggregate Year-to-Date > \$ 292.19		
SUBTOTAL of Receipts This Page (optional)			\$ 419.71
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia C. Young 1610 England Avenue Everett, WA 98203-1657	Seattle/Self	10/1/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent	Aggregate Year-to-Date > \$ 250.00	
Joseph Zubretsky 14 Sturbridge Lane Avon, CT 06001	Massachusetts Mutual Life Ins. Co.	10/1/98	\$166.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec VP & CFO	Aggregate Year-to-Date > \$ 500.01	
Peter Zurano 8 Somerset Lane Simsbury, CT 06070	Massachusetts Mutual Life Ins. Co.	10/1/98	\$35.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reg VP	Aggregate Year-to-Date > \$ 354.20	

SUBTOTAL of Receipts This Page (optional)	\$ 452.09
TOTAL This Period (last page this line number only)	\$ 5,535.81

SCHEDULE A

ITEMIZED RECEIPTS

Refunds of Contributions Made to Federal Candidates/Cmtes

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, Mailing Address and ZIP Code New Republican Maj. Fund 1301 Pennsylvania Avenue, NW, Suite 500 Washington, DC 20004	Name of Employer New Republican Maj. Fund	Date (month, day, year) 10/6/98	Amount of Each Receipt This Period \$2,500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 2,500.00		

SUBTOTAL of Receipts This Page (optional)	\$ 2,500.00
TOTAL This Period (last page this line number only)	\$ 2,500.00



Massachusetts Mutual Life Insurance Company
1295 State Street Springfield MA 01111-0001
(413) 744-6250

August 28, 1998

Mr. John Greene, Treasurer
New Republican Majority Fund
228 So. Washington, Suite 200
Alexandria, VA 22314

Dear Mr. Greene:

As a result of a recent review of our records, we have discovered that the MassMutual Political Action Committee ("MMPAC") inadvertently contributed \$7,500 to the New Republican Majority Fund in 1997, which is \$2,500 in excess of the federally allowed limit.

The first payment was for \$5,000, made on February 21, 1997. The second was for \$2,500, made on October 6, 1997.

We request that you kindly return this \$2,500—which represents the contribution by MMPAC on October 6, 1997—and make the appropriate notation or amendment to your records. MMPAC will similarly amend its records.

We regret any inconvenience caused by this request.

Sincerely,

A handwritten signature in cursive script, which appears to read "Ellen Wilkins Ellis".

Ellen Wilkins Ellis
Second Vice President and MMPAC Vice-Chairman
Federal Government Relations

Contributions to the MMPAC are strictly voluntary and recommended contribution levels are merely suggested. The decision to contribute more or less than the recommended level or not to contribute at all will have no effect on an associate's employment with the Company nor will it affect an agent's standing with his or her General Agent. Contributions to the MMPAC are not tax deductible. In addition, Federal law requires MMPAC to use its best efforts to collect and report to the Federal Election Commission the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

2401


**THE NEW REPUBLICAN MAJORITY FUND
POLITICAL ACTION COMMITTEE**

228 6 WASHINGTON STREET, #200
ALEXANDRIA, VA 22314

15-1587
540

DATE 9/10/98

PAY TO THE ORDER OF Mass Mutual PAC \$ 2,500.00

Two Thousand Five Hundred and 00/100 DOLLARS 

**FRANKLIN
NATIONAL BANK**
1700 CRYSTAL STREET, N.W.
WASHINGTON, D.C. 20009

FOR Contribution Refund



⑆00002401⑆ ⑆054001547⑆ 1013018912⑆

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER 21(b)	

Other Federal Operating Expenditures

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Fleet Bank P.O. Box 150452 Hartford, CT	Interest on Loan 9/16/98-10/1/98	10/2/98	\$56.67
	Disbursement For: <input type="checkbox"/> Priority <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998		

SUBTOTAL of Disbursements This Page (optional)	\$56.67
TOTAL This Period (last page this line number only)	\$56.67

LOANS

Name of Committee (in Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
David A. Albanesi, CCM Vice President Fleet Bank 777 Main Street, Mail Stop: CT MO 0250 Hartford, CT 06115 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$15,000.00	-0-	\$15,000.00
Term: Date Incurred <u>8/89</u> Date Due <u>9/30/99</u> Interest Rate <u>8.50%</u> <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			

BUBTOTALS This Period This Page (optional)	\$15,000.00
TOTALS This Period (last page in this line only)	\$15,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Contributions to Federal Candidates/Committees

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 in solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: (KY-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Citizens for Bunning 425 Second Street, NE Washington, DC 20002	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/7/98	\$1,000.00
Friends of Doc Hastings P. O. Box 2929 Pasco, WA 99302	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/2/98	\$500.00
Rick Hill for Congress Committee P. O. Box 1256 Helena, MT 59624	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/7/98	\$1,000.00
Larson for Congress 131 Hartland Street East Hartford, CT 06108	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/7/98	\$1,000.00
Trent Lott for Mississippi P. O. Box 22824 Jackson, MS 39225-2428	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	10/8/98	\$2,500.00
LifePAC (Attn: Robert Arensberg) 1001 Pennsylvania Ave., NW, Ste. 500 Washington, DC 20004-2599	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: PAC 1998	10/7/98	\$2,500.00
Bill Thomas Campaign Committee 4100 Truxton Avenue, Ste. 210 Bakersfield, CA 93309	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/2/98	\$1,000.00
Voinovich for Senate P. O. Box 21030 Alexandria, VA 22320-2030	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	10/2/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$10,500.00
TOTAL This Period (last page this line number only)	\$10,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-21-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JML</i> PREPARER	<i>10-21-98</i> DATE PREPARED