

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 C00118943 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 07 31 2007

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 Mr. Bruce C., Frisbie

Signature of Treasurer Electronically Filed by Mr. Bruce C., Frisbie Date 08 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">28073.99</td></tr></table>	28073.99
Y	Y	Y	Y									
2	0	0	7									
28073.99												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">143005.47</td></tr></table>	143005.47										
143005.47												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">45669.32</td></tr></table>	45669.32	<table border="1" style="width: 100%;"><tr><td align="right">359935.73</td></tr></table>	359935.73								
45669.32												
359935.73												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">188674.79</td></tr></table>	188674.79	<table border="1" style="width: 100%;"><tr><td align="right">388009.72</td></tr></table>	388009.72								
188674.79												
388009.72												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">45000.00</td></tr></table>	45000.00	<table border="1" style="width: 100%;"><tr><td align="right">244334.93</td></tr></table>	244334.93								
45000.00												
244334.93												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">143674.79</td></tr></table>	143674.79	<table border="1" style="width: 100%;"><tr><td align="right">143674.79</td></tr></table>	143674.79								
143674.79												
143674.79												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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**

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	32135.07	239544.03
(i) Itemized (use Schedule A)	12760.61	117588.95
(ii) Unitemized	44895.68	357132.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	44895.68	357132.98
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	773.64	2802.75
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 Transfer (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))	45669.32	359935.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45669.32	359935.73

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	1102.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1102.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	241500.00
24. Independent Expenditure (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	83.33
(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	83.33
29. Other Disbursements.....	0.00	1649.01
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	45000.00	244334.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45000.00	244334.93

DETAILED SUMMARY PAGE
of Disbursements

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)	44895.68	357132.98
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44895.68	357049.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1102.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1102.59

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL MAROTTA

Mailing Address 17 MADISON AVE

City NORTHAMPTON State MA Zip Code 01060

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.
Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2007

Transaction ID: 20601459

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
VINCENT LECCE

Mailing Address 1127 MOHEGAN RD

City NISKAYUNA State NY Zip Code 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF
Occupation 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
07 / 02 / 2007

Transaction ID: 20606195

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MS. CHERYL M FOSTER

Mailing Address 58 GREENLAWN ST

City SPRINGFIELD State MA Zip Code 01119

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.
Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2007

Transaction ID: 20651009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
BRION S. COLLINS

Mailing Address N7123 MILL POND WAY

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 06 / 2007

Transaction ID: 20684301

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JACOB PILIBOSIAN

Mailing Address 23 BRADLEY RD

City State Zip Code
ARLINGTON MA 02474

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2007

Transaction ID: 20690227

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
KEVIN W. PAASCH

Mailing Address 3956 SHADY OAKS DR

City State Zip Code
VIRGINIA BEAC VA 23455

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 06 / 2007

Transaction ID: 20690229

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	825.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 110
	<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 (Last, First, Middle Initial) A. MR. SCOTT FERGUSON		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2007	
Mailing Address 702 ALENDALE DR		Transaction ID: 20690271	
City State Zip Code COPPELL TX 75019	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. HERBERT R. SPAUGH		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address 1530 QUEENS RD APT 8		Transaction ID: 20703324	
City State Zip Code CHARLOTTE NC 28207	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. PAUL J. SCIOLI		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address 8403 COUNTRY ROAD 69		Transaction ID: 20703327	
City State Zip Code LUBBOCK TX 79407	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
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) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
AMY R. RYDER

Mailing Address 3260 COX RD

City State Zip Code
LOUISVILLE TN 37777

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 10 / 2007

Transaction ID: 20708102

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT C. MACWHINNIE

Mailing Address 2536 APPLETREE DR

City State Zip Code
PITTSBURGH PA 15241

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 10 / 2007

Transaction ID: 20708192

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOHN D. LEVIN

Mailing Address 2455 N BUTTERCUP DRI

City State Zip Code
TUCSON AZ 85749

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 10 / 2007

Transaction ID: 20711036

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
FRANKLIN J. TAYLOR, CLU, ChFC

Mailing Address 5062 RANCHITO AVE

City State Zip Code
SHERMAN OAKS CA 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 10 / 2007

Transaction ID: 20711507

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
HERSHEL S. MERIWETHER, II

Mailing Address 6535 ADEN LN

City State Zip Code
AUSTIN TX 78739

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 10 / 2007

Transaction ID: 20711541

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PAUL H. ROBB

Mailing Address 11200 E SAINT JAMES

City State Zip Code
TUCSON AZ 85748

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2007

Transaction ID: 20722179

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
CHARLES D. EPSTEIN

Mailing Address 15 SHEPARD LN

City State Zip Code
ENFIELD CT 06082

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2007

Transaction ID: 20724579

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PAUL K. BATT

Mailing Address 2578 S ROCKWELL ST

City State Zip Code
GILBERT AZ 85297

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 12 / 2007

Transaction ID: 20726908

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DENNIS F. ZIELINSKI

Mailing Address 1226 W MARION

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 17 / 2007

Transaction ID: 20735155

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
GLEN A. GOODMAN

Mailing Address 401 E 86TH ST APT 3B

City State Zip Code
NEW YORK NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 17 / 2007

Transaction ID: 20735156

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JAMES C. BROCKE

Mailing Address 3716 BRUNSWICK DR

City State Zip Code
CARMEL IN 46033

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 19 / 2007

Transaction ID: 20837254

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MERCEDES V. KAM

Mailing Address PO BOX 2968

City State Zip Code
HONOLULU HI 96802

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 19 / 2007

Transaction ID: 20840981

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
MARCUS W. BOSLEY

Mailing Address 600 JACK BOSLEY RD

City State Zip Code
OWENSBORO KY 42301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: 20863834

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. MARC A GERMAIN

Mailing Address 52 WOODHILL RD

City State Zip Code
MONSON MA 01057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: 20863835

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
ROBERT E. WALKER

Mailing Address 3454 INDIAN RIDGE CI

City State Zip Code
THOUSAND OAKS CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF GENERAL INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2007

Transaction ID: 20878112

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
MR. DAVID W CARLSON

Mailing Address 8 BRIGHTON LN

City State Zip Code
SIMSBURY CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. CORP. VP AND ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2007

Transaction ID: 20878114

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD I. KARCHEFSKY

Mailing Address 9839 PALMA VISTA WAY

City State Zip Code
BOCA RATON FL 33428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF 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
07 / 27 / 2007

Transaction ID: 20898029

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PAUL F. LOVE

Mailing Address 305 OAK KNOLL DR

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF 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
07 / 30 / 2007

Transaction ID: 20901101

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
MILTON B. GOODMAN

Mailing Address 107 N MANSFIELD AVE

City State Zip Code
LOS ANGELES CA 90036

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation 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
07 / 17 / 2007

Transaction ID: 20909752

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICARDO M. ALFONSO

Mailing Address 11 KENSINGTON DR

City State Zip Code
NORTH BARRING IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2007

Transaction ID: 21231183

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
MR. ERIC H WIETSMA

Mailing Address 3 VALLEY VIEW DR

City State Zip Code
WILBRAHAM MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1120474511636

Amount of Each Receipt this Period
53.84

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

SUBTOTAL of Receipts This Page (optional)	▶	953.84
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. STUART KWASSMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 224 MAIN ST		Transaction ID: PR1285751411636	
City NEWINGTON	State CT	Zip Code 06111	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MS. ALETHEA O'DONNELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 172 SNELL ST		Transaction ID: PR1285752311636	
City AMHERST	State MA	Zip Code 01002	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. BRADLEY LUCIDO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 65 ROSEWOOD DR		Transaction ID: PR1285753911636	
City SUFFIELD	State CT	Zip Code 06078	Amount of Each Receipt this Period _____ 58.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSOCIATE GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 379.21		
		P/R Deduction (\$29.17 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 168.34
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. ROBERT STINGLE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 53 HARTFORD AVE		Transaction ID: PR1322703211636	
City GRANBY	State CT	Zip Code 06035	Amount of Each Receipt this Period _____ 111.10
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 388.85		
		P/R Deduction (\$55.55 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. WILLIAM F O'GRADY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 CHARLES ST S #906		Transaction ID: PR1322708411636	
City BOSTON	State MA	Zip Code 02116	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. JEFFREY T PRINCE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33 HILLSIDE RD		Transaction ID: PR1334223411636	
City NORTHAMPTON	State MA	Zip Code 01060	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 303.40
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MS. MARIE AUGSBERGER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59 HIGH VALLEY DR		Transaction ID: PR135579711636	
City CANTON	State CT	Zip Code 06019	Amount of Each Receipt this Period _____ 173.90
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1043.40		
		P/R Deduction (\$86.95 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. MICHAEL R. FANNING		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 140 COLONIAL AVE		Transaction ID: PR1360837711636	
City NORTH ANDOVER	State MA	Zip Code 01845	Amount of Each Receipt this Period _____ 130.44
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 782.64		
		P/R Deduction (\$65.22 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MS. PAULA T RYAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28 BELDENWOOD RD		Transaction ID: PR1391580611636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 111.10
FEC ID number of contributing federal political committee. C _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 388.85		
		P/R Deduction (\$55.55 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 415.44
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
ALAN L. MELTZER

Mailing Address 7021 NATALLI WOODS L

City State Zip Code
BETHESDA MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789845111636

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

B. Full Name (Last, First, Middle Initial)
ANDREW S. BLUESTONE

Mailing Address 17 WILRICH GLENN RD

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789849411636

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
BRUCE T. RIDDLE

Mailing Address 3702 E 63RD ST

City State Zip Code
TULSA OK 74136

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789860711636

Amount of Each Receipt this Period
62.50

P/R Deduction (\$62.50 Monthly)

SUBTOTAL of Receipts This Page (optional)	645.83
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
DALE J. SEYMOUR

Mailing Address 2401 WEALDSTONE RD

City TOLEDO State OH Zip Code 43617

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789875511636

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

B. Full Name (Last, First, Middle Initial)
DANIEL M. SMITH

Mailing Address 90 DOLAN DR

City GUILFORD State CT Zip Code 06437

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789877611636

Amount of Each Receipt this Period
33.33

P/R Deduction (\$33.33 Monthly)

C. Full Name (Last, First, Middle Initial)
DAVID H. ROOT

Mailing Address 1930 HARRISON ST # 2

City HOLLYWOOD State FL Zip Code 33020

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789881611636

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)	241.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
GEORGE P. BECKNELL, III

Mailing Address 70 NE LOOP 410 STE 7

City State Zip Code
SAN ANTONIO TX 78216

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789915611636

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
GREGORY F. CARROLL

Mailing Address 6016 CAIRN TER

City State Zip Code
BETHESDA MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789921411636

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
HERBERT D. KASS

Mailing Address 1500 PALISADE AVE AP

City State Zip Code
FORT LEE NJ 07024

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR789930511636

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	223.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. HOWARD N. BIENENFELD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1000 CORPORATE DR #		Transaction ID: PR789932711636	
City FT LAUDERDALE	State FL	Zip Code 33334	Amount of Each Receipt this Period _____ 83.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 583.31		
		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) B. JAMES F. CHAPEL, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1609 EMERALD BAY		Transaction ID: PR789945411636	
City LAGUNA BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 875.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) C. JAMES J. SHAUGHNESSY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 265 HILLHAVEN RD		Transaction ID: PR789947611636	
City MANCHESTER	State NH	Zip Code 03104	Amount of Each Receipt this Period _____ 83.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 583.31		
		P/R Deduction (\$83.33 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 291.66
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. JOE E. YOUNG, Jr.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 32 STONY RDG		Transaction ID: PR789982911636
City ASHEVILLE	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. KARL J. FEITELBERG		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 175 DERBY ST # 33		Transaction ID: PR789989111636
City HINGHAM	State MA	Zip Code 02043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$55.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. LAWRENCE M. TOMCZAK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5938 SWAN CREEK DR		Transaction ID: PR790001711636
City TOLEDO	State OH	Zip Code 43614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.33
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$33.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.31	

SUBTOTAL of Receipts This Page (optional)	118.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. LAWRENCE N. HOLDEN, III		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 601 ARBOR RD		Transaction ID: PR790001811636	
City WINSTON SALEM	State NC	Zip Code 27104	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) B. LEONARD J. MONTANARI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31 FREDERICK ST		Transaction ID: PR790004711636	
City NEWINGTON	State CT	Zip Code 06111	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) C. LOUIS F. GRAMMES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6105 STEPHENS CROSSI		Transaction ID: PR790009011636	
City MECHANICSBURG	State PA	Zip Code 17050	Amount of Each Receipt this Period _____ 41.66
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 291.62		
		P/R Deduction (\$41.66 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 141.66
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) MICHAEL J. MCDERMID		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790029311636	
Mailing Address 665 MOUNTAIN VIEW DR		Amount of Each Receipt this Period 85.00	
City LEWISTON	State NY	Zip Code 14092	P/R Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00		

B. Full Name (Last, First, Middle Initial) MITCHELL B. STARR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790035411636	
Mailing Address 9800 SW 4TH ST		Amount of Each Receipt this Period 50.00	
City PLANTATION	State FL	Zip Code 33324	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) NICHOLAS B. GAVALAS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790038511636	
Mailing Address 799 CREEKSIDE DR		Amount of Each Receipt this Period 83.33	
City MT PLEASANT	State SC	Zip Code 29464	P/R Deduction (\$83.33 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31		

SUBTOTAL of Receipts This Page (optional) ▶	218.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. RALPH C. FREIBERT, III		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6100 ARGONNE BLVD		Transaction ID: PR790057311636	
City NEW ORLEANS	State LA	Zip Code 70124-3803	Amount of Each Receipt this Period _____ 33.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE BROKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 233.31		
		P/R Deduction (\$33.33 Monthly)	

Full Name (Last, First, Middle Initial) B. ROBERT M. SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1487 S CREST DR		Transaction ID: PR790083611636	
City LOS ANGELES	State CA	Zip Code 90035	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) C. ROBERT T. SINKS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3428 HAMPTON AVE		Transaction ID: PR790086611636	
City NASHVILLE	State TN	Zip Code 37215	Amount of Each Receipt this Period _____ 33.37
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 233.59		
		P/R Deduction (\$33.37 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 96.70
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
RONNIE E. HUIE

Mailing Address 7740 SWEETWIND CIR

City State Zip Code
FAIR OAKS RAN TX 78015

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790095511636

Amount of Each Receipt this Period
33.33

P/R Deduction (\$33.33 Monthly)

B. Full Name (Last, First, Middle Initial)
SCOTT C. CURRAN

Mailing Address 9 TRIUMPH CT

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790102911636

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

C. Full Name (Last, First, Middle Initial)
STEPHEN D. ESTLER

Mailing Address 2177 NE 63RD ST

City State Zip Code
FT LAUDERDALE FL 33308

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790109411636

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 110
	<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 (Last, First, Middle Initial) A. THOMAS L. DELEOT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 987 WELLINGTON RD		Transaction ID: PR790124811636	
City WINSTON-SALEM	State NC	Zip Code 27106	Amount of Each Receipt this Period _____ 33.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 233.31		
		P/R Deduction (\$33.33 Monthly)	

Full Name (Last, First, Middle Initial) B. TODD E. HOLT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4816 96TH ST		Transaction ID: PR790131711636	
City LUBBOCK	State TX	Zip Code 79424	Amount of Each Receipt this Period _____ 83.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 583.31		
		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. ALAN L BLAIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20 SHADY DELL LN		Transaction ID: PR790151811636	
City SOMERS	State CT	Zip Code 06071	Amount of Each Receipt this Period _____ 64.10
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 347.39		
		P/R Deduction (\$32.05 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.76
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 110
	<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 (Last, First, Middle Initial) A. MR. AARON R LAVOIE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 74 CARDINAL CIR		Transaction ID: PR790158411636	
City LUDLOW	State MA	Zip Code 01056	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. ALAN KULIG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 98		Transaction ID: PR790158811636	
City WILBRAHAM	State MA	Zip Code 01095	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. ANDREW C DICKEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1183 LONGMEADOW ST		Transaction ID: PR790159311636	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 153.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 215.36
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 110
	<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 (Last, First, Middle Initial) A. MR. ANDREW J EDE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 77 SANFORD ST		Transaction ID: PR790159411636	
City State Zip Code E LONGMEADOW MA 01028	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. ANDREW C WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 TENNYSON DR		Transaction ID: PR790159611636	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 45.26		
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation EVP & GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 339.45		
		P/R Deduction (\$22.63 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. BRIAN J PRAST		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 47 ELLINGTON ST		Transaction ID: PR790165911636	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 106.78
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 110
	<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 (Last, First, Middle Initial) A. MR. BRUCE H BONSALL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790166411636	
Mailing Address 12 SALVATOR DR		Amount of Each Receipt this Period 77.76	
City WESTFIELD	State MA	Zip Code 01085	P/R Deduction (\$38.88 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 272.16	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. BARBARA J ALLEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790167011636	
Mailing Address 11 FOX HEDGE RD		Amount of Each Receipt this Period 30.76	
City E LONGMEADOW	State MA	Zip Code 01028	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.70	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. BEVERLY A HOLMES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790167811636	
Mailing Address 84 PONDVIEW DR		Amount of Each Receipt this Period 76.92	
City SPRINGFIELD	State MA	Zip Code 01118	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 576.90	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	185.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. CRAIG WADDINGTON Mailing Address 14 SPRING MEADOW DR City GRANBY State CT Zip Code 06035 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790184511636 Amount of Each Receipt this Period 76.92 P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT & ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90		

B. Full Name (Last, First, Middle Initial) MR. DAVID J ECHEVERRIA Mailing Address 36 FARMINGTON AVE City LONGMEADOW State MA Zip Code 01106 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790188611636 Amount of Each Receipt this Period 53.84 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		

C. Full Name (Last, First, Middle Initial) MR. DAVID D WHARMBY Mailing Address 34 VERPLANK AVE City STAMFORD State CT Zip Code 06902 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790192611636 Amount of Each Receipt this Period 101.36 P/R Deduction (\$50.68 Bi-Weekly)
Name of Employer: CORNERSTONE RE ADVISERS LLC Occupation: ASSET MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.50		

SUBTOTAL of Receipts This Page (optional)	232.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 110
	<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	

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 (Last, First, Middle Initial) A. MR. DENNIS S HERCHEL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790196711636	
Mailing Address 69 HIGHLAND CIR		Amount of Each Receipt this Period 30.76	
City HAMPDEN	State MA	Zip Code 01036	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.76	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

Full Name (Last, First, Middle Initial) B. MR. DAVID L BRASSARD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790205511636	
Mailing Address 175 TANGLEWOOD DR		Amount of Each Receipt this Period 76.92	
City E LONGMEADOW	State MA	Zip Code 01028	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) C. MR. DAVID LAURETTI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790206011636	
Mailing Address 6 GALE RD		Amount of Each Receipt this Period 115.38	
City BLOOMFIELD	State CT	Zip Code 06002	P/R Deduction (\$57.69 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35		

SUBTOTAL of Receipts This Page (optional) ▶	223.06
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
MR. DAVID J REILLY

Mailing Address 32 JOSHUA DR

City WEST SIMSBURY State CT Zip Code 06092

FEC ID number of contributing federal political committee. **C**

Name of Employer CORNERSTONE RE ADVISERS LLC
Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1059.81

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790206311636

Amount of Each Receipt this Period
170.94

P/R Deduction (\$85.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MR. DEAN R HINDMAN

Mailing Address 11 CRESCENT HL

City SPRINGFIELD State MA Zip Code 01105

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.
Occupation SECOND VP & ASSOC GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790206611636

Amount of Each Receipt this Period
30.76

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

C. Full Name (Last, First, Middle Initial)
MS. DIANA K RUDDICK

Mailing Address 15 SHODDY MILL RD

City GLASTONBURY State CT Zip Code 06033

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.
Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790207111636

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)	278.62
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 110
	<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 (Last, First, Middle Initial) A. MS. DIANE MACK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790207411636	
Mailing Address 10 DUNCASTER RD		Amount of Each Receipt this Period 53.84	
City BLOOMFIELD	State CT	Zip Code 06002	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSOCIATE GENERAL COUNSEL - PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) B. MR. DONALD J PHELAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790207811636	
Mailing Address 24 HAMMERSMITH		Amount of Each Receipt this Period 53.84	
City AVON	State CT	Zip Code 06001	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS J JANGRAW		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790208211636	
Mailing Address 17 CLIFFORD LN		Amount of Each Receipt this Period 76.92	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VP & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

SUBTOTAL of Receipts This Page (optional) ▶	184.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 110
	<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

A. Full Name (Last, First, Middle Initial)
MR. E. THOMAS JOHNSON, Jr.

Mailing Address 147 MANOMET AVE

City State Zip Code
HULL MA 02045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT
INS.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 865.38

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790208611636

Amount of Each Receipt this Period
115.38

P/R Deduction (\$57.69 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MR. EDWARD D YOUPELL

Mailing Address 15 KENSINGTON DR

City State Zip Code
WILBRAHAM MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT
INS.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 403.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790209511636

Amount of Each Receipt this Period
53.84

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

C. Full Name (Last, First, Middle Initial)
MR. EDWARD M KLINE

Mailing Address 119 KNOLLWOOD DR

City State Zip Code
LONGMEADOW MA 01106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE CORPORATE VICE PRESIDENT & TREASURER
INS.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790215411636

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)	246.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MR. EDWARD WILCZYNSKI, Jr. Mailing Address 140 OVERLOOK DR City LUDLOW State MA Zip Code 01056 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790215811636 Amount of Each Receipt this Period 53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		P/R Deduction (\$26.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. EDWIN J PELIS Mailing Address 29 MAIN ST City HATFIELD State MA Zip Code 01038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790215911636 Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MS. ELLEN L DZIURA Mailing Address 207 FRONTENAC ST City CHICOPEE State MA Zip Code 01020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790216711636 Amount of Each Receipt this Period 76.92
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	161.52
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. MR. FREDERICK C CASTELLANI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 3276		Transaction ID: PR790219911636	
City GROTON	State CT	Zip Code 06340	Amount of Each Receipt this Period _____ 269.22
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2019.15		
		P/R Deduction (\$134.61 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. GARY F FRITZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 86 TILL ST		Transaction ID: PR790221211636	
City ENFIELD	State CT	Zip Code 06082	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. GERALD R ROBERTS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 145 ORCHARD RD		Transaction ID: PR790224111636	
City BELCHERTOWN	State MA	Zip Code 01007	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 338.44
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) MR. GARY J BACCHIOCCHI Mailing Address 14 GARY DR City WESTFIELD State MA Zip Code 01085 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790227311636 Amount of Each Receipt this Period 115.38 P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: CORPORATE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35		

B. Full Name (Last, First, Middle Initial) MR. H BRADFORD HOFFMAN Mailing Address 50 DEVONSHIRE TER City E LONGMEADOW State MA Zip Code 01028 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790231411636 Amount of Each Receipt this Period 78.85 P/R Deduction (\$51.93 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.81		

C. Full Name (Last, First, Middle Initial) MR. ISADORE JERMYN Mailing Address 18 DUXBURY LN City LONGMEADOW State MA Zip Code 01106 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790232511636 Amount of Each Receipt this Period 116.92 P/R Deduction (\$58.46 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: SVP & CHIEF ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 876.90		

SUBTOTAL of Receipts This Page (optional)	311.15
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. JAMES R WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790236811636	
Mailing Address PO BOX 1606		Amount of Each Receipt this Period 53.84	
City WARREN	State MA	Zip Code 01083	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation SECOND VP & ASSOC GENERAL COUNSEL Aggregate Year-to-Date ▼ 403.80	

Full Name (Last, First, Middle Initial) B. MS. JOANNE M DENVER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790244911636	
Mailing Address 48 VAIL ST		Amount of Each Receipt this Period 76.92	
City SPRINGFIELD	State MA	Zip Code 01118	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) C. MR. JOHN E DEITELBAUM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790248211636	
Mailing Address 11 MIDDLE RD		Amount of Each Receipt this Period 60.76	
City ELLINGTON	State CT	Zip Code 06029	P/R Deduction (\$60.39 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation CORPORATE VP & ASSOC GENERAL COUNSEL Aggregate Year-to-Date ▼ 365.70	

SUBTOTAL of Receipts This Page (optional) ▶	191.52
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. JOHN E PATCHET Mailing Address 141 SILVER CREEK DR City SUFFIELD State CT Zip Code 06078 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790251011636 Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ASSISTANT VICE PRESIDENT Aggregate Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. JOSEPH A CALABRESE Mailing Address 28 CANTERBURY LN City FEEDING HILLS State MA Zip Code 01030 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790253211636 Amount of Each Receipt this Period 53.84
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. JOSEPH R ROKOWSKI Mailing Address 124 MAXIMILIAN DR City GRANBY State MA Zip Code 01033 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790254511636 Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	115.36
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 110
	<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 (Last, First, Middle Initial) A. MR. JAMES D PERCY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790260311636	
Mailing Address 11 KENT LN		Amount of Each Receipt this Period 30.76	
City SOUTH WINDSOR	State CT	Zip Code 06074	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.70	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. JAMES P PUHALA, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790260411636	
Mailing Address 68 HOLCOMB ST		Amount of Each Receipt this Period 53.84	
City EAST GRANBY	State CT	Zip Code 06026	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 403.80	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. JAMES M RODOLAKIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790260511636	
Mailing Address 26 EVERGREEN DR		Amount of Each Receipt this Period 30.76	
City E LONGMEADOW	State MA	Zip Code 01028	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.70	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	115.36
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial) MR. JEFFREY T ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790261611636	
Mailing Address 28 DONAMOR LN		Amount of Each Receipt this Period 53.84	
City E LONGMEADOW	State MA	Zip Code 01028	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

B. Full Name (Last, First, Middle Initial) MS. JILL FIELDS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790262011636	
Mailing Address 38 TWIN BROOK CIR		Amount of Each Receipt this Period 76.92	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

C. Full Name (Last, First, Middle Initial) MR. JOHN F CRANE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790262711636	
Mailing Address 18 BUNGALOW PT		Amount of Each Receipt this Period 31.72	
City WILBRAHAM	State MA	Zip Code 01095	P/R Deduction (\$15.86 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.90		

SUBTOTAL of Receipts This Page (optional) ▶	162.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MS. KATHLEEN LYNCH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 136 MONTCLAIR DR		Transaction ID: PR790277611636	
City WEST HARTFORD	State CT	Zip Code 06107	Amount of Each Receipt this Period _____ 61.54
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.55		
		P/R Deduction (\$30.77 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. KENNETH S COHEN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59 WOODLOT RD		Transaction ID: PR790278011636	
City AMHERST	State MA	Zip Code 01002	Amount of Each Receipt this Period _____ 153.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & DEPUTY GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. KENNETH L HARGREAVES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 187 HENRY ST		Transaction ID: PR790278211636	
City AMHERST	State MA	Zip Code 01002	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 330.76
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
MR. KENNETH M RICKSON

Mailing Address 3 WESTWOOD DR

City State Zip Code
WILBRAHAM MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT
INS.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 403.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790278511636

Amount of Each Receipt this Period
53.84

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

B. Full Name (Last, First, Middle Initial)
MR. KEVIN M SWEENEY

Mailing Address 14 ERICKA CIR

City State Zip Code
E LONGMEADOW MA 01028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR
LLC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 865.35

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790278911636

Amount of Each Receipt this Period
115.38

P/R Deduction (\$57.69 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MR. KI NAM KIM

Mailing Address 335 INVERNESS LN

City State Zip Code
LONGMEADOW MA 01106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT
INS.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 403.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790279011636

Amount of Each Receipt this Period
53.84

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

SUBTOTAL of Receipts This Page (optional)	223.06
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 110
	<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 (Last, First, Middle Initial) A. MS. LISA A HOWAT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 61 EMILY RD		Transaction ID: PR790286611636	
City MARLBOROUGH	State CT	Zip Code 06447	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MS. LISE A HICKS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 PINEYWOODS DR		Transaction ID: PR790287211636	
City E LONGMEADOW	State MA	Zip Code 01028	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MS. LAURA M GASTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 239 PEASE RD		Transaction ID: PR790290111636	
City E LONGMEADOW	State MA	Zip Code 01028	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 161.52
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. MARK ACKERMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790296011636	
Mailing Address 385 GREEN HILL RD		Amount of Each Receipt this Period 53.84	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) B. MS. MARLENE H LAYMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790297711636	
Mailing Address 54 DRESSEL AVE		Amount of Each Receipt this Period 30.76	
City BELCHERTOWN	State MA	Zip Code 01007	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

Full Name (Last, First, Middle Initial) C. MR. MATTHEW P NATCHARIAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790301411636	
Mailing Address 22 OVERLOOK DR		Amount of Each Receipt this Period 76.92	
City WILBRAHAM	State MA	Zip Code 01095	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

SUBTOTAL of Receipts This Page (optional) ▶	161.52
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 / 110
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) A. MS. PAMELA J DELANEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 72 HILLCREST RD		Transaction ID: PR790320611636	
City WINDSOR	State CT	Zip Code 06095	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation CORPORATE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 576.90	
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. PHILLIP J PRESTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 63 WRIGHT ST		Transaction ID: PR790330711636	
City AGAWAM	State MA	Zip Code 01001	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 230.70	
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. PAUL T PROKO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 49 TIMBER LN		Transaction ID: PR790332211636	
City HOLDEN	State MA	Zip Code 01520	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 288.45	
		P/R Deduction (\$19.23 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 146.14
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 110
	<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 (Last, First, Middle Initial) A. MR. PETER C VANBEAVER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8 VICTORIA LN		Transaction ID: PR79033311636	
City WILBRAHAM	State MA	Zip Code 01095	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. RICHARD F MCKEEVER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 178 TANGLEWOOD DR		Transaction ID: PR790339211636	
City E LONGMEADOW	State MA	Zip Code 01028	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. ROBERT CASALE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30 THISTLE LN		Transaction ID: PR790342211636	
City BRISTOL	State CT	Zip Code 06010	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 138.44
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 110
	<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 (Last, First, Middle Initial) A. MS. RHAEL A KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 322 OLD FARM RD		Transaction ID: PR790351811636	
City State Zip Code SPRINGFIELD MA 01119	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90	P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. RICHARD P BARNHART		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 344 WESTCHESTER RD		Transaction ID: PR790352011636	
City State Zip Code COLCHESTER CT 06415	Amount of Each Receipt this Period _____ 53.84		
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80	P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. RICHARD D BOURGEOIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 ECHO HILL RD		Transaction ID: PR790352211636	
City State Zip Code WILBRAHAM MA 01095	Amount of Each Receipt this Period _____ 153.84		
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 284.60
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) MR. RICHARD F BUCKLEY, Jr. Mailing Address 325 HADLEY ST City SOUTH HADLEY State MA Zip Code 01075 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790352311636 Amount of Each Receipt this Period 53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP AND ASSOCIATE GENERAL COUNSEL Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. ROBERT J BRODERICK Mailing Address 62 ACADEMY DR City LONGMEADOW State MA Zip Code 01106 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790353111636 Amount of Each Receipt this Period 53.84
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. ROBERT H CUNNINGHAM Mailing Address 9 STEBBINS RD City MONSON State MA Zip Code 01057 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790353311636 Amount of Each Receipt this Period 53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SECOND VICE PRESIDENT Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	161.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. RONALD A COPEES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 54 BLUEBERRY RDG		Transaction ID: PR790356511636
City WESTFIELD	State MA	Zip Code 01085
Amount of Each Receipt this Period _____ 115.38		
FEC ID number of contributing federal political committee. C		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35	
		P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MS. SUSAN A MOORE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 61 MELHA AVE		Transaction ID: PR790370111636
City SPRINGFIELD	State MA	Zip Code 01104
Amount of Each Receipt this Period _____ 115.38		
FEC ID number of contributing federal political committee. C		
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35	
		P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MR. STEPHEN C DENNEHY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 124 SAWMILL RD		Transaction ID: PR790373611636
City W SPRINGFIELD	State MA	Zip Code 01089
Amount of Each Receipt this Period _____ 53.84		
FEC ID number of contributing federal political committee. C		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80	
		P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 284.60
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 110
	<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	

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 (Last, First, Middle Initial) A. MR. STEPHEN L KUHN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 285 FARMINGTON RD		Transaction ID: PR790374011636	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 153.84		
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP, SECRETY & DEPUTY GEN. COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. STEVEN P WALLACE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 134 NAPERVILLE RD		Transaction ID: PR790374311636	
City State Zip Code CLARENDON HLS IL 60514	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. THOMAS H JURKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 823		Transaction ID: PR790378511636	
City State Zip Code BELCHERTOWN MA 01007	Amount of Each Receipt this Period _____ 133.32		
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 266.64		
		P/R Deduction (\$66.66 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 317.92
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. THOMAS P KELLEY Mailing Address 114 STEELE RD City WEST HARTFORD State CT Zip Code 06119 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790384011636 Amount of Each Receipt this Period 76.92 P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90		

B. Full Name (Last, First, Middle Initial) MR. THOMAS F O'CONNOR Mailing Address 55 WOODFIELD DR City TOLLAND State CT Zip Code 06084 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790384611636 Amount of Each Receipt this Period 53.84 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT & ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		

C. Full Name (Last, First, Middle Initial) MS. VICTORIA FORTIER Mailing Address 16 GAYLORD RD City WINDSOR LOCKS State CT Zip Code 06096 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790386311636 Amount of Each Receipt this Period 30.76 P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		

SUBTOTAL of Receipts This Page (optional)	161.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. WILLIAM B FISHER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 162 FRANKLIN RD		Transaction ID: PR790393511636	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VP & ASSOCIATE GENERAL COUNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MICHAEL J. EMERY, CLU		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6155 RYAN VLY		Transaction ID: PR790395311636	
City BELMONT	State MI	Zip Code 49306	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) C. BENJAMIN M. MUIRHEAD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1706 BRAZOS ST		Transaction ID: PR790420711636	
City WICHITA FALLS	State TX	Zip Code 76309	Amount of Each Receipt this Period _____ 55.55
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 222.20		
		P/R Deduction (\$55.55 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 220.93
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 110

(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

A. Full Name (Last, First, Middle Initial)
BRENDA M. MAHON

Mailing Address 3013 CREEKBEND DR

City PLANO State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.64

Date of Receipt

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

Transaction ID: PR790421511636

Amount of Each Receipt this Period

66.66

P/R Deduction (\$66.66 Monthly)

B. Full Name (Last, First, Middle Initial)
MICHAEL ANDERSON

Mailing Address 9 BRASHIER LN

City INDIANOLA State MS Zip Code 38751-2383

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt

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

Transaction ID: PR790467311636

Amount of Each Receipt this Period

34.00

P/R Deduction (\$34.00 Monthly)

C. Full Name (Last, First, Middle Initial)
PARKS J. STALLINGS

Mailing Address 3951 MUIRFIELD BLVD

City JACKSONVILLE State FL Zip Code 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt

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

Transaction ID: PR790496711636

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

142.32

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) ROBERT E. NORMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790525011636	
Mailing Address 2513 CAMBERWELL CT		Amount of Each Receipt this Period 125.00	
City HERNDON	State VA	Zip Code 20171	P/R Deduction (\$125.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

B. Full Name (Last, First, Middle Initial) MR. JAMES S VIOLA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790543911636	
Mailing Address 208 N FARMS RD		Amount of Each Receipt this Period 30.76	
City FLORENCE	State MA	Zip Code 01062	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

C. Full Name (Last, First, Middle Initial) MR. THOMAS G DUDECK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790544511636	
Mailing Address 17 WINTERBERRY RD		Amount of Each Receipt this Period 132.48	
City DEEP RIVER	State CT	Zip Code 06417	P/R Deduction (\$66.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 771.36		

SUBTOTAL of Receipts This Page (optional) ▶	288.24
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 110
	<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 (Last, First, Middle Initial) A. MR. JEFFREY R HUG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4 WHITCOMB DR		Transaction ID: PR790545111636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MS. ANGELA S OTIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 612 EAST ST		Transaction ID: PR790574011636	
City WILLIAMSBURG	State MA	Zip Code 01096	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MS. KAREN M PHELAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 48 PINE GROVE CIR		Transaction ID: PR790587411636	
City E LONGMEADOW	State MA	Zip Code 01028	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 184.60
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 110
	<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 (Last, First, Middle Initial) A. MR. DOUGLAS M TREVALLION, II		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30 COVENTRY LN		Transaction ID: PR790590311636	
City AGAWAM	State MA	Zip Code 01001	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. ROGER M ROBERGE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5 EAST RD		Transaction ID: PR790594511636	
City BROAD BROOK	State CT	Zip Code 06016	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. ROBERT M SHETTLE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 65 KELSEY LN		Transaction ID: PR790597111636	
City GLASTONBURY	State CT	Zip Code 06033	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 192.30
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 110
	<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 (Last, First, Middle Initial) A. MR. ROBERT STALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790608811636	
Mailing Address 18 MONTGOMERY LN		Amount of Each Receipt this Period 115.38	
City NORWICH State CT Zip Code 06360	FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PORTFOLIO MANAGER Aggregate Year-to-Date ▼ 865.35		

Full Name (Last, First, Middle Initial) B. MS. SHARON HORNE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790608911636	
Mailing Address 20 BRIGHTON DR		Amount of Each Receipt this Period 30.76	
City EAST GRANBY State CT Zip Code 06026	FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 230.70		

Full Name (Last, First, Middle Initial) C. MS. MARSHA WHITEHEAD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790610711636	
Mailing Address 29 SCARBOROUGH LN		Amount of Each Receipt this Period 30.76	
City MIDDLETOWN State CT Zip Code 06457	FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SECOND VP Aggregate Year-to-Date ▼ 230.70		

SUBTOTAL of Receipts This Page (optional) ▶	176.90
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. JAMES O LACEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 106 MAGNOLIA TER		Transaction ID: PR790616211636	
City SPRINGFIELD	State MA	Zip Code 01108	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. CRAIG HAASE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 STONEHENGE DR		Transaction ID: PR790623311636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. JEROME J SPELTZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 ROCK LN		Transaction ID: PR790626211636	
City GUILFORD	State CT	Zip Code 06437	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 92.28
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
MR. JOHN SKAR

Mailing Address 10 LAUREL LN

City State Zip Code
WILBRAHAM MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT & CHIEF RISK OFF

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790632811636

Amount of Each Receipt this Period
153.84

P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GREG A. HARVEY

Mailing Address 15625 S GALLERY ST

City State Zip Code
OLATHE KS 66062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790632911636

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. BRIAN T MURDY

Mailing Address 21 COLORADO CT

City State Zip Code
MERIDEN CT 06450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CORNERSTONE RE ADVISERS LLC PORTFOLIO MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 403.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790636611636

Amount of Each Receipt this Period
53.84

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

SUBTOTAL of Receipts This Page (optional)	257.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. MR. DAVID ROMANO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 128 RIMFIELD DR		Transaction ID: PR790636711636	
City SOUTH WINDSOR	State CT	Zip Code 06074	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation ASSET MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. SCOTT C WESTPHAL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 70 WELLS HILL RD		Transaction ID: PR790637411636	
City WESTON	State CT	Zip Code 06883	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MARKET RESEARCH DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. THOMAS P SHEA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 81 GREENMEADOW DR		Transaction ID: PR790640611636	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 107.68
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. MICHAL L BOBRYK		Date of Receipt
Mailing Address PO BOX 102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City SIMSBURY	State CT	Zip Code 06070
FEC ID number of contributing federal political committee. C		Transaction ID: PR790641511636
Name of Employer MASSMUTUAL TRUST COMPANY		Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 76.92
Aggregate Year-to-Date ▼ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. ROLAND P FAWTHROP		Date of Receipt
Mailing Address 51 HORSESHOE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City SOMERS	State CT	Zip Code 06071
FEC ID number of contributing federal political committee. C		Transaction ID: PR790658211636
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VICE PRESIDENT & ACTUARY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 53.84
Aggregate Year-to-Date ▼ 403.80		P/R Deduction (\$26.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. RAKESH BHARDWAJ		Date of Receipt
Mailing Address 96 HORIZON LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City GLASTONBURY	State CT	Zip Code 06033
FEC ID number of contributing federal political committee. C		Transaction ID: PR790661311636
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 30.76
Aggregate Year-to-Date ▼ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 161.52
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 110

(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

A. Full Name (Last, First, Middle Initial)
MS. MICHELE M WHITE

Mailing Address 46 HARVEST HILL RD

City SOMERS State CT Zip Code 06071-1685

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790665611636

Amount of Each Receipt this Period
30.76

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

B. Full Name (Last, First, Middle Initial)
MS. MARY ROBINSON

Mailing Address 28 ROCKRIMMON ST

City BELCHERTOWN State MA Zip Code 01007

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790673411636

Amount of Each Receipt this Period
153.84

P/R Deduction (\$76.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MR. TODD M GISH

Mailing Address 139 MELROSE RD

City BROAD BROOK State CT Zip Code 06016

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR790677111636

Amount of Each Receipt this Period
78.84

P/R Deduction (\$51.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

263.44

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) MR. STEVEN S HOLSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790683011636	
Mailing Address 72 OAK HILL DR		Amount of Each Receipt this Period 153.84	
City SHARON	State MA	Zip Code 02067	P/R Deduction (\$76.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ▼ 1153.80		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) MS. JOANNE LEARY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790684011636	
Mailing Address 44 COPLEY RD		Amount of Each Receipt this Period 53.84	
City S GLASTONBURY	State CT	Zip Code 06073	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer CORNERSTONE RE ADVISERS LLC	
Occupation PORTFOLIO MANAGER Aggregate Year-to-Date ▼ 403.80		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) MICHAEL T. WAHL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790723311636	
Mailing Address 4 TODMORDEN LN		Amount of Each Receipt this Period 40.00	
City WALLINGFORD	State PA	Zip Code 19086	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer SELF	
Occupation INSURANCE AGENT Aggregate Year-to-Date ▼ 280.00		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional) ▶	247.68
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 110
	<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 (Last, First, Middle Initial) A. SHANE A. AILES		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 16630 ROLLING OAKS D		Transaction ID: PR790726111636
City HOLLAND	State MI	Zip Code 49424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

Full Name (Last, First, Middle Initial) B. MS. GRETA A ZIELINSKI		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 134 KRAWSKI DR		Transaction ID: PR790804611636
City SOUTH WINDSOR	State CT	Zip Code 06074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation DIRECTOR	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) C. MR. NORMAN A SMITH		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 32 LAUREL ST		Transaction ID: PR790808611636
City LONGMEADOW	State MA	Zip Code 01106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT & CONTROLLER	P/R Deduction (\$83.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	191.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 (Last, First, Middle Initial) A. MR. JOHN A ANDERSON, III		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 106 WINNOCKS NECK RD		Transaction ID: PR790809011636	
City SCARBOROUGH	State ME	Zip Code 04074	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL - PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		

Full Name (Last, First, Middle Initial) B. MR. LARRY N PORT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 ELY WAY		Transaction ID: PR790811811636	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 153.84
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		

Full Name (Last, First, Middle Initial) C. MR. RODNEY J DILLMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 15 CATHERINE LN		Transaction ID: PR790812611636	
City SUFFIELD	State CT	Zip Code 06078	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.69 Bi-Weekly)	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORP VP, ASSOC GEN COUNSEL & ASST SECT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 299.98
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. STEPHEN F LIBERA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17 HUNTING RIDGE DR		Transaction ID: PR790815411636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. SCOTT PICCONE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33 TROTWOOD DR		Transaction ID: PR790815811636	
City WEST HARTFORD	State CT	Zip Code 06117	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation HOTEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. DAVID A. BRACKENBURY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3236 GREEN MEADOW DR		Transaction ID: PR790933811636	
City BETHLEHEM	State PA	Zip Code 18018	Amount of Each Receipt this Period _____ 83.33
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 583.31		
		P/R Deduction (\$83.33 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 198.71
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MARVIN HICKS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR790960911636
Mailing Address 1712 WHITESIDE LN		Amount of Each Receipt this Period 30.00
City VIRGINIA BEAC	State VA	Zip Code 23454
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MR. M DALE JANES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791136311636
Mailing Address 37 MOHAWK DR		Amount of Each Receipt this Period 76.92
City LONGMEADOW	State MA	Zip Code 01106
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) C. MS. V. VANESSA WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791140611636
Mailing Address PO BOX 491		Amount of Each Receipt this Period 38.46
City MARLBOROUGH	State CT	Zip Code 06447
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

SUBTOTAL of Receipts This Page (optional) ▶	145.38
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. PAUL S SZCZYGIEL Mailing Address 11023 AMBASSADOR DR City WESTBOROUGH State MA Zip Code 01581 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791144411636 Amount of Each Receipt this Period 153.84 P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80		

B. Full Name (Last, First, Middle Initial) MR. DAVID L NAGLE Mailing Address 7 HIGH MEADOW CIR City E LONGMEADOW State MA Zip Code 01028 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791148411636 Amount of Each Receipt this Period 30.76 P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		

C. Full Name (Last, First, Middle Initial) MR. ROBERT BAUMBACH Mailing Address PO BOX 806 City SUDBURY State MA Zip Code 01776 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791148611636 Amount of Each Receipt this Period 76.92 P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90		

SUBTOTAL of Receipts This Page (optional)	261.52
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MR. JAMES J O'SHAUGHNESSY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 591 MAIN ST		Transaction ID: PR791165911636	
City CONCORD	State MA	Zip Code 01742	Amount of Each Receipt this Period _____ 38.46
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation HOTEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. STEPHEN K. COLLINS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 341 JOHNSTONE DR		Transaction ID: PR791191511636	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 875.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS W TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 ERSKINE DR		Transaction ID: PR791193711636	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 217.30
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 110
	<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 (Last, First, Middle Initial) A. MS. MELISSA MILLAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31 SEMINARY RD		Transaction ID: PR791207711636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$103.15 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. MR. EVAN R MARKS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 FIRE BRICK LN		Transaction ID: PR791236411636	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. MR. PAUL BACON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 RAVINE CIR		Transaction ID: PR791276811636	
City WESTFIELD	State MA	Zip Code 01085	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 223.06
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) MR. TERRENCE MILKA Mailing Address 10 WOODS LN City SIMSBURY State CT Zip Code 06070 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791279311636 Amount of Each Receipt this Period 30.76
Name of Employer MML INVESTORS SERVICES, INC. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SECOND VICE PRESIDENT Aggregate Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. J STEVEN STAGGS Mailing Address 46 GARY DR City WESTFIELD State MA Zip Code 01085 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791280511636 Amount of Each Receipt this Period 53.84
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. CHRISTOPHER P DOWD Mailing Address 35 SUNSET TER City WEST HARTFORD State CT Zip Code 06107 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791281111636 Amount of Each Receipt this Period 38.46
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	123.06
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MS. PAULA M TREMBLAY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791303111636	
Mailing Address 25 ZOEY DR		Amount of Each Receipt this Period 30.76	
City VERNON ROCKVL	State CT	Zip Code 06066	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation ASSISTANT VICE PRESIDENT		Aggregate Year-to-Date ▼ 230.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. PATRICK COYNE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791303511636	
Mailing Address 20 S RIDGE RD		Amount of Each Receipt this Period 30.76	
City HAMPDEN	State MA	Zip Code 01036	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation SECOND VICE PRESIDENT		Aggregate Year-to-Date ▼ 230.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. MICHAEL D BATSIMM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791308711636	
Mailing Address 5 ISLAND WAY		Amount of Each Receipt this Period 31.66	
City ANDOVER	State MA	Zip Code 01810	P/R Deduction (\$15.83 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Occupation DIRECTOR		Aggregate Year-to-Date ▼ 237.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	93.18
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 110
	<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 (Last, First, Middle Initial) A. MR. ROBERT WITTNEBEN		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 343 ANNELOISE AVE		Transaction ID: PR791326311636		
City SOUTHINGTON State CT Zip Code 06489	Amount of Each Receipt this Period _____ 30.76		P/R Deduction (\$15.38 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SECOND VICE PRESIDENT Aggregate Year-to-Date ▼ _____ 230.70			

Full Name (Last, First, Middle Initial) B. MS. SUSAN E. SCHECHTER		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 60 LEDGEWOOD RD		Transaction ID: PR791332811636		
City WEST HARTFRD State CT Zip Code 06107	Amount of Each Receipt this Period _____ 76.92		P/R Deduction (\$38.46 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP & ASSOCIATE GENERAL COUNSEL Aggregate Year-to-Date ▼ _____ 576.90			

Full Name (Last, First, Middle Initial) C. MR. WILLIAM H JEFFERIS		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 83 FOX DEN RD		Transaction ID: PR791334711636		
City AVON State CT Zip Code 06001	Amount of Each Receipt this Period _____ 38.46		P/R Deduction (\$19.23 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ _____ 249.99			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 146.14
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial) MS. AUDREY MEYERLAMPERT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791334811636		
Mailing Address 120 LOOMIS ST		Amount of Each Receipt this Period 76.92		
City NORTH GRANBY	State CT	Zip Code 06060	P/R Deduction (\$38.46 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 576.90		
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

B. Full Name (Last, First, Middle Initial) MS. ANNE KANDILIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791348011636		
Mailing Address 10 CRESCENT HL		Amount of Each Receipt this Period 214.28		
City SPRINGFIELD	State MA	Zip Code 01105	P/R Deduction (\$107.14 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 321.42		
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

C. Full Name (Last, First, Middle Initial) MR. MICHAEL T ROLLINGS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791365811636		
Mailing Address 5 DURHAM RD		Amount of Each Receipt this Period 115.38		
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$57.69 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 865.35		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT & CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	406.58
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 110
	<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 (Last, First, Middle Initial) A. MR. ALAN TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791390311636	
Mailing Address 4 RIDGEWOOD RD		Amount of Each Receipt this Period 76.92	
City BURLINGTON	State CT	Zip Code 06013	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM L RAMSEYER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791418811636	
Mailing Address 35 WALKER LN		Amount of Each Receipt this Period 76.92	
City WEST HARTFORD	State CT	Zip Code 06117	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MARKET RESEARCH DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) C. DANIEL G. ROETHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791435111636	
Mailing Address 7015 NORTH 23RD PLAC		Amount of Each Receipt this Period 41.66	
City PHOENIX	State AZ	Zip Code 85020	P/R Deduction (\$41.66 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62		

SUBTOTAL of Receipts This Page (optional) ▶	195.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial) MR. RICKY A SWAYE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791442311636	
Mailing Address 13 UPPER HEATHERWOOD		Amount of Each Receipt this Period 53.84	
City CROMWELL	State CT	Zip Code 06416	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

B. Full Name (Last, First, Middle Initial) MR. RUSSELL D MORRISON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791511111636	
Mailing Address 15021 BALLANTYNE COUNTRY CLUB DR		Amount of Each Receipt this Period 53.84	
City CHARLOTTE	State NC	Zip Code 28277	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

C. Full Name (Last, First, Middle Initial) MR. CHIN-JUNG V YANG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791511511636	
Mailing Address 18524 ROLLINGDALE LN		Amount of Each Receipt this Period 76.92	
City DAVIDSON	State NC	Zip Code 28036	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

SUBTOTAL of Receipts This Page (optional) ▶	184.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 110
	<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 (Last, First, Middle Initial) A. MR. THOMAS M FINKE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791511911636
Mailing Address 4920 HARDISON RD		Amount of Each Receipt this Period 153.84
City State Zip Code CHARLOTTE NC 28226	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR	Aggregate Year-to-Date 1153.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. A. BRADLEY IVES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791512311636
Mailing Address 216 SOUTH BROAD ST PMB 224		Amount of Each Receipt this Period 76.92
City State Zip Code BREVARD NC 28712	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR	Aggregate Year-to-Date 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. JOHN F CARLSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791542711636
Mailing Address 28 SUDBURY WAY		Amount of Each Receipt this Period 53.84
City State Zip Code AVON CT 06001	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT	Aggregate Year-to-Date 403.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	284.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. MR. RICARDO CALDERON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791543711636	
Mailing Address 118 WILLIAMSBURG DR		Amount of Each Receipt this Period 30.76	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 230.70	
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation SENIOR MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. MS. JO-ANNE RANKIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791550911636	
Mailing Address 39 AUTUMN DR		Amount of Each Receipt this Period 30.76	
City TOLLAND	State CT	Zip Code 06084	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 230.70	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. MR. THOMAS A PIACENTINI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791566511636	
Mailing Address 100 VINING HILL RD		Amount of Each Receipt this Period 30.76	
City SOUTHWICK	State MA	Zip Code 01077	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 230.70	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	92.28
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MS. SUSAN W SWEETSER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791566711636	
Mailing Address 15 CINDY LN		Amount of Each Receipt this Period 53.84	
City ESSEX JCT.	State VT	Zip Code 05452	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation VICE PRESIDENT	
Aggregate Year-to-Date ▼ 403.80			

Full Name (Last, First, Middle Initial) B. MS. PATRICIA WALSH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791569711636	
Mailing Address 127 FRANKLIN ST		Amount of Each Receipt this Period 30.76	
City NORTHAMPTON	State MA	Zip Code 01060	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation CORPORATE VP & ASSOC GENERAL COUNSEL	
Aggregate Year-to-Date ▼ 230.70			

Full Name (Last, First, Middle Initial) C. NICHOLAS S. PREDDICE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791572411636	
Mailing Address 3 STONY BROOK DR		Amount of Each Receipt this Period 83.33	
City SARATOGA SPRI	State NY	Zip Code 12866	P/R Deduction (\$83.33 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation GENERAL INSURANCE AGENT	
Aggregate Year-to-Date ▼ 583.31			

SUBTOTAL of Receipts This Page (optional) ▶	167.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 110
	<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 (Last, First, Middle Initial) A. JAMES K. MCANDREWS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 13310 INDIAN CREEK R		Transaction ID: PR791585611636
City HOUSTON State TX Zip Code 77079	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	P/R Deduction (\$83.33 Monthly)

Full Name (Last, First, Middle Initial) B. MR. RICHARD GOLDSTEIN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 197 LYNNWOOD DR		Transaction ID: PR791591611636
City LONGMEADOW State MA Zip Code 01106	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. C		
Name of Employer MASSMUTUAL BENEFITS MGMT, INC. Occupation PRESIDENT & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MS. EMILY PORISS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 50 KENMORE RD		Transaction ID: PR791591811636
City BLOOMFIELD State CT Zip Code 06002	Amount of Each Receipt this Period 30.76	
FEC ID number of contributing federal political committee. C		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	191.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 110
	<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 (Last, First, Middle Initial) A. MS. MARY S BLOCK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791784411636	
Mailing Address 67 PERSHING RD		Amount of Each Receipt this Period 76.92	
City WINDSOR LOCKS	State CT	Zip Code 06096	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) B. MR. ROBERT ERWIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791800211636	
Mailing Address 185 COVENTRY LN		Amount of Each Receipt this Period 53.84	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) C. MR. WILLIAM SILVANIC		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791800411636	
Mailing Address 120 CREAMERY HILL RD		Amount of Each Receipt this Period 76.92	
City GRANBY	State CT	Zip Code 06035	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

SUBTOTAL of Receipts This Page (optional) ▶	207.68
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) PETER W. CRIMMINS Mailing Address 2731 E MALLORY ST City MESA State AZ Zip Code 85213 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791809911636 Amount of Each Receipt this Period 41.66
Name of Employer SELF Occupation INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	P/R Deduction (\$41.66 Monthly)

B. Full Name (Last, First, Middle Initial) MS. PAMELA MCKOIN Mailing Address 208 GUINEA RD City STAMFORD State CT Zip Code 06903 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791901411636 Amount of Each Receipt this Period 30.76
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation ASSISTANT VICE PRESIDENT - PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. THOMAS OSWALD Mailing Address 665 CENTER ST UNIT 713 City LUDLOW State MA Zip Code 01056 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR791903211636 Amount of Each Receipt this Period 76.92
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	149.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 110
	<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 (Last, First, Middle Initial) A. MR. DOUGLAS ENDORF		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 27 STRAWBERRY FIELDS		Transaction ID: PR791938611636		
City State Zip Code GRANBY CT 06035	Amount of Each Receipt this Period _____ 53.84		P/R Deduction (\$26.92 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 403.80		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM MONROE		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 225 GENERAL HOBBS RD		Transaction ID: PR791969111636		
City State Zip Code JEFFERSON MA 01522	Amount of Each Receipt this Period _____ 53.84		P/R Deduction (\$26.92 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation MML INVESTORS SERVICES, INC. VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 403.80		

Full Name (Last, First, Middle Initial) C. MR. MICHAEL W. KELLOGG		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 10 WESTWOOD RD		Transaction ID: PR791971411636		
City State Zip Code WELLESLEY MA 02482	Amount of Each Receipt this Period _____ 115.38		P/R Deduction (\$57.69 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 865.35		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 223.06
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. MR. PETER LAHAIE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR792041411636	
Mailing Address 60 GREENWOOD RD		Amount of Each Receipt this Period 53.84	
City HOPKINTON	State MA	Zip Code 01748	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.84	
Name of Employer MML INVESTORS SERVICES, INC.	Occupation VICE PRESIDENT & CHIEF FINANCIAL OFFIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) B. MR. ANTHONY PIERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR792042011636	
Mailing Address 22 ARNOLDALE RD		Amount of Each Receipt this Period 57.76	
City WEST HARTFORD	State CT	Zip Code 06119	P/R Deduction (\$28.88 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.76	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation PORTFOLIO MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.16		

Full Name (Last, First, Middle Initial) C. MR. KEVIN B WATERMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR792064111636	
Mailing Address 110 JOSEPH LN		Amount of Each Receipt this Period 30.76	
City SOUTH WINDSOR	State CT	Zip Code 06074	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.76	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

SUBTOTAL of Receipts This Page (optional) ▶	142.36
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial) A. WILLIAM F. LEAKE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 918 WHITBY CT		Transaction ID: PR792072511636
City SUGAR LAND	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.66
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$66.66 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.64	

Full Name (Last, First, Middle Initial) B. MR. PAUL J STRONG		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11 ABBEY RD		Transaction ID: PR792119711636
City BOW	State NH	Zip Code 03304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80	

Full Name (Last, First, Middle Initial) C. MS. ELAINE A SARSYNSKI		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 75 BARNDOR HILLS RD		Transaction ID: PR796671811636
City SUFFIELD	State CT	Zip Code 06078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT & CAO	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

SUBTOTAL of Receipts This Page (optional)	274.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 110
	<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

A. Full Name (Last, First, Middle Initial) MR. MARK BURSON Mailing Address 9 MARGARET DR City WILBRAHAM State MA Zip Code 01095 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR811401811636 Amount of Each Receipt this Period <input type="text"/> 30.76
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 230.70		P/R Deduction (\$15.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) MR. LARIK HALL Mailing Address 4 HOLCOMB HILL RD City WEST GRANBY State CT Zip Code 06090 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR811444611636 Amount of Each Receipt this Period <input type="text"/> 76.92
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 576.90		P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) MR. RICHARD LAVOICE Mailing Address 126 WOODFORD HILLS DR City AVON State CT Zip Code 06001 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR932682511636 Amount of Each Receipt this Period <input type="text"/> 47.62
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 357.15		P/R Deduction (\$23.81 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 101 / 110	
	(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"/> 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

A. Full Name (Last, First, Middle Initial)
MR. HOWARD B HILL

Mailing Address 10 W MEETINGHOUSE RD

City State Zip Code
NEW MILFORD CT 06776

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR
LLC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR932683611636

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)	76.92
TOTAL This Period (last page this line number only)	32135.07

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

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

FOR LINE NUMBER: PAGE 102 / 110

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union</p> <p>Mailing Address 1295 State Street</p> <p>City State Zip Code Springfield MA 01111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2770.65</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007</p> <p>Transaction ID: 21230549</p> <p>Amount of Each Receipt this Period 600.72</p> <p>July Interest: Money Market Acct.</p>
<p>B. Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union</p> <p>Mailing Address 1295 State Street</p> <p>City State Zip Code Springfield MA 01111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2794.56</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007</p> <p>Transaction ID: 21230550</p> <p>Amount of Each Receipt this Period 23.91</p> <p>July 2007 Interest: Checking Acct.</p>
<p>C. Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union</p> <p>Mailing Address 1295 State Street</p> <p>City State Zip Code Springfield MA 01111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2169.93</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007</p> <p>Transaction ID: 21231185</p> <p>Amount of Each Receipt this Period 149.01</p> <p>June 07 bank fee refund</p>

SUBTOTAL of Receipts This Page (optional)

773.64

TOTAL This Period (last page this line number only)

773.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Sherman For Congress		Transaction ID: 20479669 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 555 So.Flower St. Suite 4210		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90071	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. Brad Sherman		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27		

Full Name (Last, First, Middle Initial) B. McNulty For Congress		Transaction ID: 20565658 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 2000.00
City Green Island State NY Zip Code 12183	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. Michael R. McNulty		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21		

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Transaction ID: 20480306 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 2000.00
City Minnetonka State MN Zip Code 55305	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. Jim M. Ramstad		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Kind For Congress Committee		Transaction ID: 20574562 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address 205 South 5th Ave Suite 428		Amount of Each Disbursement this Period 4000.00
City La Crosse State WI Zip Code 54601	2007 Candidate Contributi- on	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/ Type
Candidate Name Rep. Ron Kind		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 3
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mccrery For Congress Committee		Transaction ID: 20479678 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 3000.00
City Shreveport State LA Zip Code 71135	2007 Candidate Contributi- on	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/ Type
Candidate Name Rep. Jim McCrery		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wally Herger For Congress Committee		Transaction ID: 20479676 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 1500		Amount of Each Disbursement this Period 2000.00
City Chico State CA Zip Code 95927	2007 Candidate Contributi- on	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/ Type
Candidate Name Rep. Wally Herger		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. Kendrick B. Meek

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 17

Transaction ID: 20603916

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

2007 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 6

Transaction ID: 20705798

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Trent Lott For Mississippi

Mailing Address PO Box 22824

City Jackson State MS Zip Code 39225

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Sen. Trent Lott

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District: 2

2012 US Primary

Transaction ID: 20601461

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

4000.00

2007 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 Page

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Madison PAC		Transaction ID: 20734587 Date of Disbursement 07 / 17 / 2007
Mailing Address 235 State Street Unit 204		Amount of Each Disbursement this Period 1000.00
City Springfield State MA Zip Code 01103	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Contribution

Full Name (Last, First, Middle Initial) B. Friends of Senator Rockefeller		Transaction ID: 20604543 Date of Disbursement 07 / 18 / 2007
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 2000.00
City Charleston State WV Zip Code 25327	Purpose of Disbursement 2007 Candidate Contribution Candidate Name John Rockefeller Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Candidate Contribution

Full Name (Last, First, Middle Initial) C. Mike Crapo For Us Senate		Transaction ID: 20604154 Date of Disbursement 07 / 18 / 2007
Mailing Address PO Box 1948		Amount of Each Disbursement this Period 3000.00
City Boise State ID Zip Code 83701	Purpose of Disbursement 2007 Candidate Contribution Candidate Name Sen. Mike Crapo Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Committee To Re-Elect Artur Davis To Congress, The

Mailing Address PO Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. Artur Davis

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 7

Transaction ID: 20731564

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Buck Mckeon For Congress

Mailing Address 23942 Lyons Ave #105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. Howard P. McKeon

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 25

Transaction ID: 20605363

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

3000.00

2007 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Kline For Congress

Mailing Address 101 Burnsville Parkway
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. John Kline

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 2

Transaction ID: 20605044

Date of Disbursement

07 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

2007 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Campbell For Congress		Transaction ID: 20605208 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 8105 Irvine Center Dr Suite 1170		Amount of Each Disbursement this Period 1000.00
City Irvine State CA Zip Code 92618	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. John Campbell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 48

Full Name (Last, First, Middle Initial) B. ERIC PAC		Transaction ID: 20884795 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 25 E. Main Street, Suite 200		Amount of Each Disbursement this Period 2000.00
City Richmond State VA Zip Code 23219	2007 Contribution	
Purpose of Disbursement 2007 Contribution		011 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. PETE PAC		Transaction ID: 20706714 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address People for Enterprise, Trade & Eco 7804 Evening Lane		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22306	2007 Contribution	
Purpose of Disbursement 2007 Contribution		011 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 Page

FOR 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"/> 24	<input type="checkbox"/> 25	<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. Pennsylvanians For Kanjorski		Transaction ID: 20480644 Date of Disbursement 07 / 26 / 2007
Mailing Address 103 South Hanover Street		Amount of Each Disbursement this Period 3000.00
City Nanticoke State PA Zip Code 18634	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. Paul E. Kanjorski		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11		

Full Name (Last, First, Middle Initial) B. Elizabeth Dole Committee		Transaction ID: 20704644 Date of Disbursement 07 / 26 / 2007
Mailing Address P.O. Box 2918		Amount of Each Disbursement this Period 1000.00
City Raleigh State NC Zip Code 27601	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Elizabeth Dole		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1		

Full Name (Last, First, Middle Initial) C. Mel Watt For Congress Committee		Transaction ID: 20705397 Date of Disbursement 07 / 28 / 2007
Mailing Address PO Box 36831		Amount of Each Disbursement this Period 1000.00
City Charlotte State NC Zip Code 28236	2007 Candidate Contribution	
Purpose of Disbursement 2007 Candidate Contribution		011 Category/Type
Candidate Name Rep. Melvin L. Watt		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
2007 Candidate Contribution

Candidate Name
Rep. David Wu

Office Sought: House
 Senate
 President

State: OR District: 1

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 20884799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

45000.00