

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

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

FOR LINE NUMBER: PAGE 180 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BRIAN M. ROBERTS

Mailing Address 54 COALTER RIDGE CT

City State Zip Code
 DARDENNE PR MO 63368-7587

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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR792139229733

Amount of Each Receipt this Period
 72.40

P/R Deduction (\$72.40 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. MS. JAE JUNKUNC

Mailing Address 221 TRUMBULL STREET APT 502

City State Zip Code
 HARTFORD CT 06103-1511

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

Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - GENERAL RISK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR792144329733

Amount of Each Receipt this Period
 115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN J. MILLER

Mailing Address 13 WHIPPANY AVE

City State Zip Code
 WARREN NJ 07059-5774

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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR792501429733

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 487.80

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