

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 270
	<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. MR. CHRISTOPHER DEFRANCIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 MAYNARD RD
 City NORTHAMPTON State MA Zip Code 01060-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1331.88

Date of Receipt 11 / 30 / 2015
Transaction ID : PR791365043644
 Amount of Each Receipt this Period 168.14
 P/R Deduction (\$84.07 Bi-Weekly)

B. MR. MICHAEL T ROLLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DURHAM RD
 City LONGMEADOW State MA Zip Code 01106-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 11 / 30 / 2015
Transaction ID : PR791365843644
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. MATTHEW D. HUTCHESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 WILSON BLVD
 City NASHVILLE State TN Zip Code 37215-1041
 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 ▼ 550.00

Date of Receipt 11 / 30 / 2015
Transaction ID : PR791374743644
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 602.74
TOTAL This Period (last page this line number only).....▶