REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Massachusetts Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1295 State Street

CITY, STATE and ZIP CODE
Springfield, Massachusetts 01111-0001

2. FEC IDENTIFICATION NUMBER
C C00118943

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to January 1, 1994

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 [X] January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Dec. 1, 1995 through Dec. 31, 1995		
6. (a) Cash on Hand January 1, 19 95		$ 7,590.64
(b) Cash on Hand at Beginning of Reporting Period	$ 9,634.94	
(c) Total Receipts (from Line 19)	$ 17,200.95	$ 244,742.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 26,835.89	$ 252,333.31
7. Total Disbursements (from Line 30)	$ 19,211.77	$ 244,709.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,624.12	$ 7,624.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 15,000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Allan B. Bixby

Signature of Treasurer
Allan B. Bixby

Date
Jan. 15, 1996

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

FEC FORM 3X
(revised 9/93)
FE4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE Massachusetts Mutual Life Insurance Co. Political Action Committee

REPORT COVERING PERIOD FROM Dec. 1, 1995 TO: Dec. 31, 1995

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	12,146.64	132,294.17	11(a)(i)
ii. Unitemized	5,052.72	97,288.75	11(a)(ii)
iii. Total (add i and ii) ➤	17,199.36	229,582.92	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) ➤	17,199.36	229,582.92	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received		15,000.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	1.59	159.75	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	17,200.95	244,742.67	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17,200.95	244,742.67	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	111.77	948.75	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	111.77	948.75	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,100.00	222,310.44	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made		15,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements		6,450.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	19,211.77	244,709.19	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,211.77	244,709.19	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17,199.36	229,582.92	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,199.36	229,582.92	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	111.77	948.75	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	111.77	948.75	37

FE##N101

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SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABATE, ROGER 44 DAVENTRY HILL AVON, CT 06001	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABBOTT, JOHN L. 235 BENNETT ROAD HAMPDEN, MA 01036	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
ACKERMAN, WARREN 1956 LAUKAHI HONOLULU, HI 96821	Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADORNATO, PAUL 416 LONGHILL ST SPRINGFIELD, MA 01108	Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$93.75
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,125.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMMERS, CT 06071	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$100.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,200.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN RACIOPPO, JANICE 197 GREENBRIER MORAGA, CA 94556	Massachusetts Mutual Life Insurance Company Occupation NAT'L ACCOUNT EXECUTIVE	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	249.96	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BACCHIOCCHI, GARY J. 14 GARY DRIVE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	425.04	

SUBTOTAL of Receipts This Page (optional).....> $300.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BAKER, BRUCE J. 5562 E. GALBRAITH ROAD CINCINNATI, OH 45236	Occupation AGENT	12/27/95	$30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	360.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer** Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BAKER, DONALD B. 440 MERIDAN DEARBORN, MI 48124	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
C. Full Name, Mailing Address and Zip Code	**Member of** Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BARANCIK, LYNN G. 13827 RIVERSIDE DRIVE SHERMAN OAKS, CA 91423	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BARRETT, PAUL A. 13200 EAST 67TH STREET BROKEN ARROW, OK 74012	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer** Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BAUM, DANIEL S. 6969 OLD QUARRY ROAD FAYETTEVILLE, NY 13066-9742	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BAZ-DRESCH, FELIX R. 10805 WEST 96TH TERRACE OVERLAND PARK, KS 66214	Occupation AGENT	12/27/95	$16.67
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	200.04	
G. Full Name, Mailing Address and Zip Code	**Member of** Massachusetts Mutual Life Insurance Company	**Date (month, day, year)**	**Amount of Each Receipt this Period**
BECKNELL, GEORGE P. III 843 ESTES AVENUE SAN ANTONIO, TX 78209	Occupation AGENT	12/27/95	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	410.00	

SUBTOTAL of Receipts This Page (optional)---->	$96.67
TOTAL This Period (last page this line number only)---->	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BELL, JAY A. 10745 LESTER STREET WHEATON, MD 20902 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 240.00	12/27/95	$20.00
B. BERLIN, STEPHEN C. 100 HUNDREDS ROAD WELLESLEY, MA 02181 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 750.00		
C. BIENENFELD, HOWARD N. 5921 S.W. 33rd LANE FORT LAUDERDALE, FL 33312 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 375.00	12/27/95	$25.00
D. BINGHAM, GARY MEADOWS OF ENFIELD, UNIT 165 ENFIELD, CT 06082 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 425.04	MONTHLY PAYROLL DEDUCTION	$35.42
E. BLALOCK, THOMAS W. 388 HAMILTON DRIVE BLOUNTVILLE, TN 37617 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 252.00	12/27/95	$20.00
F. BLANSETT, MARTHA L. 101 CONVERSE STREET LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SECOND VICE PRESIDENT Aggregate Year-to-Date —>$ 240.00	MONTHLY PAYROLL DEDUCTION	$20.00
G. BOYNTON, GEORGE E. 419 WOODLAWN ROAD BALTIMORE, MD 21210 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 750.00		

SUBTOTAL of Receipts This Page (optional) ..... > $120.42

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

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRASSARD, DAVID 175 TANGLEWOOD DRIVE EAST LONGMEADOW, MA 01028	Massachusetts Mutual Life Insurance Company Occupation: SECOND VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$19.44
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	233.28	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRAUN, WILLIAM J. 4606 POWERS BLVD. DECATUR, IL 62521	Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRITTON, DELFORD G. 1629 MADRONA AVE. ST. HELENA, CA 94574	Occupation: AGENT	12/27/95	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	240.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer: Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BROOKS, WALTER F. 4111 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624	Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer: Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BROWN, LEO 3636 QUAIL CREEK ROAD OKLAHOMA CITY, OK 73120	Occupation: GENERAL AGENT	12/27/95	$67.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	804.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer: Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRYSON, RICHARD W. 6919 SEASIDE WALK LONG BEACH, CA 90803	Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer: Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BUDD, JOHN 12 DURANT ROAD WELLESLEY, MA 02181	Occupation: PENSION REPRESENTATIVE	MONTHLY PAYROLL DEDUCTION	$18.75
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	225.00	

SUBTOTAL of Receipts This Page (optional)....> $125.19

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BURKETT, LAWRENCE V. JR 26 CRESENT CIRCLE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company EXECUTIVE VP & GEN. CONCIL	12/12/95	$2,000.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 2,000.00		
B. BURTON, WILLIAM J. 7 CHELTEN COURT SUFFIELD, CT 06078	Massachusetts Mutual Life Insurance Company SENIOR VI CE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 918.63		
C. BYLUND, GARY L. 12501 NE 35TH PLACE BELLEVUE, WA 98005	Member of Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 250.00		
D. CALVERT, DONALD, T. II 9610 WEATHERVANE MANOR PLANTATION, FL 33324	Massachusetts Mutual Life Insurance Company REGIONAL GROUP MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 249.96		
E. CAMERON, DONALD D. 7 ELLINGTON STREET LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$93.75
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 1,125.00		
F. CAMP, KELLY 1777 LARIMER STREET #1001 DENVER, CO 80202	Massachusetts Mutual Life Insurance Company SENIOR ACCOUNT EXECUTIVE	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 249.96		
G. CARDWELL, KENNETH D. 125 THE LAURELS ENFIELD, CT 06082	Massachusetts Mutual Life Insurance Company SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$62.50
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 750.00		

SUBTOTAL of Receipts This Page (optional)....> $2,197.91

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CARROLL, DOUGLAS R. 112 ROXBURY ROAD GARDEN CITY, NY 11530	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	600.00	
B. CARROLL, GREGORY F. 18 BAY VIEW TERRACE GENEVA, NY 14456	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$100.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	1,200.00	
C. CARUSO, MICHAEL J. 3385 WOODBRIDGE CIRCLE BETHLEHEM, PA 18017	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
D. CARVER, DAVID G. 3900 LEMON LONG BEACH, CA 90801	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
E. CHAMBERS, J. C. 4506 - 19TH STREET LUBBOCK, TX 79416	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	480.00	
F. CHASE, J. CLARKE 2707 EAST FRANKLIN STREET RICHMOND, VA 23223	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
G. CLEVELAND, CHARLES E. II 725 SANTREE CIRCLE LAS VEGAS, NV 89110	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	

SUBTOTAL of Receipts This Page (optional)....>	$240.00
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CUPPINGER, SCOTT W. 509 ORIOLER DRIVE EVANSVILLE, IN 47715	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	
B. Full Name, Mailing Address and Zip Code	**Member of Massachusetts Mutual Life Insurance Company**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CUPPINGER, WILLIAM V. 4100 BELLEMEADE EVANSVILLE, IN 47714	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	350.00	
C. Full Name, Mailing Address and Zip Code	**Member of Massachusetts Mutual Life Insurance Company**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CLORE, BRINEY LEE 8755 W. HIGGINS ROAD STE 1090 CHICAGO, IL 60631	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer Massachusetts Mutual Life Insurance Company**	**Date (month, day, year) MONTHLY PAYROLL DEDUCTION**	**Amount of Each Receipt this Period**
COHEN, KENNETH 59 WOODLOT ROAD AMHERST, MA 01102	Occupation VICE PRESIDENT		$87.69
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,000.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer Massachusetts Mutual Life Insurance Company**	**Date (month, day, year) MONTHLY PAYROLL DEDUCTION**	**Amount of Each Receipt this Period**
COLLINS, COLIN 2 WASHINGTON ROAD SPRINGFIELD, MA 01108	Occupation VICE PRESIDENT		$33.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	399.96	
F. Full Name, Mailing Address and Zip Code	**Name of Employer Massachusetts Mutual Life Insurance Company**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CORBISHLEY, JOHN W. 31POPPASQUASH ROAD BRISTOL, RI 02809	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer Massachusetts Mutual Life Insurance Company**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
COWAN, HOWARD 200 EAST 65TH STREET APT 15D NEW YORK, NY 10021	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	2,500.00	

SUBTOTAL of Receipts This Page (optional)---------->	$121.02
TOTAL This Period (last page this line number only)---------->	

9 6 0 3 0 1 5 4 5 7 7

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CROSBY, RICK M. 2122 ROSWELL AVE. CHARLOTTE, NC 28277	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 400.00		
B. CUSHING, RANDY 696 COMMERCIAL STREET WEYMOUTH, MA 02189	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 260.00		
C. DABOUL, PETER J. 68 BROOKSIDE VILLAGE ENFIELD, CT 06082	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 480.00		
D. DALESSIO, NANCY 165 PROSPECT STREET EAST LONGMEADOW, MA 01028	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$26.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 291.66		
E. DAMERON, KEITH E. 1862 BERKSHIRE CLUB DRIVE CINCINNATI, OH 45230	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 425.04		
F. DAVIES, JOHN B. 2440 NORTH VERMONT AVE LOS ANGELES, CA 90027	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	MONTHLY PAYROLL DEDUCTION	$200.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 2,400.00		
G. DAVIES, WILLIAM W. 510 WOUTH ARDEN BOULEVARD LOS ANGELES, CA 90010	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		

SUBTOTAL of Receipts This Page (optional)....>	$300.42
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DAVIS, DAVID R. 24428-A HAMPTON DRIVE VALENCIA, CA 91355	Massachusetts Mutual Life Insurance Company AGENT	12/27/95	$30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	360.00	
B. DAVIS, JAMES A. 105 HARDY ROAD LOOKOUT MOUNTAIN, GA 30750	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	350.00	
C. DAY, RONALD G. 950 S. CHERRYS SUITE 1500 DENVER, CO 80222	Name of Employer: Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
D. DELEOT, THOMAS L. 221 NORTH WEST VIEW DRIVE WINSTON-SALEM, NC 27104	Massachusetts Mutual Life Insurance Company AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
E. DENNEHY, STEPHEN 124 SAWMILL ROAD WEST SPRINGFIELD, MA 01089	Name of Employer: Massachusetts Mutual Life Insurance Company SECOND VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	240.00	
F. DeVALLE, ROBERT J. GLASS CONDO 235 STATE ST #303 SPRINGFIELD, MA 01101	Name of Employer: Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
G. DICKSON, R.E. 4922 LONG BOW ROAD JACKSONVILLE, FL 32210	Name of Employer: Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	

SUBTOTAL of Receipts This Page (optional) ----> $75.00

TOTAL This Period (last page this line number only) ---->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOYLE, MARY T. 7924 LOBELIA LANE SPRINGFIELD, VA 22152	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$45.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	540.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EAGAN, JAY 6604 OXFORD STREET LUBBOCK, TX 79413	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
EICKHORST, GARY L. 14523 WEST 93RD STREET LEXENA, KS 66215	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	240.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FEDERA, R. DANIELLE 175 WOODBRIDGE STREET SOUTH HADLEY, MA 01075	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$38.63
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	463.56	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FETHERSTON, WILLIAM C. 20 RICHMOND DRIVE MANCHESTER, CT 06040	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	360.00	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
FINK, DONALD M. 3811 SPENCER STREET LAS VEGAS, NV 89109	Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional)....>	$133.63
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FINNEGAN, THOMAS J. JR 5 WRIGHT PLACE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 899.96	MONTHLY PAYROLL DEDUCTION	$58.33
B. FISHER, WILLIAM 56 WINDSOR PLACE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 425.04	MONTHLY PAYROLL DEDUCTION	$35.42
C. FITZGERALD, DANIEL J. 8 WAND DRIVE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 1,999.92	MONTHLY PAYROLL DEDUCTION	$166.66
D. FLANAGAN, TIMOTHY G. 249 GLENMOOR ROAD GLADWYNE, PA 19035 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. FLORE, ROGER 23 VAN WYCK LANE LLOYD HARBOR, NY 11743 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
F. FLOWERS, EARL W. 168 VIA JOAQUIN MORAGA, CA 94556 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 324.96	MONTHLY PAYROLL DEDUCTION	$27.08
G. FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)....> $287.49

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

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FOREST, ARTHUR 192 EASTWOOD DRIVE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$58.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 699.96		
B. FRANKLIN, HASWELL M. 100 ST. ST. ALBANS WAY BALTIMORE, MD 21212	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/7/95	$200.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 300.00		
C. FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91006	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 400.00		
D. FUCHS, HARVEY 1 BAY CLUB DRIVE BAYSIDE, NY 11360	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 250.00		
E. GALE, JEFFREY S. 12412 ROUSSEAU TERRACE NORTH POTOMAC, MD 20878	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 245.00		
F. GALGANO, JOSEPH W. 17 VIRGINIA DRIVE EASTON, CT 06612	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 600.00		
G. GAMES, C. DALE 679 WHATELY ROAD CONWAY, MA 01341	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SECOND VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$19.44
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 239.28		

SUBTOTAL of Receipts This Page (optional) ----> $327.77

TOTAL This Period (last page this line number only) ---->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GAUDETTE, BRUCE 15 GLENN DRIVE WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GAVALAS, NICHOLAS B. 799 CREEKSIDE DRIVE MT. PLEASANT, SC 24464	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GIGUERE, RAYMOND W. 6980 JESSICA DRIVE APOPKA, FL 32703	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	360.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GONS, W. SCOTT 320 EAST PEARL STREET FINDLAY, OH 45840	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GOULD, JOY M. 520 EAST 72ND STREET NEW YORK, NY 10021	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	550.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GRAMMES, LOUIS F. 6105 STEPHENS CROSSING MECHANICSBURG, PA 17055	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GREENBERG, PETER W. 700 HEMPSTEAD AVENUE ROCKVILLE CENTER, NY 11577	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

SUBTOTAL of Receipts This Page (optional)---------->	$90.00
TOTAL This Period (last page this line number only)---------->	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. GRIFFIN, ROBERT C. 655 KRUMKILL ROAD SLINGERLANDS, NY 12159 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 500.00		
B. GRYPP, LAWRENCE L. 97 ASHFORD ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 2,000.04	MONTHLY PAYROLL DEDUCTION	$166.67
C. GUERTIN, RICHARD E. 265 SILVER STREET MONSON, MA 01057 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 899.93	MONTHLY PAYROLL DEDUCTION	$63.63
D. HAGUE, ROBERT A. LAKE PARADISE - LAKESIDE DRIVE MONSON, MA 01057 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 425.04	MONTHLY PAYROLL DEDUCTION	$35.42
E. HAMBLEN, JEFFERY D. 8614 WESTWOOD CENTER DR., #500 VIENNA, VA 22182 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 550.00		
F. HARGREAVES, KENNETH 40 ENGLEWOOD ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 999.96	MONTHLY PAYROLL DEDUCTION	$83.33
G. HARRINGTON, DONALD J. 76 BIG HORN ROAD SHELTON, CT 06484 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date —>$ 374.00	12/27/95	$34.00

SUBTOTAL of Receipts This Page (optional) ..... > $383.05

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

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

Full Name, Mailing Address and Zip Code	Member of / Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. HARRIS, ELIZABETH M. 655 MARY ROAD BOZEMAN, MT 59715	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 240.00		
B. HAWKINS, STEPHEN A. 4 WINTERBERRY DRIVE WILBRAHAM, MA 01095	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$93.75
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 1,125.00		
C. HAYS, MICHAEL D. 118 TRIMMER LANE WESTFIELD, MA 01085	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	MONTHLY PAYROLL DEDUCTION	$83.33
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 999.96		
D. HENDERSON, JON A. 902 WEST BUTTERFIELD COURT PEORIA, IL 61614	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
E. HERTZ, DOUGLAS N. 1 PARKWOOD DRIVE WILBRAHAM, MA 01095	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 700.00		
F. HEUSER, HARRIET A. 1036 NEWBRIDGE ROAD N. BILLMORE, NY 11710	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
G. HODGSON, CHARLES E. 103 W. TERRACE LANE PEORIA, IL 61614	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		

SUBTOTAL of Receipts This Page (optional) —> $197.08

TOTAL This Period (last page this line number only) —>

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

Full Name, Mailing Address and Zip Code	Member of / Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. HOLDEN, LAWRENCE N. 119 BROOKSTOWN AVE. WINSTON-SALEM, NC 27101 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 600.00	12/27/95	$50.00
B. HOLLIS, KEN P.O. BOX 6522 METARIE, LA 70009 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00		
C. HUFFMAN, GARY T. 1336 E. COOPER DRIVE LEXINGTON, KY 40502 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 2,000.00	12/18/95	$1,000.00
D. HULL, JEROME L. 5625 95TH AVENUE, CT. W. TACOMA, WA 98467 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 204.00	12/27/95	$17.00
E. HUSTON, SAM M. 7275 KNOLLVALLEY LANE INDIANAPOLIS, IN 46256 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 780.00	12/27/95	$65.00
F. ISSA, NADER A. 1533 KOCH LANE SAN JOSE, CA 95126 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 600.00	12/27/95	$50.00
G. JAMES, E. PERRY 215 N. CHURCH AVE ROCKWOOD, TN 37859 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 780.00	12/27/95	$65.00

SUBTOTAL of Receipts This Page (optional)....>	$1,247.00
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. JOANOU, FRANK 14 HUBBARD PLACE WHEELING, WV 26003	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$30.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 360.00		
B. JOHNSON, GARY 103 DEL NORTE VISTA COURT FOLSOM, CA 95630	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 250.00		
C. JOHNSTON, JAMES W. JR 3 PINEYWOODS DRIVE EAST LONGMEADOW, MA 01028	Massachusetts Mutual Life Insurance Company Occupation: DIRECTOR	MONTHLY PAYROLL DEDUCTION	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 240.00		
D. JOYAL, ROBERT E. 949 GLENDALE ROAD WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$58.33
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 699.96		
E. JOYCE, JOHN. B. 586 WOLF SWAMP ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.41
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 424.92		
F. KANTER, ARNOLD 788 FRONTAGE ROAD, NUMBER 11 NORTHFIELD, IL 60093	Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 250.00		
G. KASS, HERBERT D. 16 WEST 12TH STREET NEW YORK, NY 10011	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$40.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 480.00		

SUBTOTAL of Receipts This Page (optional) ----> $163.74

TOTAL This Period (last page this line number only) ---->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. KIMBERLY, HOWARD JR. 7718 HIDDEN HOLLOW DRIVE COLUMBUS, OH 43235	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$63.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	630.00	
B. KIMBERLY, RONALD L. 7305 RIVERSIDE DRIVE POWELL, OH 43065	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$62.50
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
C. KING, THOMAS N. 11649 SOUTH MONTICELLO KNOXVILLE, TN 37922	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$62.50
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. KLINE, EDWARD M. 119 KNOLLWOOD DRIVE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.41
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	424.92	
E. KNOWLES, ROBERT L. 25 KINGOKE LANE SPRINGFIELD, MA 01119	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	425.04	
F. KNOWLTON, MILTON L. 561 CLAYCREEK MEMPHIS, TN 38120	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. KUHN, DON A. 5923 CAMELBACK CT. INDIANAPOLIS, IND 46250	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional)....>	$258.83
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KUHN, STEPHEN L. 285 FARMINGTON ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 699.96	MONTHLY PAYROLL DEDUCTION	$58.33
KUMMING, ROBERT W. JR 22 McINTOSH WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 425.04	MONTHLY PAYROLL DEDUCTION	$35.42
KUPERSMITH, DAVID 32 ELTONA PLACE EAST NORTHPORT, NY 11731 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
LaCROIX, RICHARD S. 94 WESLEYAN ROAD GLASTONBURY, CT 06033 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 699.96	MONTHLY PAYROLL DEDUCTION	$58.33
LANIGAN, CHARLES 128 SOUTH BROOK ROAD EAST LONGMEADOW, MA 01028 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 999.96	MONTHLY PAYROLL DEDUCTION	$83.33
LARGE, GREGORY K. 10 SPENCER LANE BEDMINSTER, NJ 07921 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
LAUZON, DENNIS P. 15 PRIMROSE LANE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 699.96	MONTHLY PAYROLL DEDUCTION	$58.33

SUBTOTAL of Receipts This Page (optional) ----> $293.74

TOTAL This Period (last page this line number only) ---->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LAU, DAVID F. 5215 WINLANE DRIVE BLOOMFIELD HILLS, MI 48302 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 350.00		
B. LEAKE, JOHN E. JR 4409 TAMARISK DRIVE OKLAHOMA CITY, OK 73120 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00		
C. LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00		
D. LEE, RONALD B. 16 CARRIAGE ROAD ROSLYN NY 11576 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 750.00		
E. LERNER, DENNIS B. 14642 180TH STREET BIG RAPIDS, MI 49307 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 360.00	12/27/95	$30.00
F. LEVIN, GARY J. 1948 WOODED RIDGE CT. FOGELSVILLE, PA 18051 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00		
G. LIBERA, JOHN J.R 139 TAYLOR STREET GRANBY, MA 01033 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 999.96	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33

SUBTOTAL of Receipts This Page (optional)——>	$113.33
TOTAL This Period (last page this line number only)——>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LIZOTTE, PETER D. 4601 WILSHIRE BLVD, 3RD FLOOR LOS ANGELES, CA 90010 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of: Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 250.00		
B. LOCKSHIN, STEVEN D. 435 UPSHIRE CIRCLE GAITHERSBURG, MD 20878 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of: Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 1,200.00	12/27/95	$100.00
C. LOUARGAND, MARC 32 LONGMEADOW STREET LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SECOND VICE PRESIDENT Aggregate Year-to-Date ---->$ 240.00	MONTHLY PAYROLL DEDUCTION	$20.00
D. LYON, DAVID L. 3604 WESTBURY ROAD BIRMINGHAM, AL 35223 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of: Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 250.00		
E. MAC WHINNIE, ROBERT C. 2538 APPLETREE DRIVE PITTSBURGH, PA 15241 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 400.00		
F. MAGEE, SUSAN B. 488 RIDGE ROAD WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 999.96	MONTHLY PAYROLL DEDUCTION	$83.33
G. MANN, ROBERT T. 1901 ST. ANDREWS MORAGA, CA 94556 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 600.00	12/27/95	$50.00

SUBTOTAL of Receipts This Page (optional) ----> $253.33

TOTAL This Period (last page this line number only) ----->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MARLEY, DAVID A. 7940 SW 172ND TERRACE MIAMI, FL 33157 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		
B. MARSHALL J. EUGENE 601 HERB RIVER DRIVE SAVANNAH, GA 31406 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		
C. McCLAUSLAND, EDWIN JR 21 OLDE WOOD ROAD GLASTONBURY, CT 06033 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 699.96	MONTHLY PAYROLL DEDUCTION	$58.33
D. McCRAY, HENRY W. JR 11113 SITHEAN WAY RICHMOND, VA 23233 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		
E. McDERMID, MICHAEL J. 685 MOUNTAIN VIEW DRIVE LEWISTON, NY 14092 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 935.00	12/27/95	$85.00
F. McELMURRAY, WILLIAM T. 181 ELLINGTON ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 1,287.60	MONTHLY PAYROLL DEDUCTION	$107.30
G. McGRATH, JAMES M. 10 OLD COACH ROAD WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		

SUBTOTAL of Receipts This Page (optional) ----> $250.63

TOTAL This Period (last page this line number only) ----->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McMAHAN, GARY D. 1506 SOUTH SEA BREEZE TRAIL VIRGINIA BEACH, VA 23452	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEAGHER, WILLIAM P. 3200 NORTH WOODRIDGE RD. BIRMINGHAM, AL 35223	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
C. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEEM, MOLLY GAYLE 28 LEXINGTON ROAD RICHMOND, VA 23226	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$21.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	252.00	
D. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRINGS, MD 20901	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$416.66
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	4,999.92	
E. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
METZMAN, ERIC A. 13959 HIGHLAND ROAD CLARKSVILLE, D 21029	Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	350.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, JAMES E. 334 INVERNESS LANE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: EXECUTIVE VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$166.67
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	2,000.04	
G. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, MICHAEL L. 24 DURHAM ROAD WHITE PLAINS, NY 10605	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	515.00	

SUBTOTAL of Receipts This Page (optional) ----> $624.33

TOTAL This Period (last page this line number only) ---->

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MILROY, HENRY 52 WELLESLEY DRIVE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	600.00	
B. MOORE, MICHAEL D. 7070 ROYALGREEN DRIVE CINCINNATI, OH 45244	Massachusetts Mutual Life Insurance Company GENERAL AGENT	12/27/95	$83.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	714.00	
C. MORAN, ROBERT F. 625 W. MADISON STREET, APT 3412 CHICAGO, IL 60606	Massachusetts Mutual Life Insurance Company REGIONAL SALES DIRECTOR	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.96	
D. MORRISON, RICHARD C. 6 HICKORY HILL WEST SPRINGFIELD, MA 01089	Massachusetts Mutual Life Insurance Company VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	425.00	
E. MOSES, SCOTT P.O. BOX 2368 HUNTINGTON, WV 25724	Member of Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
F. MOSHER, HAROLD K. 2727 WEST BLUFF #105 FRESNO, CA 93711	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
G. MOYER, JOSEPH W. 120 NORTHWOODS BLVD. W. WORTHINGTON, OH 43235	Member of Massachusetts Mutual Life Insurance Company AGENT	12/27/95	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	550.00	

SUBTOTAL of Receipts This Page (optional) ..... > $183.33

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MULLEN, EDWARD F. 12 AUBURN STREET CONCORD, NH 03301	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$63.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 756.00		
B. MUSE, CHARLES F. 2 SUNSET ROCK ROAD WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 425.04		
C. NAUGHTON, JOHN M. 75 CHURCHILL DRIVE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: EXECUTIVE VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$166.66
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 1,999.92		
D. NICELY, JAMES R. 2917 ROSEWOOD LANE OKLAHOMA CITY, OK 73120	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 240.00		
E. NOLAN, DICK 27 GATEHOUSE ROAD BEDMINSTER, NJ 07921	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
F. OCONNOR, MICHAEL P. 23 BR DLE PATH ROAD SPRINGFIELD, MA 01118	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 420.00		
G. ODOM, FARRELL D. 203 PRINZ DRIVE SAN ANTONIO, TX 78213	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		

SUBTOTAL of Receipts This Page (optional) ..... > $320.08

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

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

Full Name, Mailing Address and Zip Code	Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. OLSHAN, SAMUEL R. 122 ASCAN AVE. FOREST HILL, NY 11375	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
B. OMAN, STEPHEN 35309 BOBCEAN AVENUE FRASER, MI 48026	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 249.96		
C. O'ROURKE, PATRICK J. 380 KNIGHT WAY LA CANADA, CA 91011	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 249.96		
D. ORPHAN, NICHOLAS J. 7420 PRINCETON TRACE ATLANTA, GA 30328	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 425.00		
E. OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01106	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$60.42
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 700.03		
F. OTWELL, JAMES WOODARD 3507 REDINGTON DRIVE GREENSBORO, NC 27410	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
G. OWENS, WILLIAM E. 208 CONVENTION DRIVE VIRGINIA BEACH, VA 23462	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 240.00		

SUBTOTAL of Receipts This Page (optional) ..... > $122.08

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

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PACZKOWSKI, DONALD P. 25 FOREST GLENN ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	999.96	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAIGE, KENNETH RAY 1527 MONTEVAL PLACE SAN JOSE, CA 95120	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$80.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	590.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAJAK, JOHN 31 MARYLAND AVE CHICOPEE FALLS, MA 01020	Massachusetts Mutual Life Insurance Company Occupation: EXECUTIVE VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$166.67
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	2,000.04	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PALAMAR, JOHN 8210 BIGALOW COMMONS ENFIELD, CT 06082	Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	420.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PALMER, WILLIAM 21 MALIBU LANGUNA NIGUEL, CA 92677	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PALMIERI, JOHN L. 10 OLDE GREENHOUSE LANE MADISON, NJ 07940	Massachusetts Mutual Life Insurance Company Occupation: REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$27.08
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	324.96	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
PANTOZZI, JOSEPH S. 2915 CANDELARIA HENDERSON, NV 89014	Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	240.00	

SUBTOTAL of Receipts This Page (optional)....>	$392.08
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. PARISI, VINCENT A. 7 SOUTH PARK COURT HOLMDEL, NJ 07733	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. PARKINSON, HOWARD E. 2975 FIELDSTREAM LANE IDAHO FALLS, ID 83404	Member of Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. PETRINI, LEO V. 1832 VALECROFT AVE. WESTLAKE VILLAGE, CA 91361	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. PISE, MICHAEL 93 BONNERVILLE AVE CHICOPEE, MA 01013	Massachusetts Mutual Life Insurance Company SENIOR COMPLIANCE CONSULT	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.96	
E. POLVERINI, LEO J. JR 81 CONCORD ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	425.04	
F. POULIOT, ROBERT G. 12 BRIARCLIFF DRIVE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.41
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	424.92	
G. PUGH, RURVIN E. 8 EASTWOOD DRIVE WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company REGIONAL VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	425.00	

SUBTOTAL of Receipts This Page (optional)....> $91.66

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code QUINN, JOSEPH M. JR. 79 WOODRIDGE ROAD WESTWOOD, MA 02090	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL SALES DIRECTOR	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.96	
B. Full Name, Mailing Address and Zip Code QUINSON, LUC PIERRE 8 VANDERBURGH AVE. LARCHMONT, NY 10538	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. Full Name, Mailing Address and Zip Code RACIOPPO, FRANK J. JR 137 GREENBRIER MORAGA, CA 94556	Name of Employer Massachusetts Mutual Life Insurance Company Occupation DIRECTOR OF NAT'L ACCOUNT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.96	
D. Full Name, Mailing Address and Zip Code RAGSDALE, OLIN B. 1658 WEILER BOULEVARD FORT WORTH, TX 76112	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
E. Full Name, Mailing Address and Zip Code RAINS, BOBBY L. 3705 68TH STREET LUBBOCK, TX 79413	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
F. Full Name, Mailing Address and Zip Code REESE, WAYNE 376 SADDLER ROAD BAY VILLAGE, OH 44140	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL SALES DIRECTOR	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.96	
G. Full Name, Mailing Address and Zip Code REPPERT, MIKE 15712 GREENSIDE DRIVE DALLAS, TX 75252	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	

SUBTOTAL of Receipts This Page (optional)....> $137.49

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REVELLO, CHARLES 490 DUNDEE DRIVE BLUE BELL, PA 19422	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.41
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	424.92	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REYHONS, DENNIS 8 CANTERBURY LANE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	425.04	
C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
REYNOLDS, JOE J. 2104 VICKSBURG LUBBOCK, TX 79407	Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDSON, JOHN R. 2881 CRAVEY DRIVE ATLANTA, GA 30345	Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDS, BRUCE C. 12202 NE 31st PLACE BELLEVUE, WA 98005-1500	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
RIDDLE, BRUCE T. 7319 EAST 64TH STREET TULSA, OK 74133	Massachusetts Mutual Life Insurance Company Occupation AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGAN, THOMAS JR 42 RIDGE ROAD EAST LONGMEADOW, MA 01028	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	300.00	

SUBTOTAL of Receipts This Page (optional)----> $170.83

TOTAL This Period (last page this line number only)---->

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ROGENESS, DEAN A. 22 WARREN TERRACE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 424.92	MONTHLY PAYROLL DEDUCTION	$35.41
B. ROGERS, WILLIAM J. II 300 JUPITER HILLS DRIVE DULUTH, GA 30136 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 760.00	Date (month, day, year)	Amount of Each Receipt this Period
C. ROOKS, DEBORAH G. 14745 S.E. 117TH AVE. CLAKAMAS, OR 97015 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
D. ROSEN, GLENN A. 111 BUFORD PLACE MACON, GA 31204 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of: Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
E. ROTHBERG, MICHAEL G. 20 CAYUGA AVE DEER PARK, NY 11729 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of: Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
F. RUANE, THOMAS M. JR 1406 STRATFORD WICHITA, KS 67206 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 828.00	Date (month, day, year): 12/27/95	Amount of Each Receipt this Period: $69.00
G. RUSSELL, GEORGE M. 5874 REDFEARN COVE MEMPHIS, TN 38119 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ---->	$104.41
TOTAL This Period (last page this line number only) ---->	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code RYAN EDMOND F. 19 QUINNEHTUK ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	699.96	
B. Full Name, Mailing Address and Zip Code SACHS, NATHAN S. 10800 EAST CACTUS #31 SCOTTSDALE, AZ 85259	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	240.00	
C. Full Name, Mailing Address and Zip Code SALERNO, DAVID SOMERSET LANE RFD #1 SOMERS, CT 06071	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	424.92	
D. Full Name, Mailing Address and Zip Code SALVO, SALVADORE R. 8 SPRING LANE WARREN, NJ 07060	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code SCHERR, MICHAEL J. 1817 WILHELMINA RISE HONOLULU, HI 96816	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
F. Full Name, Mailing Address and Zip Code SCHIEFELBEIN, ALLEN H. 11 BONNIE BRAE HINSDALE, IL 60521	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
G. Full Name, Mailing Address and Zip Code SCHINER, BRIAN A. 11215 LOCKWOOD DRIVE SILVER SPRING, MD 20901	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	350.00	

SUBTOTAL of Receipts This Page (optional) ....>	$113.74
TOTAL This Period (last page this line number only) ....>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SCHINKE, THOMAS C. 2864 OSMUNDSEN ROAD MADISON, WI 53711	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
B. SCHULMAN, DAVID B. 10160 SOUTHWEST 3RD STREET PLANTATION, FL 33324	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,000.00	
C. SCHULTE, PETER L. 8589 135TH COURT WEST APPLE VALLEY, MN 55124	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
D. SEYMOUR, DALE J. 2401 WEALDSTONE ROAD TOLEDO, OH 43617	Massachusetts Mutual Life Insurance Company GENERAL AGENT	12/27/95	$56.66
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	799.92	
E. SHERROD, JOE BILL 2213 SOUTH BONHAM AMARILLO, TX 79102	Member of Massachusetts Mutual Life Insurance Company AGENT	12/27/95	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	240.00	
F. SHUTE, TY W. 13422 CAMINITO CARMEL DEL MAR, CA 92014	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
G. SILVERMAN, MARC A. 5770 S.W. 128th STREET MIAMI, FL 33156	Member of Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

SUBTOTAL of Receipts This Page (optional)---------->	$86.66
TOTAL This Period (last page this line number only)---------->	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code SLAVUTIN, DEBRA C. 321 WEST 78TH ST., APT 5-A NEW YORK, NY 10024 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code SLAVUTIN, LEE MD 321 WEST 78TH ST., APT 5-A NEW YORK, NY 10024 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code SMITH, KIRTLAND G. 4822 118TH AVE NE KIRKLAND, WA 98033 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code SMITH, ROBERT M. 1487 SOUTH CREST DRIVE LOS ANGELES, CA 90035 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 220.00	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $20.00
E. Full Name, Mailing Address and Zip Code SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07054 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code SPERRY, MARGARET 97 SESSIONS DRIVE HAMPDEN, MA 01036 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 700.03	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $80.23
G. Full Name, Mailing Address and Zip Code SPURGEON, EUGENE M. 8301 BRENTMOOR WICHITA, KS 67206 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)---->	$80.23
TOTAL This Period (last page this line number only)---->	

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SCHEDULE A **ITEMIZED RECEIPTS** (Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code SQUIRES, STEPHEN 325 SHARPE LANE ALPHARETTA, GA 30203 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL MANAGER Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code STAMANT, JEANNE M. 214 WOODBROOK TERRACE WEST SPRINGFIELD, MA 01089 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 425.04	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
C. Full Name, Mailing Address and Zip Code STARR, JON M. 490 E. MAIN STREET W. HANISON, NY 10604 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code STEGER, JOHN E. 1982 OAK KNULL DRIVE WHITE BEAR LAKE, MN 55110 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code STEPHENS, JOHN W. JR 469 MALL BOULEVARD, #71 SAVANNAH, GA 31416 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code STERN, INA O. 525 EAST 80TH STREET NEW YORK, NY 10028 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code ST. CLAIR, THOMAS J. 11221B LOCKWOOD DRIVE SILVERSPRING, MD 20901 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 350.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)....>			$35.42
TOTAL This Period (last page this line number only)....>			

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code SUDDETH, STEVE M. 4851 LBJ FWY., LB 48 DALLAS, TEXAS 75244	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
B. Full Name, Mailing Address and Zip Code SULLIVAN, MICHAEL 6488 PALISADES DRIVE CENTREVILLE, VA 22020	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL GROUP MANAGER	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	209.30	
C. Full Name, Mailing Address and Zip Code SULLIVAN, MICHELLE 5065 POWERS FERRY ROAD ATLANTA, GA 30327	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL GROUP MANAGER	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	249.98	
D. Full Name, Mailing Address and Zip Code SUNDBERG, DAVID C. 3320 DURADO CT. LINCOLN, NE 68520	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
E. Full Name, Mailing Address and Zip Code SWANSON, CHARLES S. 6283 COMMON OAKS CT #101 MEMPHIS, TN 38120	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	366.63	
F. Full Name, Mailing Address and Zip Code TAYLOR, FRANKLIN J. 5062 RANCHITO AVENUE SHERMAN OAKS, CA 91403	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
G. Full Name, Mailing Address and Zip Code THOMPSON, ROBERT D. III 2333 - 50TH STREET LUBBOCK, TX 79412	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional)....> $20.83

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code TINDALL, WILLIAM L. 312 ARDSLEY ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	999.96	
B. Full Name, Mailing Address and Zip Code TISUE, PHIL E. 5400 WOODLAND AVE DES MOINES, IA 50312	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $62.50
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
C. Full Name, Mailing Address and Zip Code TOMCZAK, LAWRENCE M. 1025 BROOKLEY BOULEVARD TOLEDO, OH 43607	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
D. Full Name, Mailing Address and Zip Code TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	550.00	
E. Full Name, Mailing Address and Zip Code TYRRELL, GENE S. 1867 SOUTHPORT DRIVE RIVERSIDE,CA 92506	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 12/27/95	Amount of Each Receipt this Period $50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	600.00	
F. Full Name, Mailing Address and Zip Code VAN BENSCHOTEN, RICK 345 EAST 93RD ST., APT 16G NEW YORK, NY 10128	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code VAN HOUTEN, JAMES A. 5229 E. FANFOL DRIVE PARADISE VALLEY, AZ 85253	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

SUBTOTAL of Receipts This Page (optional) ..... > $270.83

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

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. VANDERVEEN, MICHAEL 249 REGAL COURT S.W. GRANDVILLE, MI 49418 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		
B. VISSER, PAUL C. 1601 BROOKWOOD DRIVE FLINT, MI 48502 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 360.00	12/27/95	$30.00
C. WALCOTT, EUSTIS 297 ARDSLEY ROAD LONGMEADOW, MA 01106 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 925.00	12/14/95	$500.00
D. WALDRON, NEIL 86 PEARL STREET APT. 2D SPRINGFIELD, MA 01105 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date ---->$ 999.96	MONTHLY PAYROLL DEDUCTION	$83.33
E. WARING, THOMAS H. JR 7150 COMBS DRIVE HAMBURG, NY 14075 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date ---->$ 650.00		
F. WATSON, KENNETH R. 63 BURNING TREE ROAD GREENWICH, CT 06830 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00		
G. WEAVER, MICHAEL C. 10223 SHADY RIVER DRIVE HOUSTON, TX 77042 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: REGIONAL GROUP MANAGER Aggregate Year-to-Date ---->$ 249.96	MONTHLY PAYROLL DEDUCTION	$20.83

SUBTOTAL of Receipts This Page (optional) ----> $834.16

TOTAL This Period (last page this line number only) ---->

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. WEBSTER, JAMES M. JR 6912 CHARLESMEAD ROAD BALTIMORE, MD 21212	Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 500.00		
B. WEISS, LAWRENCE A. 2 BUSCHER CT BROOKHAVEN, NY 11719	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
C. WENDLANDT, GARY E. 55 SCULLY ROAD SOMMERS, CT 06071	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$166.66
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 1,999.92		
D. WHEELER, THOMAS 288 PARK DRIVE SPRINGFIELD, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: PRESIDENT	MONTHLY PAYROLL DEDUCTION	$83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 999.96		
E. WHIPPLE, CHARLES J. III 947 FROG HOLLOW TERRACE RYDAL, PA 19046	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 650.00		
F. WIENKEN, GARY 649 CRANDALL DRIVE STATE COLLEGE, PA 16803	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
G. WILKINSON, THOMAS L. 6217 SOUTH 150TH STREET OMAHA, NE 68114	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT	12/27/95	$63.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 630.00		

SUBTOTAL of Receipts This Page (optional) ..... > $312.99

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

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WILLARD, JOE 1006 EAST 67th ST. SOUTH, #1413 TULSA, OK 74136	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 2,000.00		
B. WILLIAMS, RICHARD 8514 139TH AVE, NE REDMOND, WA 98052	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 300.00		
C. WILSON, HAMLINE C. JR MILRIDGE ROAD SOMERS, CT 06071	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.41
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 424.92		
D. WILSON, J HAWLEY JR. 7414 COUNTRY CLUB OKLAHOMA CITY, OK 73116	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 350.00		
E. WILSON, MARY E. 7 BIRCH STREET WILBRAHAM, MA 01095	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VP & MANAGING DIRECTOR	12/7/95	$700.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 700.00		
F. WILSON, WALTER G. 2225 DEVONSHIRE HOUSTON, TX 77019	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
G. WUNDERLICH, KARL A. 1336 CHERRY LANE NEENAH, WI 54956	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT	12/27/95	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 300.00		

SUBTOTAL of Receipts This Page (optional)....>	$785.41
TOTAL This Period (last page this line number only)....>	

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

FOR LINE NUMBER 11a(i)

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

Full Name, Mailing Address and Zip Code	Member of / Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. YOUNG, SYLVIA C. 1610 ENGLAND AVE. EVERITT, WA 98203 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation: AGENT Aggregate Year-to-Date —>$ 250.00		
B. ZOR, DAVID 28 SYLVESTER AVE. WEBSTER GROVES, MO 63119 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: REGIONAL GROUP MANAGER Aggregate Year-to-Date —>$ 249.96	MONTHLY PAYROLL DEDUCTION	$20.83
C. ZUMMO, PETER 8 SOMERSET LANE SIMSBURY, CT 06070 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation: VICE PRESIDENT Aggregate Year-to-Date —>$ 510.00	MONTHLY PAYROLL DEDUCTION	$42.50
D. Full Name, Mailing Address and Zip Code Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer: Massachusetts Mutual Life Insurance Company Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... > $63.33

TOTAL This Period (last page this line number only) ..... > $12,146.64

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SCHEDULE A **ITEMIZED RECEIPTS**
(Other Receipts - Interest Earned)

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Interest on Savings Account	12/31/95	$1.59
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$ 159.75		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date ---->$		

SUBTOTAL of Receipts This Page (optional) ---->	$1.59
TOTAL This Period (last page this line number only) ---->	$1.59

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SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Other Federal Operating Expenditures)

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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

A. Full Name, Mailing Address and Zip Code Shawmut Bank, CT Commercial Loan/Mortgage Department P.O. Box 30911 Hartford, CT 06150	Purpose of Disbursement Interest Payment Incurred on Loan Disbursement for: Primary General X Other (specify) NA	Date (month, day, year) 12/28/95	Amount of Each Disbursement this Period $111.77
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional) ..... >	$111.77
TOTAL This Period (last page this line number only) ..... >	$111.77

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SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CHRISTENSEN FOR CONGRESS P.O. BOX 540621 OMAHA, NE 68154-0621	CONTRIBUTION - HOUSE 2ND NE - 11/96 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/04/95	$2,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTE 430 SOUTH CAPITOL STREET, SE WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	12/01/95	$5,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL STREET, S.E. WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	12/01/95	$5,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN BOEHNER 7906 CINCINNATI-DAYTON RD. SUITE I WEST CHESTER, OH 45069	CONTRIBUTION - HOUSE OH 8TH - 11/96 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/06/95	$500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GORDON SMITH FOR U.S. SENATE 5285 S.W. MOWS., RD STE 181 LAKE OSWAGO, OR 97035	CONTRIBUTION - SENATE OR - 11/02 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/20/95	$1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
KAPTUR FOR CONGRESS P.O. BOX 899 TOLEDO, OH 43691	CONTRIBUTION - HOUSE 9th OH - 11/94 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/19/95	$1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
LATHAM FOR CONGRESS 4310 46TH STREET SIOUX CITY, IA 51108	CONTRIBUTION - HOUSE IA 5TH - 11/96 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/28/95	$1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NUSSLE FOR CONGRESS COMMITTEE 4010 FRANCONIA RD ALEXANDRIA, VA 22310-2136	CONTRIBUTION - HOUSE 2nd IA - 11/96 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/20/95	$500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SANDERS FOR SENATE P.O. BOX 10470 RALEIGH, NC 27605-0470	CONTRIBUTION - SENATE NC - 11/02 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/12/95	$100.00

SUBTOTAL of Receipts This Page (optional) ..... > $16,100.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 2 OF 2
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. SANDERS FOR SENATE P.O. BOX 10470 RALEIGH, NC 27605-0470	CONTRIBUTION - SENATE NC - 11/02 Disbursement for: X Primary General Other (specify)	12/13/95	$1,000.00
B. THE REED COMMITTEE P.O. BOX 8628 CRANSTON, RI 02920	CONTRIBUTION - HOUSE 2nd RI - 11/96 Disbursement for: X Primary General Other (specify)	12/12/95	$1,000.00
C. TOM CAMPBELL FOR CONGRESS 282 SAN CLEMENTE ROAD EL GRANADA, CA 94018	CONTRIBUTION - HOUSE 15th CA - 11/96 Disbursement for: X Primary General Other (specify)	12/08/95	$1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional) ..... >	$3,000.00
TOTAL This Period (last page this line number only) ..... >	$19,100.00

9 6 0 3 0 1 5 4 6 1

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 Pages 10
Use separate schedules for each category

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

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Shawmut Bank Connecticut 777 Main Street, MSN 250 Hartford, CT 06115	$15,000.00	- 0 -	$15,000.00

Election: ☐ Primary ☐ General ☐ Other (specify)
Terms: Date Incurred 9/30/92 Date Due on demand Interest Rate Base Rate % (Base) = 8.5% ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify)
Terms: Date Incurred Date Due Interest Rate % (Base) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

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

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

9 6 0 3 0 1 5 4 6 1 6

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-19-96
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MM — PREPARER

1-22-96 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 1 5 4 6 1 7