

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Massachusetts Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Bruce C. Frisbie

Signature of Treasurer Mr. Bruce C. Frisbie [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		140099.03
(b) Cash on Hand at Beginning of Reporting Period.....	127897.05	
(c) Total Receipts (from Line 19) .....	40995.22	428000.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168892.27	568099.13
7. Total Disbursements (from Line 31).....	86233.78	485440.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	82658.49	82658.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29246.13	297384.90
(ii) Unitemized .....	10400.38	127444.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39646.51	424829.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	39646.51	424829.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1309.37	2896.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	39.34	274.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40995.22	428000.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40995.22	428000.10

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	282.30	4518.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	282.30	4518.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86000.00	479500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	-48.52	1141.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-48.52	1141.99
29. Other Disbursements .....	0.00	280.43
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86233.78	485440.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86233.78	485440.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39646.51	424829.44
34. Total Contribution Refunds (from Line 28(d)) .....	-48.52	1141.99
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39695.03	423687.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	282.30	4518.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1309.37	2896.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1027.07	1622.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. GEORGE S. KINIGOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3028 SENECA CHIEF TRL  
 City ELLICOTT CITY State MD Zip Code 21042-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 20066814**  
 Amount of Each Receipt this Period 111.12

**B. FRANKLIN J. TAYLOR CLU, ChFC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5062 RANCHITO AVE  
 City SHERMAN OAKS State CA Zip Code 91423-1226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 60609846**  
 Amount of Each Receipt this Period 300.00

**C. BRUCE A. DEBOER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6839 RIDGEWOOD TRL  
 City TOLEDO State OH Zip Code 43617-1181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 60610038**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 611.12  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HOWARD B. COWAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 941 PARK AVE APT 8B

City NEW YORK	State NY	Zip Code 10028-0318
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation INSURANCE AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2014

**Transaction ID : 60623606**

Amount of Each Receipt this Period  
500.00

**B. JAMES W. TOTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 BIRCHWOOD RD

City JAMESBURG	State NJ	Zip Code 08831-1323
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation INSURANCE AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2014

**Transaction ID : 60623608**

Amount of Each Receipt this Period  
300.00

**C. DANIEL A. HENLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 288 SE 4TH AVE

City POMPANO BEACH	State FL	Zip Code 33060-7132
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation INSURANCE AGENT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2014

**Transaction ID : 60623647**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Massachusetts Mutual Life Insurance Company Political Action Committee**

**A. TERRY L. WESTLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11517 HIGH DR  
 City LEAWOOD State KS Zip Code 66211-3082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : 61021575**  
 Amount of Each Receipt this Period  
 300.00

**B. MICHAEL J. ZAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 HACKNEY RD  
 City WESTON State FL Zip Code 33331-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : 61030772**  
 Amount of Each Receipt this Period  
 1000.00

**C. KEVEN P. PRATHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10761 CLARK RD  
 City CHARDON State OH Zip Code 44024-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : 61030984**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TIMOTHY M. LUDWIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 PARTRIDGE RUN

City EAST GREENWICH State RI Zip Code 02818-1141

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 61031003**

Amount of Each Receipt this Period  
 1000.00

**B. DAVID C. SUNDBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 6200 ROLLING HILLS BLVD

City LINCOLN State NE Zip Code 68512-1855

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 61031005**

Amount of Each Receipt this Period  
 300.00

**C. GERALD J. RADICAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 43831 KITTIWAKE DR

City LANSLOWNE State VA Zip Code 20176-1635

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 61031007**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. ALLEN W. CARR**

Mailing Address 141 LONGENECKER LN

City MIDDLETOWN State PA Zip Code 17057-3060

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 61033384**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. JAMES M. HASLEY**

Mailing Address 109 CREEKWOOD CT

City LONGWOOD State FL Zip Code 32779-3358

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : 61036013**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. GORDON M. KIMPEL**

Mailing Address 10161 CASTLEWOOD LN

City OAKTON State VA Zip Code 22124-3026

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : 61037220**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS H. WARING Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3815 HAMPTON BROOK DR

City HAMBURG State NY Zip Code 14075-6334

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : 61037235**

Amount of Each Receipt this Period 800.00

**B. DONALD G. SCULLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 11133 S LAKESIDE OAKS AVE

City BATON ROUGE State LA Zip Code 70810-3068

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.80

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 61252302**

Amount of Each Receipt this Period 166.70

**C. DANIEL J. SHANAHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8412 NORMAN ESTATES WAY

City RALEIGH State NC Zip Code 27613-5963

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.06

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 61252304**

Amount of Each Receipt this Period 41.70

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1008.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERNARD T. GARRAH**  
Full Name (Last, First, Middle Initial)

Mailing Address 32651 GREYSTONE CIR

City AVON LAKE State OH Zip Code 44012-3330

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 61252305**

Amount of Each Receipt this Period 125.00

**B. KENT L. WYSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3359 MARVIN DR

City ADRIAN State MI Zip Code 49221-9290

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 61252312**

Amount of Each Receipt this Period 50.00

**C. TIMOTHY DANIELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8151 LA RUE LN

City OOLTEWAH State TN Zip Code 37363-6679

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 61252313**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SYLVIA C. YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9211 63RD PL W

City MUKILTEO State WA Zip Code 98275-3531

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.02

Date of Receipt 07 / 22 / 2014

Transaction ID : **61252315**

Amount of Each Receipt this Period 66.67

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

Mailing Address 3 VALLEY VIEW DR

City WILBRAHAM State MA Zip Code 01095-2363

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - RS SALES & WORKSITE EDUCATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014

Transaction ID : **PR1120474534687**

Amount of Each Receipt this Period 53.84

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

**C. MS. SUSAN J SCANLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 JUDITH DR

City MANCHESTER State CT Zip Code 06040-6517

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.23

Date of Receipt 07 / 31 / 2014

Transaction ID : **PR1120474934687**

Amount of Each Receipt this Period 77.78

P/R Deduction (\$38.89 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 198.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. MARK ROELLIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 COBTAIL WAY

City SIMSBURY State CT Zip Code 06070-2530

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1120475434687**

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

**B. ANDREW W. TODD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8374 LABONT WAY

City EDEN PRAIRIE State MN Zip Code 55344-4305

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1135598734687**

Amount of Each Receipt this Period 125.00

P/R Deduction (\$160.60 Bi-Weekly)

**C. MS. DEBRA PALERMINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 RIDGE RD

City BRISTOL State CT Zip Code 06010-7362

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1156272834687**

Amount of Each Receipt this Period 192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 701.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. KELLY A TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 BLUEBIRD DR

City ENFIELD State CT Zip Code 06082-5703

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation TRAVEL MANAGEMENT DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1156279234687**

Amount of Each Receipt this Period 30.76

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

**B. MR. WILLIAM E BARTOL**  
Full Name (Last, First, Middle Initial)

Mailing Address 650 DEEP RIVER RD

City COLCHESTER State CT Zip Code 06415-1902

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1264213334687**

Amount of Each Receipt this Period 30.76

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

**C. MS. ALETHEA O'DONNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 172 SNELL ST

City AMHERST State MA Zip Code 01002-2556

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 404.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1285752334687**

Amount of Each Receipt this Period 53.90

P/R Deduction (\$26.95 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR. BRADLEY LUCIDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 ROSEWOOD DR  
 City SUFFIELD State CT Zip Code 06078-2014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP CHIEF COMPLIANCE OFF & DEP GEN C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1285753934687**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. MR. JOHN PHILLIPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 MENDON RD  
 City SUTTON State MA Zip Code 01590-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1285754134687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. JEFFREY T PRINCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 HILLSIDE RD  
 City NORTHAMPTON State MA Zip Code 01060-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1334223434687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 323.06  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. PHILIP S WELLMAN</b>		Date of Receipt
Mailing Address 150 N BEACON ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
HARTFORD	CT	06105-2247
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR1342766134687</b>
MASSACHUSETTS MUTUAL LIFE INS.	VP & CHIEF COMP OFFICER INST. FUNDS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="403.80"/>	<input type="text" value="53.84"/>
		P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MR. GREGORY E DEAVENS</b>		Date of Receipt
Mailing Address 10 HENLEY COMMONS		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
FARMINGTON	CT	06032-1553
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR1342771934687</b>
MASSACHUSETTS MUTUAL LIFE INS.	SENIOR VICE PRESIDENT & CONTROLLER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1154.25"/>	<input type="text" value="153.90"/>
		P/R Deduction (\$76.95 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN W CHANDLER</b>		Date of Receipt
Mailing Address 118 COLONY RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
LONGMEADOW	MA	01106-1216
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>PR1355574334687</b>
MASSACHUSETTS MUTUAL LIFE INS.	SENIOR VICE PRESIDENT - MARKETING	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1154.25"/>	<input type="text" value="153.90"/>
		P/R Deduction (\$76.95 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="361.64"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. MICHAEL R FANNING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 COLONIAL AVE  
 City NORTH ANDOVER State MA Zip Code 01845-6349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - U.S. INSURANCE GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1360837734687**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MR. HUGH BARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 PONDVIEW DR  
 City SPRINGFIELD State MA Zip Code 01118-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1386532034687**  
 Amount of Each Receipt this Period 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. MS. CHRISTINE PEASLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 CIDER MILL HTS  
 City NORTH GRANBY State CT Zip Code 06060-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP CORPORATE SECRETARY & COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1387601134687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.02  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. PAULA T RYAN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR1391580634687</b>
Mailing Address 28 BELDENWOOD RD		Amount of Each Receipt this Period 76.92
City SIMSBURY	State CT	Zip Code 06070-2145
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>B. DAVID GRODIN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR1417170834687</b>
Mailing Address 15134 ANDOVER ST		Amount of Each Receipt this Period 50.00
City SAN LEANDRO	State CA	Zip Code 94579-1752
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN VACCARO</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR1434639334687</b>
Mailing Address 18 ANNA MARIE LN		Amount of Each Receipt this Period 153.90
City E LONGMEADOW	State MA	Zip Code 01028-3018
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.95 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VP - SALES & DISTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.25	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID J COUTU</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 1 MELLISSA CIR			<b>Transaction ID : PR1479403834687</b>
City GREENVILLE	State RI	Zip Code 02828-1025	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) <b>B. MR. ROGER PUTNAM</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 8 THE GLADE			<b>Transaction ID : PR1479403934687</b>
City SIMSBURY	State CT	Zip Code 06070-1041	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT - OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1442.25		

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM D OBERG</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 99 POKANOKET LN			<b>Transaction ID : PR1479405034687</b>
City MARSHFIELD	State MA	Zip Code 02050-8238	Amount of Each Receipt this Period 76.94
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL MCKENZIE</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 10 WESTCHESTER DR		<b>Transaction ID : PR1491588234687</b>
City CANTON	State MA	Zip Code 02021-2449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT - RS OPERATION	P/R Deduction (\$38.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.50	

Full Name (Last, First, Middle Initial) <b>B. MR. DOUGLAS RUSSELL</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 347 N STEELE RD		<b>Transaction ID : PR1500908534687</b>
City WEST HARTFORD	State CT	Zip Code 06117-2232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.90
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP - STRATEGY AND CORP DEVELOPMEN	P/R Deduction (\$76.95 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.25	

Full Name (Last, First, Middle Initial) <b>C. MR. DOUGLAS S MORRIN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 24 DENNIS RD		<b>Transaction ID : PR1500913334687</b>
City LONGMEADOW	State MA	Zip Code 01106-2340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP & COUNSEL	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. JOHN M YOUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 LAMPERCOCK LN  
City LINCORN State RI Zip Code 02865-4201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1541043534687**  
Amount of Each Receipt this Period 53.84  
P/R Deduction (\$26.92 Bi-Weekly)

**B. MR. MARK VIVIANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 481 MAIN ST  
City WILBRAHAM State MA Zip Code 01095-1662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP INVESTMENT OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1541058534687**  
Amount of Each Receipt this Period 38.50  
P/R Deduction (\$19.25 Bi-Weekly)

**C. CARLOS HERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8600 SW 84TH AVE  
City MIAMI State FL Zip Code 33143-6912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 465.34

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1541766134687**  
Amount of Each Receipt this Period 66.66  
P/R Deduction (\$33.45 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 159.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. MARGEE D. MARTINEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11051 SW 46TH ST  
City MIAMI State FL Zip Code 33165-4732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271.01

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1541766434687**  
Amount of Each Receipt this Period 41.70  
P/R Deduction (\$22.71 Bi-Weekly)

**B. MS. TARYN LEONARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 MAGAZINE ST  
City CAMBRIDGE State MA Zip Code 02139-3909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 404.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1560527834687**  
Amount of Each Receipt this Period 53.90  
P/R Deduction (\$26.95 Bi-Weekly)

**C. MR. HUGH O'TOOLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 402 SUMMER HILL RD  
City MADISON State CT Zip Code 06443-1852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VP - SALES & CLIENT MANAGEMEN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1077.30

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1560531834687**  
Amount of Each Receipt this Period 76.95  
P/R Deduction (\$76.95 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	172.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. TODD PICKEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 HAMILTON LN  
City WEATOGUE State CT Zip Code 06089-9764  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORPORATE VICE PRESIDENT - TREASURY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **231.00**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1560539234687**  
Amount of Each Receipt this Period **30.80**  
P/R Deduction (\$15.40 Bi-Weekly)

**B. MS. RACHEL JAEGGI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 PINE ACRES DR  
City CANTON State CT Zip Code 06019-2134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **577.50**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1564484334687**  
Amount of Each Receipt this Period **77.00**  
P/R Deduction (\$38.50 Bi-Weekly)

**C. MR. KEVIN RASCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 FOX DEN RD  
City WEST SIMSBURY State CT Zip Code 06092-2217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSISTANT GENERAL COUNSEL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **865.50**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1569232334687**  
Amount of Each Receipt this Period **115.40**  
P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **223.20**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 25 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. ANNE-MARIE SZMYT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 GLENN DR  
 City State Zip Code  
 WILBRAHAM MA 01095-1439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - IT PROFESSIONAL SER  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1581875034687**  
 Amount of Each Receipt this Period  
 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. MR. DAMON BATES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 INGRAHAM RD  
 City State Zip Code  
 WELLESLEY MA 02482-6905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - MARKETING  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 403.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1581880034687**  
 Amount of Each Receipt this Period  
 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. GARETH ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 COTTAGE ST  
 City State Zip Code  
 AMHERST MA 01002-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VP - ADVANCED BUSINESS ANALYTICS  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1596854834687**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 169.26  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. KATHLEEN MA ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 LINCOLN RD  
 City State Zip Code  
 LONGMEADOW MA 01106-2641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. AVP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1596856934687**  
 Amount of Each Receipt this Period  
 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**B. MS. LORIE VALLE-YANEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 MOUNTAIN RD  
 City State Zip Code  
 WEST HARTFORD CT 06117-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - DIVERSITY & INCLUSION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1606911934687**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MR. HERBERT WI WHITAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 INDIAN FIELD RD  
 City State Zip Code  
 HEBRON CT 06248-1337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. AVP CHANGE LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR1606915934687**  
 Amount of Each Receipt this Period  
 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.18  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. KEVIN P SHERIDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 COUNTRY CLUB LN  
 City EAST GRANBY State CT Zip Code 06026-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - WORKSITE UNDERWRITING & ENROLL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1606916134687**  
 Amount of Each Receipt this Period **76.94**  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. MR. MICHAEL HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 CONE MEADOW CT  
 City WEST GRANBY State CT Zip Code 06090-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - IT EFFECTIVENESS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **404.25**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1606919134687**  
 Amount of Each Receipt this Period **53.90**  
 P/R Deduction (\$26.95 Bi-Weekly)

**C. MR. MICHAEL ELDREDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 COPPER VALLEY CT  
 City CHESHIRE State CT Zip Code 06410-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **272.23**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1645209234687**  
 Amount of Each Receipt this Period **77.78**  
 P/R Deduction (\$38.89 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **208.62**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. J SCOTT PALMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 DARTMOUTH LN

City State Zip Code  
E LONGMEADOW MA 01028-3105

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **577.50**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR1645210034687**

Amount of Each Receipt this Period  
**77.00**

P/R Deduction (\$38.50 Bi-Weekly)

**B. MR. SRINIVAS DRONAMRAJU**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 ALLEN RIDGE DR

City State Zip Code  
ELLINGTON CT 06029-3666

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SVP - ENTERPRISE INFORMATION RISK MC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **865.50**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR1645210234687**

Amount of Each Receipt this Period  
**115.40**

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

**C. BRAD SOMMA**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 INDIAN RD

City State Zip Code  
PORT CHESTER NY 10573-2222

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

Name of Employer Occupation  
SELF GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1534.80**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR1645254234687**

Amount of Each Receipt this Period  
**87.00**

P/R Deduction (\$222.24 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **279.40**

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

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

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

FOR LINE NUMBER: PAGE 29 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MATTHEW A. GRIFFITH**  
 Mailing Address 517 NW 156TH CIR  
 City State Zip Code  
 EDMOND OK 73013-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INSURANCE AGENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 466.62

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR1645265334687**  
 Amount of Each Receipt this Period  
 66.66  
 P/R Deduction (\$33.33 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MS. AMY LY FERRERO**  
 Mailing Address 42 STONEHILL RD  
 City State Zip Code  
 E LONGMEADOW MA 01028-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - CAPABILITY DELIVERY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 403.80

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR1663791234687**  
 Amount of Each Receipt this Period  
 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MS. HEATHER SMILEY**  
 Mailing Address 62 KENDALL HILL RD  
 City State Zip Code  
 STERLING MA 01564-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SVP - RS MARKETING & COMMUNICATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 865.50

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR1663792534687**  
 Amount of Each Receipt this Period  
 115.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MICHAEL J. SACHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1861 LINDSEY LN  
City CINCINNATI State OH Zip Code 45230-2198  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **488.92**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1672298134687**  
Amount of Each Receipt this Period **111.12**  
P/R Deduction (\$222.30 Monthly)

**B. MR. SCOTT BUFFINGTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 MARTINS COVE RD  
City HINGHAM State MA Zip Code 02043-1042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - RS NATIONAL SALES  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **577.50**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1688809834687**  
Amount of Each Receipt this Period **77.00**  
P/R Deduction (\$38.50 Bi-Weekly)

**C. MS. SANDRA SEARS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 GARDNER ST  
City MANCHESTER State CT Zip Code 06040-5625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP PROJECT MGMT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.75**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1702290334687**  
Amount of Each Receipt this Period **38.50**  
P/R Deduction (\$19.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **226.62**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ROBERT C. CARTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421 GREENFIELD AVE

City State Zip Code  
LOS ANGELES CA 90025-8017

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR1702305734687**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$75.00 Bi-Weekly)

**B. MS. JENNIFER ORZELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 WESTWOODS DR

City State Zip Code  
CANTON CT 06019-4500

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR1717732334687**

Amount of Each Receipt this Period  
76.92

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

**C. TIMOTHY D. STARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4402 POMONA RD

City State Zip Code  
DALLAS TX 75209-2824

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.15

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR1728061434687**

Amount of Each Receipt this Period  
117.66

P/R Deduction (\$69.52 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 344.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. WENDY BENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 270 ALLERTON COMMONS LN  
City BRAintree State MA Zip Code 02184-8248  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1728095734687**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$38.46 Bi-Weekly)

**B. BAVY U. LOPEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 ELIZA GLYNNE LN  
City KNOXVILLE State TN Zip Code 37931-3681  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1762108034687**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. MR. DONALD GRIFFITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46 PINEWOOD DR  
City LONGMEADOW State MA Zip Code 01106-1638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1779022334687**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>203.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. CHARLES DA TATRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 49 GEORGE ST  
City MENDON State MA Zip Code 01756-1139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & ACTUARY - PRODUCT DEVEL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1853990034687**  
Amount of Each Receipt this Period **76.94**  
P/R Deduction (\$38.47 Bi-Weekly)

**B. MR. RICHARD C MARTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 169 PENN DR  
City WEST HARTFORD State CT Zip Code 06119-1041  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ADVANCED MARKETS CONSULTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **230.70**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1857148934687**  
Amount of Each Receipt this Period **30.76**  
P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. DONALD L LEVI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6802 MINUTEMAN CIR  
City CRYSTAL LAKE State IL Zip Code 60012-3142  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SYSTEMS DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **231.00**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR1869386234687**  
Amount of Each Receipt this Period **30.80**  
P/R Deduction (\$15.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **138.50**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. JOHN FR KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 GREAT POND RD  
 City SIMSBURY State CT Zip Code 06070-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - DISTRIBUTION STRATEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1913873334687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MR. MELVIN TI CORBETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 MOUNTAIN SPRING RD  
 City FARMINGTON State CT Zip Code 06032-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF INVESTMENT OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2991.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1929995834687**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MS. CHRISTINE FREDERICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 EMERSON LN  
 City GRANBY State CT Zip Code 06035-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT - COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1934313134687**  
 Amount of Each Receipt this Period 57.70  
 P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 519.22  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DANIEL GOLDSMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1667 ARONA ST

City SAINT PAUL State MN Zip Code 55108-2351

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **812.50**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR1934322534687**

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$62.50 Bi-Weekly)

**B. MR. DOMINIC BLUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 EASTHAM LANE

City LONGMEADOW State MA Zip Code 01106-2342

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **403.80**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR1947062934687**

Amount of Each Receipt this Period **53.84**

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

**C. HARRY ARMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 863 REMSENS LN

City OYSTER BAY State NY Zip Code 11771-4508

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **271.01**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR1947068534687**

Amount of Each Receipt this Period **41.70**

P/R Deduction (\$22.71 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **220.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STEVEN E. CHICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 124 ELM ST  
City WILLIAMSTOWN State MA Zip Code 01267-2576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR1965200734687**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$27.27 Bi-Weekly)

**B. MR. IAN M FOWLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 CHEROKEE RD  
City LAKE FOREST State IL Zip Code 60045-3062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2006647534687**  
Amount of Each Receipt this Period 77.00  
P/R Deduction (\$38.50 Bi-Weekly)

**C. JOSHUA BACH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3101 PAR ST N  
City FARGO State ND Zip Code 58102-1731  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.86

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2006660434687**  
Amount of Each Receipt this Period 41.70  
P/R Deduction (\$20.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 168.70  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 37 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. TOMASZ ALEMANY ROJAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 GABLES BLVD  
 City WESTON State FL Zip Code 33326-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2008497834687**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. MR. MARC R BELLETSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 MOOSEHORN HILL RD  
 City WEST GRANBY State CT Zip Code 06090-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ADVANCED MARKETS CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2012004134687**  
 Amount of Each Receipt this Period 30.80  
 P/R Deduction (\$15.40 Bi-Weekly)

**C. MS. LOUISE PROVENZANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 WOLCOTT STREET  
 City BRISTOL State CT Zip Code 06010-6427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation MARKETING CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2030698634687**  
 Amount of Each Receipt this Period 30.80  
 P/R Deduction (\$15.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 111.60  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 38 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. LUIS O CONCEPCION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 HAWKS RIDGE  
 City AVON State CT Zip Code 06001-4417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP & COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2030723134687**  
 Amount of Each Receipt this Period 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. MR. WILLIAM T. ABRAMOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 TAFT ROAD  
 City HINSDALE State IL Zip Code 60521-4834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation REGIONAL SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2030743234687**  
 Amount of Each Receipt this Period 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. MS. RACHEL AY PARENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 PEMBROKE DR  
 City SUFFIELD State CT Zip Code 06078-2096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT PROGRAM MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2052377634687**  
 Amount of Each Receipt this Period 111.12  
 P/R Deduction (\$55.56 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 188.12  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. MICHAEL E HENDERLONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 BEAVER CREEK CT  
 City FAR HILLS State NJ Zip Code 07931-2594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2052379334687**  
 Amount of Each Receipt this Period 77.00  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. MS. SUSAN JE GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 SOMERSET LN  
 City SIMSBURY State CT Zip Code 06070-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - BUSINESS CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.45

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2076523934687**  
 Amount of Each Receipt this Period 166.70  
 P/R Deduction (\$83.35 Bi-Weekly)

**C. MR. SCOTT DA BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 479 CHESTNUT ST  
 City WABAN State MA Zip Code 02468-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 972.23

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR2166460234687**  
 Amount of Each Receipt this Period 277.78  
 P/R Deduction (\$138.89 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	521.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6500 ROCK SPRING DR

City State Zip Code  
BETHESDA MD 20817-1105

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2826.20

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR789845134687**

Amount of Each Receipt this Period  
434.80

P/R Deduction (\$217.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHE L. HEERDEGEN**

Mailing Address 6862 SECTION RD

City State Zip Code  
OTTAWA LAKE MI 49267-9551

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR789871334687**

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$27.27 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. COREY A. SCHNEIDER**

Mailing Address 20 STRATTON RD

City State Zip Code  
SCARSDALE NY 10583-7555

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1458.38

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR789873234687**

Amount of Each Receipt this Period  
208.34

P/R Deduction (\$104.17 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 693.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DONALD G. OLSEN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 709 JEFFERSON ST		<b>Transaction ID : PR789891834687</b>
City HANOVER	State IL	Zip Code 61041-9678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$6.82 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

Full Name (Last, First, Middle Initial) <b>B. IVAN C. HINRICHS</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 2418 LA MAISON DR		<b>Transaction ID : PR789935234687</b>
City CHARLOTTE	State NC	Zip Code 28226-6200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.70
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$20.82 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.88	

Full Name (Last, First, Middle Initial) <b>C. JAMES M. JENSEN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 7903 COPELAND RD		<b>Transaction ID : PR789937134687</b>
City ODESSA	State FL	Zip Code 33556-3261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JOHN C. SKOOG</b>		Date of Receipt
Mailing Address 4945 PINE LN		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR789968734687</b>
EAGAN	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="41.70"/>
	55123-4911	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.85 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.88"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN R. DEGEN</b>		Date of Receipt
Mailing Address 1231 W 66TH ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR789976834687</b>
KANSAS CITY	MO	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="50.00"/>
	64113-1805	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LYNN B. WESTBROOK Jr.</b>		Date of Receipt
Mailing Address 6412 E ONEIDA ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : PR790010434687</b>
WICHITA	KS	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="29.20"/>
	67206-1318	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.60 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="204.38"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.90"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 43 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. RICHARD P. VANBENSCHOTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 5TH AVE APT 3A  
 City NEW YORK State NY Zip Code 10065-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790069034687**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$41.67 Bi-Weekly)

**B. STEPHEN D. ESTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2177 NE 63RD ST  
 City FT LAUDERDALE State FL Zip Code 33308-1330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.62

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790109434687**  
 Amount of Each Receipt this Period 166.66  
 P/R Deduction (\$83.34 Bi-Weekly)

**C. TODD J. MCDONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 EAGLE RIDGE DR  
 City TROY State NY Zip Code 12180-7167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790131834687**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$88.55 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. W G MC PHERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1276 PARNELL AVE NE

City State Zip Code  
LOWELL MI 49331-9768

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.00

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790135534687**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. MR. ALAN L BLAIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 SHADY DELL LN

City State Zip Code  
SOMERS CT 06071-2136

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
403.80

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790151834687**

Amount of Each Receipt this Period  
53.84

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

**C. MR. ALAN KULIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 WILDWOOD LN

City State Zip Code  
WILBRAHAM MA 01095-2660

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790158834687**

Amount of Each Receipt this Period  
30.76

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR. ANDREW C DICKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1183 LONGMEADOW ST  
 City LONGMEADOW State MA Zip Code 01106-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & DEPUTY CHIEF INVESTMENT OFFIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1154.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790159334687**  
 Amount of Each Receipt this Period 153.90  
 P/R Deduction (\$76.95 Bi-Weekly)

**B. MR. ANDREW C WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 SUNSET BEACH RD  
 City BRANFORD State CT Zip Code 06405-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790159634687**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MR. BRIAN J PRAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 ELLINGTON ST  
 City LONGMEADOW State MA Zip Code 01106-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP & ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790165934687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	223.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. CAROL A DUBE</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 8 PLAIN ST		<b>Transaction ID : PR790171634687</b>
City EASTHAMPTON	State MA	Zip Code 01027-2610
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT - FINANCIAL REPORTING	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) <b>B. MR. CHRISTOPHER K KINNON</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 2415 MANHATTAN AVE		<b>Transaction ID : PR790183834687</b>
City HERMOSA BEACH	State CA	Zip Code 90254-2542
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.76
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) <b>C. MR. CLIFFORD M NOREEN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 95 BENT TREE DR		<b>Transaction ID : PR790184134687</b>
City E LONGMEADOW	State MA	Zip Code 01028-1365
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 192.32
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$96.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1442.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. CRAIG WADDINGTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 SPRING MEADOW DR  
City GRANBY State CT Zip Code 06035-1327  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & ACTUARY  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790184534687**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$38.46 Bi-Weekly)

**B. MR. DAVID J ECHEVERRIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 FARMINGTON AVE  
City LONGMEADOW State MA Zip Code 01106-1433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **403.80**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790188634687**  
Amount of Each Receipt this Period **53.84**  
P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. DAVID D WHARMBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 VERPLANK AVE  
City STAMFORD State CT Zip Code 06902-8216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790192634687**  
Amount of Each Receipt this Period **76.92**  
P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 JOSHUA DR

City WEST SIMSBURY State CT Zip Code 06092-2124

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1154.25**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR790206334687**

Amount of Each Receipt this Period **153.90**

P/R Deduction (\$76.95 Bi-Weekly)

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

Mailing Address 46 DWIGHT ST

City BOSTON State MA Zip Code 02118-3662

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.70**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR790206634687**

Amount of Each Receipt this Period **30.76**

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

**C. MR. DONALD J PHELAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 HAMMERSMITH

City AVON State CT Zip Code 06001-2915

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.80**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR790207834687**

Amount of Each Receipt this Period **53.84**

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

**SUBTOTAL** of Receipts This Page (optional)..... **238.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EDWARD D YOUMELL</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 15 KENSINGTON DR		<b>Transaction ID : PR790209534687</b>
City WILBRAHAM	State MA	Zip Code 01095-2800
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT-BROKERAGE/ALLIANCE S	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.50	

Full Name (Last, First, Middle Initial) <b>B. MS. ELIZABETH CANAVAN</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 5 HAVENHURST RD		<b>Transaction ID : PR790211634687</b>
City WEST SPRINGFIELD	State MA	Zip Code 01089-2160
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.50	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP PROGRAM MGMT	P/R Deduction (\$19.25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.75	

Full Name (Last, First, Middle Initial) <b>C. MR. EDWIN J PELIS</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 29 MAIN ST		<b>Transaction ID : PR790215934687</b>
City HATFIELD	State MA	Zip Code 01038-9702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.76	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP - AGENCY RECRUITING AND DEVELOPM	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. HARVEY BR HOFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 DEVONSHIRE TER  
 City State Zip Code  
 E LONGMEADOW MA 01028-3139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. CORP VICE PRESIDENT - GENERAL RISK M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1442.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790231434687**  
 Amount of Each Receipt this Period  
 192.32  
 P/R Deduction (\$96.16 Bi-Weekly)

**B. MR. ISADORE JERMYN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 DUXBURY LN  
 City State Zip Code  
 LONGMEADOW MA 01106-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT & CHIEF ACTUAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 865.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790232534687**  
 Amount of Each Receipt this Period  
 115.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. MR. JAMES R WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3938 DIANE RD  
 City State Zip Code  
 BIG PINE KEY FL 33043-6105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SECOND VP & ASSOC. GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 403.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790236834687**  
 Amount of Each Receipt this Period  
 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 361.56  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. MR. JEFFREY A COELHO**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 MEADOWLARK CIR

City LUDLOW State MA Zip Code 01056-1446

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 144.30

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790240934687**

Amount of Each Receipt this Period 19.24

P/R Deduction (\$9.62 Bi-Weekly)

**B. MS. JOANNE M DENVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 VAIL ST

City SPRINGFIELD State MA Zip Code 01118-2161

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790244934687**

Amount of Each Receipt this Period 76.92

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

**C. MR. JOHN E DEITELBAUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 MIDDLE RD

City ELLINGTON State CT Zip Code 06029-3615

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & DEPUTY GEN COUNS USIG LAW

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.30

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790248234687**

Amount of Each Receipt this Period 269.24

P/R Deduction (\$134.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 365.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN R TAILLIE</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 151 MCKENZIE DR		<b>Transaction ID : PR790252034687</b>
City SOUTHINGTON State CT Zip Code 06489-4117	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JOSEPH A CALABRESE</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 28 CANTERBURY LN		<b>Transaction ID : PR790253234687</b>
City FEEDING HILLS State MA Zip Code 01030-1718	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP SYSTEMS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$26.92 Bi-Weekly)
Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES J NASCIMENTO</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 432 LYON ST		<b>Transaction ID : PR790260234687</b>
City LUDLOW State MA Zip Code 01056-1133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 53.84
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$26.92 Bi-Weekly)
Aggregate Year-to-Date ▼ 403.80		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. JAMES P PUHALA III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 HOLCOMB ST  
 City EAST GRANBY State CT Zip Code 06026-9531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790260434687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**B. MR. JAMES M RODOLAKIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 EVERGREEN DR  
 City E LONGMEADOW State MA Zip Code 01028-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790260534687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. JEFFREY T ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 DONAMOR LN  
 City E LONGMEADOW State MA Zip Code 01028-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSMUTUAL INTERNATIONAL Occupation MANAGING DIRECTOR - MMI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790261634687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. KATHY S REEVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address EDGEMERE HILLS BLDG 14  
 85 N MAIN ST UNIT 14A  
 City EAST HAMPTON State CT Zip Code 06424-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790272734687**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MS. KATHLEEN LYNCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 MONTCLAIR DR  
 City WEST HARTFORD State CT Zip Code 06107-1255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790277634687**  
 Amount of Each Receipt this Period 61.54  
 P/R Deduction (\$30.77 Bi-Weekly)

**C. MR. KENNETH M RICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 CYPRESS LN  
 City WILBRAHAM State MA Zip Code 01095-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES RISK MANAGEME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790278534687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 153.84  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. LISA A HOWAT**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 CHATHAM HILL RD

City SOUTH GLASTONBURY State CT Zip Code 06073-3542

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790286634687**

Amount of Each Receipt this Period 30.76

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

**B. MR. MARK ACKERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 385 GREEN HILL RD

City LONGMEADOW State MA Zip Code 01106-2943

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 404.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790296034687**

Amount of Each Receipt this Period 53.90

P/R Deduction (\$26.95 Bi-Weekly)

**C. MR. MATTHEW P NATCHARIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 RIDGEBURY RD

City AVON State CT Zip Code 06001-3825

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790301434687**

Amount of Each Receipt this Period 76.92

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 161.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. MICHAEL H GATELY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 FAIRVIEW TER  
 City State Zip Code  
 S GLASTONBURY CT 06073-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790304934687**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MR. MICHAEL E DUBOIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 CLEARBROOK DR  
 City State Zip Code  
 SPRINGFIELD MA 01118-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SECOND VP & ACTUARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790313334687**  
 Amount of Each Receipt this Period  
 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. MICHAEL L KLOFAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 WINDHAM DR  
 City State Zip Code  
 E LONGMEADOW MA 01028-2668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790314034687**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL E ZAMMITTI</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 57 VIRGINIA RAIL DR		<b>Transaction ID : PR790314734687</b>
City MARLBOROUGH	State CT	Zip Code 06447-1158
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.76	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) <b>B. MS. PAMELA J DELANEY</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 72 HILLCREST RD		<b>Transaction ID : PR790320634687</b>
City WINDSOR	State CT	Zip Code 06095-3301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.92	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP - STRATEGY & BUS DEVEL	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>C. MR. PHILLIP J PRESTON</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 63 WRIGHT ST		<b>Transaction ID : PR790330734687</b>
City AGAWAM	State MA	Zip Code 01001-3131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.76	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP SYSTEMS ANALYSIS	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. PAUL T PROKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 TIMBER LN

City HOLDEN State MA Zip Code 01520-1943

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - CLAIMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR790332234687**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$19.23 Bi-Weekly)

**B. MR. PETER C VAN BEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 VICTORIA LN

City WILBRAHAM State MA Zip Code 01095-1905

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.70**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR790333134687**

Amount of Each Receipt this Period  
**30.76**

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

**C. MR. ROBERT CASALE**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 THISTLE LN

City BRISTOL State CT Zip Code 06010-8057

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF INFORMATION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt  
**07 / 31 / 2014**

**Transaction ID : PR790342234687**

Amount of Each Receipt this Period  
**384.60**

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **453.82**

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

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

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

FOR LINE NUMBER: PAGE 59 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. RHA E A KENNEDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 OLD FARM RD  
 City SPRINGFIELD State MA Zip Code 01119-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - INVESTMENT ANALYSIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790351834687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MR. RICHARD P BARNHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 344 WESTCHESTER RD  
 City COLCHESTER State CT Zip Code 06415-2426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP, ACCTG STANDARDS & IND RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790352034687**  
 Amount of Each Receipt this Period 53.90  
 P/R Deduction (\$26.95 Bi-Weekly)

**C. MR. RICHARD D BOURGEOIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 ECHO HILL RD  
 City WILBRAHAM State MA Zip Code 01095-2663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT - TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1154.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790352234687**  
 Amount of Each Receipt this Period 153.90  
 P/R Deduction (\$76.95 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 284.72  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. MR. RICHARD F BUCKLEY Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 CEDAR RDG  
 City SOUTH HADLEY State MA Zip Code 01075-1795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790352334687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**B. MR. ROBERT J BRODERICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 ACADEMY DR  
 City LONGMEADOW State MA Zip Code 01106-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790353134687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. ROBERT G LABUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 WILDFLOWER CIR  
 City WESTFIELD State MA Zip Code 01085-4590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT, INVESTMENT ACCOUNTI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790354534687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. ROBERT S ROSENTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 SHERWOOD LN  
 City AVON State CT Zip Code 06001-3215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSISTANT GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **865.50**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790355434687**  
 Amount of Each Receipt this Period **115.40**  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. MR. ROGER W CRANDALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 CONVERSE ST APT 13  
 City LONGMEADOW State MA Zip Code 01106-1755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CHAIRMAN PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2884.50**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790355934687**  
 Amount of Each Receipt this Period **384.60**  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MS. SUSAN A MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 BROOKS RD  
 City LONGMEADOW State MA Zip Code 01106-2129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2019.30**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR790370134687**  
 Amount of Each Receipt this Period **269.24**  
 P/R Deduction (\$134.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **769.24**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. STEVEN P WALLACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 S YORK ST UNIT 504  
 City ELMHURST State IL Zip Code 60126-3470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790374334687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**B. MR. STEVEN N LAVALLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 WEST ST  
 City EASTHAMPTON State MA Zip Code 01027-1325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP - MARKETING RESEARCH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790374534687**  
 Amount of Each Receipt this Period 30.80  
 P/R Deduction (\$15.40 Bi-Weekly)

**C. MR. THOMAS H JURKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 OLD SAWMILL RD  
 City BELCHERTOWN State MA Zip Code 01007-9344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES & DISTRIBUTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790378534687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.48  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. VICTOR WOOLRIDGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 LONGHILL ST

City SPRINGFIELD State MA Zip Code 01108-1438

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
Transaction ID : PR790387634687

Amount of Each Receipt this Period 53.84

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

**B. KEN C. KOWALSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 3620 WILLOW LAWN DR

City LYNCHBURG State VA Zip Code 24503-3022

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.50

Date of Receipt 07 / 31 / 2014  
Transaction ID : PR790397434687

Amount of Each Receipt this Period 50.00

P/R Deduction (\$34.05 Bi-Weekly)

**C. BRIAN W. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12217 CLEGHORN RD

City COCKEYSVILLE State MD Zip Code 21030-2218

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.81

Date of Receipt 07 / 31 / 2014  
Transaction ID : PR790404134687

Amount of Each Receipt this Period 117.66

P/R Deduction (\$58.83 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 221.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEFAN E. GREENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 BAILIWICK RD  
 City GREENWICH State CT Zip Code 06831-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790448834687**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. BRETT M. GARBUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 FARMINGTON LN  
 City MELVILLE State NY Zip Code 11747-4016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790451334687**  
 Amount of Each Receipt this Period 41.70  
 P/R Deduction (\$20.85 Bi-Weekly)

**C. STEVEN R. SEROTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1041 ERICA RD  
 City MILL VALLEY State CA Zip Code 94941-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790451634687**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$41.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.04  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. T J SHAUGHNESSY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 RIVERWALK WAY  
 City MANCHESTER State NH Zip Code 03101-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790463034687**  
 Amount of Each Receipt this Period 56.25  
 P/R Deduction (\$61.36 Bi-Weekly)

**B. ROBERT M. CORNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 STEELMAN RD  
 City PURVIS State MS Zip Code 39475-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.29

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790467734687**  
 Amount of Each Receipt this Period 33.33  
 P/R Deduction (\$33.34 Bi-Weekly)

**C. JERRY D. VESSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 CALLOWAY DR  
 City BRENTWOOD State TN Zip Code 37027-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790470134687**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$45.45 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 172.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALBERTO GUTIERREZ**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 431621

City MIAMI State FL Zip Code 33243-1621

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 433.29

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790522234687**

Amount of Each Receipt this Period 66.66

P/R Deduction (\$48.98 Bi-Weekly)

**B. JASON H. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 8555 VALEMONT DR

City ATLANTA State GA Zip Code 30350-2850

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.88

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790541534687**

Amount of Each Receipt this Period 41.70

P/R Deduction (\$20.85 Bi-Weekly)

**C. MR. JAMES S VIOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 N FARMS RD

City FLORENCE State MA Zip Code 01062-1042

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790543934687**

Amount of Each Receipt this Period 30.76

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 139.12

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

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

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

FOR LINE NUMBER: PAGE 67 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. THOMAS G DUDECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 WINTERBERRY RD  
 City DEEP RIVER State CT Zip Code 06417-2126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **865.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2014**  
**Transaction ID : PR790544534687**  
 Amount of Each Receipt this Period  
**115.38**  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. MR. JEFFREY R HUG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 WHITCOMB DR  
 City SIMSBURY State CT Zip Code 06070-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - EXECUTIVE BENEFITS RESEARCH/SUI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **403.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2014**  
**Transaction ID : PR790545134687**  
 Amount of Each Receipt this Period  
**53.84**  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. DEAN DULCHINOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 ABBEY LN  
 City E LONGMEADOW State MA Zip Code 01028-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **577.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2014**  
**Transaction ID : PR790568534687**  
 Amount of Each Receipt this Period  
**77.00**  
 P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **246.22**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. KATHLEEN L KRAEZ</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR790579434687</b>
Mailing Address 111 ASHFORD RD			Amount of Each Receipt this Period 53.84
City LONGMEADOW	State MA	Zip Code 01106-2515	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.80	

Full Name (Last, First, Middle Initial) <b>B. MR. DOUGLAS M TREVALLION II</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR790590334687</b>
Mailing Address 30 COVENTRY LN			Amount of Each Receipt this Period 76.92
City AGAWAM	State MA	Zip Code 01001-3569	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>C. MR. ROGER M ROBERGE</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR790594534687</b>
Mailing Address 14 ROCKINGHAM CIR			Amount of Each Receipt this Period 76.92
City EAST LONGMEADOW	State MA	Zip Code 01028-3197	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. ROBERT M SHETTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 KELSEY LN  
 City GLASTONBURY State CT Zip Code 06033-5040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790597134687**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MR. GEORGE F RATHBUN II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 TUNXIS ST  
 City WINDSOR State CT Zip Code 06095-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - LIFE STRATEGIC SYSTE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790604434687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. JAMES O LACEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 MAGNOLIA TER  
 City SPRINGFIELD State MA Zip Code 01108-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - COMMUNICATIONS & MEDIA RELATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790616234687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CRAIG HAASE</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR790623334687</b>
Mailing Address 1 STONEHENGE DR		Amount of Each Receipt this Period 30.76
City SIMSBURY	State CT	Zip Code 06070-1713
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP RELATIONSHIP MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) <b>B. MR. JEROME J SPELTZ</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR790626234687</b>
Mailing Address 12 ROCK LN		Amount of Each Receipt this Period 30.76
City GUILFORD	State CT	Zip Code 06437-3531
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID ROMANO</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 <b>Transaction ID : PR790636734687</b>
Mailing Address 128 RIMFIELD DR		Amount of Each Receipt this Period 30.76
City SOUTH WINDSOR	State CT	Zip Code 06074-1860
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. SCOTT C WESTPHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 WELLS HILL RD  
 City WESTON State CT Zip Code 06883-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790637434687**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MR. ROLAND P FAWTHROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 HORSESHOE LN  
 City SOMERS State CT Zip Code 06071-2235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP & ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790658234687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. MR. RAKESH BHARDWAJ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 96 HORIZON LN  
 City GLASTONBURY State CT Zip Code 06033-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP - SALES SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790661334687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 72 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. MICHELE M WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40109 N CANDLEWYCK LN  
 City PHOENIX State AZ Zip Code 85086-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - POLICYHOLDER SERVIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790665634687**  
 Amount of Each Receipt this Period 77.00  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. MR. TODD M GISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 MIDDLE RD  
 City ELLINGTON State CT Zip Code 06029-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790677134687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JOHN N. BYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4680 MEDINA LAKE DR  
 City HAMEL State MN Zip Code 55340-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790684834687**  
 Amount of Each Receipt this Period 125.00  
 P/R Deduction (\$62.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 278.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVID S. FEHRS**  
Full Name (Last, First, Middle Initial)

Mailing Address 191 BUCKTHORN DR

City BADEN State PA Zip Code 15005-2561

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.24

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790708634687**

Amount of Each Receipt this Period  
208.32

P/R Deduction (\$104.17 Bi-Weekly)

**B. EDWARD I. WIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 KATESFORD RD

City COCKEYSVILLE State MD Zip Code 21030-2246

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790710934687**

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$41.67 Bi-Weekly)

**C. KENNETH C. THOMALLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 FOREST EDGE CT

City PALOS PARK State IL Zip Code 60464-1948

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : PR790731134687**

Amount of Each Receipt this Period  
312.50

P/R Deduction (\$156.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 604.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. SYLENA G ECHEVARRIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 CLEMENT ST  
 City SPRINGFIELD State MA Zip Code 01118-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP POLICYHOLDER SVC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790779934687**  
 Amount of Each Receipt this Period 38.50  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. MS. GRETA A ZIELINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 894 BERNIE AVE  
 City W SPRINGFIELD State MA Zip Code 01089-4415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation TAX DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790804634687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. DONALD G CARTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 654 MOUNTAIN RD  
 City CHESHIRE State CT Zip Code 06410-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - IT SERVICE MANAGEME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR790808234687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.10  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 75 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. NORMAN A SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 LAUREL ST  
 City State Zip Code  
 LONGMEADOW MA 01106-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT - USIG FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 865.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790808634687**  
 Amount of Each Receipt this Period  
 115.38  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. MR. DAVID S ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 WINHALL LN  
 City State Zip Code  
 HARTFORD CT 06105-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SVP-DEP GEN COUN DISP RES & CORP TA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 865.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790809734687**  
 Amount of Each Receipt this Period  
 115.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. MR. SCOTT PICCONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 TROTWOOD DR  
 City State Zip Code  
 WEST HARTFORD CT 06117-1644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR790815834687**  
 Amount of Each Receipt this Period  
 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAROLD F. JARVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 MAIN ST

City CHICHESTER State NH Zip Code 03258-6511

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR790849834687**

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$100.00 Bi-Weekly)

**B. MR. DAVID L NAGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 HIGH MEADOW CIR

City E LONGMEADOW State MA Zip Code 01028-3171

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.70**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR791148434687**

Amount of Each Receipt this Period **30.76**

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

**C. MR. JAMES J O'SHAUGHNESSY**  
Full Name (Last, First, Middle Initial)

Mailing Address 591 MAIN ST

City CONCORD State MA Zip Code 01742-3303

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR791165934687**

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **269.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. DOUGLAS W TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 ERSKINE DR  
 City State Zip Code  
 LONGMEADOW MA 01106-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT & ACTUARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 403.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791193734687**  
 Amount of Each Receipt this Period  
 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**B. MR. ROBERT C WATERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 DRURY LN  
 City State Zip Code  
 LONGMEADOW MA 01106-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. AVP BUSINESS OPERATIONS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 204.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791195534687**  
 Amount of Each Receipt this Period  
 35.56  
 P/R Deduction (\$17.78 Bi-Weekly)

**C. MR. ANDREW M GOLDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 CAPTAIN RD  
 City State Zip Code  
 LONGMEADOW MA 01106-2546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. AVP & COUNSEL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791207034687**  
 Amount of Each Receipt this Period  
 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MS. MELISSA MILLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 SEMINARY RD

City SIMSBURY State CT Zip Code 06070-2010

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - WORKSITE AND VOLUNTARY INSURANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.30

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791207734687**

Amount of Each Receipt this Period 269.24

P/R Deduction (\$134.62 Bi-Weekly)

**B. DARREN J. WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E CALLE DEL MEDIA

City SCOTTSDALE State AZ Zip Code 85251-3018

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791221234687**

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Bi-Weekly)

**C. MR. MICHAEL J ST CLAIR**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 E RED BRIDGE LN

City SOUTH HADLEY State MA Zip Code 01075-2287

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES & DISTRIBUTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791235434687**

Amount of Each Receipt this Period 77.00

P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 429.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. MS. DEBRA L ANDERSON</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR791239034687</b>
Mailing Address 46 GLENDALE RD			Amount of Each Receipt this Period 53.90
City HAMPDEN	State MA	Zip Code 01036-9121	P/R Deduction (\$26.95 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 404.25	
Name of Employer MASSMUTUAL TRUST COMPANY	Occupation VICE PRESIDENT - TRUST OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JULIA L. BIRD</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR791255834687</b>
Mailing Address 605 RANCHO LAREDO TRL			Amount of Each Receipt this Period 50.00
City SOUTHLAKE	State TX	Zip Code 76092-0300	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00	
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. PAUL BACON</b>			Date of Receipt 07 / 31 / 2014 <b>Transaction ID : PR791276834687</b>
Mailing Address 11 RAVINE CIR			Amount of Each Receipt this Period 76.92
City WESTFIELD	State MA	Zip Code 01085-5005	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 576.90	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & CHIEF UNDERWRITER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. MR. TERRENCE MILKA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 WOODS LN  
City SIMSBURY State CT Zip Code 06070-2441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSMUTUAL TRUST COMPANY Occupation SECOND VP TRUST COMPANY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **230.70**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791279334687**  
Amount of Each Receipt this Period **30.76**  
P/R Deduction (\$15.38 Bi-Weekly)

**B. MR. CHRISTOPHER P DOWD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 SUNSET TER  
City WEST HARTFORD State CT Zip Code 06107-2737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791281134687**  
Amount of Each Receipt this Period **38.46**  
P/R Deduction (\$19.23 Bi-Weekly)

**C. GREG P. WOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4344 S LEWIS PL  
City TULSA State OK Zip Code 74105-5190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791295734687**  
Amount of Each Receipt this Period **83.34**  
P/R Deduction (\$41.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **152.56**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. DEBBIE L COTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 158 BARTON AVE

City BELCHERTOWN State MA Zip Code 01007-9459

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - WORKSITE POST-SALES OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791301234687**

Amount of Each Receipt this Period 38.50

P/R Deduction (\$19.25 Bi-Weekly)

**B. MS. PAULA M TREMBLAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 158 PINE HILL RD

City TOLLAND State CT Zip Code 06084-3726

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP COMM/PUBLIC REL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791303134687**

Amount of Each Receipt this Period 30.76

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

**C. MR. PATRICK COYNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 S RIDGE RD

City HAMPDEN State MA Zip Code 01036-9805

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP - ACCOUNTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791303534687**

Amount of Each Receipt this Period 30.76

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. NICOLE EI MARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 CIDER MILL HTS  
 City NORTH GRANBY State CT Zip Code 06060-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791327134687**  
 Amount of Each Receipt this Period 30.80  
 P/R Deduction (\$15.40 Bi-Weekly)

**B. MS. SUSAN E SCHECHTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 LEDGEWOOD RD  
 City WEST HARTFORD State CT Zip Code 06107-3731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSISTANT GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791332834687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MS. AUDREY MEYER LAMPERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 LOOMIS ST  
 City NORTH GRANBY State CT Zip Code 06060-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791334834687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 184.64  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. ELIZABETH W CHICARES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 BELLE WOODS DR  
 City GLASTONBURY State CT Zip Code 06033-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF ENTERPRISE RISK OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1442.40**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791351734687**  
 Amount of Each Receipt this Period **192.32**  
 P/R Deduction (\$96.16 Bi-Weekly)

**B. MR. PAUL F RANNENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 JANELLE DR  
 City AGAWAM State MA Zip Code 01001-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP SYSTEMS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.70**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791362834687**  
 Amount of Each Receipt this Period **30.76**  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. CHRISTOPHER DEFRANCIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 MAYNARD RD  
 City NORTHAMPTON State MA Zip Code 01060-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **403.80**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791365034687**  
 Amount of Each Receipt this Period **53.84**  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **276.92**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. MICHAEL T ROLLINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 DURHAM RD  
 City State Zip Code  
 LONGMEADOW MA 01106-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. EVP & CHIEF FINANCIAL OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2884.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791365834687**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RYAN M. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1426 AUTUMNMIST DR  
 City State Zip Code  
 ALLEN TX 75002-4956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INSURANCE AGENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 291.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791411634687**  
 Amount of Each Receipt this Period  
 41.70  
 P/R Deduction (\$20.85 Bi-Weekly)

**C. HOLLY B. CARROCCIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1928 SANDPIPER LN  
 City State Zip Code  
 PLANO TX 75075-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INSURANCE AGENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR791411734687**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. RUSSELL D MORRISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5419 GORHAM DR

City CHARLOTTE State NC Zip Code 28226-6411

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.80**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR791511134687**

Amount of Each Receipt this Period **53.84**

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

**B. MR. CHIN-JUNG V YANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 18524 ROLLINGDALE LN

City DAVIDSON State NC Zip Code 28036-7862

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR7915111534687**

Amount of Each Receipt this Period **76.92**

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

**C. MR. THOMAS M FINKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4920 HARDISON RD

City CHARLOTTE State NC Zip Code 28226-6418

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR7915111934687**

Amount of Each Receipt this Period **384.60**

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>515.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. NICHOLAS FYNTRILAKIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 RIDGE RD  
 City HAMPDEN State MA Zip Code 01036-9518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMMUNITY RESPONSI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791550234687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**B. MS. JO-ANNE RANKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 AUTUMN DR  
 City TOLLAND State CT Zip Code 06084-3817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791550934687**  
 Amount of Each Receipt this Period 30.76  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. MR. RICHARD GOLDSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 197 LYNNWOOD DR  
 City LONGMEADOW State MA Zip Code 01106-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - BENEFITS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791591634687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. EMILY PORISS**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 KENMORE RD

City BLOOMFIELD State CT Zip Code 06002-2135

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791591834687**

Amount of Each Receipt this Period 30.76

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

**B. MS. CAMILLE DONALD**  
Full Name (Last, First, Middle Initial)

Mailing Address 621 MCKENZIE AVE UNIT 101

City ALEXANDRIA State VA Zip Code 22301-1189

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP & COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791608134687**

Amount of Each Receipt this Period 38.50

P/R Deduction (\$19.25 Bi-Weekly)

**C. MR. DENNIS MILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 TIMBER RIDGE RD

City W SPRINGFIELD State MA Zip Code 01089-1654

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - RS PRODUCT MANAGEM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791623334687**

Amount of Each Receipt this Period 76.92

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 146.18

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. LAWRENCE BOUDREAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 RIVERVIEW DR  
 City SUFFIELD State CT Zip Code 06078-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation ASSISTANT VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.70**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791623434687**  
 Amount of Each Receipt this Period **30.76**  
 P/R Deduction (\$15.38 Bi-Weekly)

**B. MS. MARY S BLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 PERSHING RD  
 City WINDSOR LOCKS State CT Zip Code 06096-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & SENIOR COUNSEL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791784434687**  
 Amount of Each Receipt this Period **76.92**  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MR. ROBERT ERWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 COVENTRY LN  
 City LONGMEADOW State MA Zip Code 01106-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **403.80**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : PR791800234687**  
 Amount of Each Receipt this Period **53.84**  
 P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>161.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. WILLIAM SILVANIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 CREAMERY HILL RD

City GRANBY State CT Zip Code 06035-1702

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - RS PRODUCT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791800434687**

Amount of Each Receipt this Period 76.92

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

**B. MS. ANNEMARIE SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 LAST LEAF CIR

City WINDSOR State CT Zip Code 06095-4733

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

Name of Employer MASSMUTUAL TRUST COMPANY Occupation RELATIONSHIP MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791801834687**

Amount of Each Receipt this Period 38.50

P/R Deduction (\$19.25 Bi-Weekly)

**C. JONGSIK KIM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4536 WILSHIRE BLVD

City LOS ANGELES State CA Zip Code 90010-3836

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.36

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791881834687**

Amount of Each Receipt this Period 29.20

P/R Deduction (\$14.60 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 144.62

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

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

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

FOR LINE NUMBER: PAGE 90 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. DIANE LOPES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 LITTLE SORREL LN  
 City SOMERS State CT Zip Code 06071-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - MASSMUTUAL WAY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.25

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791902634687**  
 Amount of Each Receipt this Period 53.90  
 P/R Deduction (\$26.95 Bi-Weekly)

**B. MR. THOMAS OSWALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 665 CENTER ST UNIT 713  
 City LUDLOW State MA Zip Code 01056-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP - TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791903234687**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ERIC S. ABOWD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1525 STAR WAY  
 City RENO State NV Zip Code 89511-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791913734687**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$41.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 214.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. DOUGLAS ENDORF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 STRAWBERRY FIELDS  
 City GRANBY State CT Zip Code 06035-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & ACTUARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791938634687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**B. MR. WILLIAM F MONROE JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 GENERAL HOBBS RD  
 City JEFFERSON State MA Zip Code 01522-1565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - MMLISI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR791969134687**  
 Amount of Each Receipt this Period 76.94  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. MR. IAN HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 PRESCOTT AVE  
 City GLEN RIDGE State NJ Zip Code 07028-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR792000734687**  
 Amount of Each Receipt this Period 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 184.62  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. ANTHONY PIERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 ARNOLDALE RD

City WEST HARTFORD State CT Zip Code 06119-1702

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR792042034687**

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. MR. KEVIN B WATERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 JOSEPH LN

City SOUTH WINDSOR State CT Zip Code 06074-1464

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR792064134687**

Amount of Each Receipt this Period 30.76

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

**C. JONATHAN D. LAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 824 BENNAVILLE AVE

City BIRMINGHAM State MI Zip Code 48009-3665

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR792101334687**

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. MICHAEL O'CONNOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 BELLECLAIRE AVE  
 City State Zip Code  
 LONGMEADOW MA 01106-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR MANAGING DIRECTOR - MMI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1442.25

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR792107734687**  
 Amount of Each Receipt this Period  
 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. MS. ELLEN S CONLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 WELLESLEY DR  
 City State Zip Code  
 LONGMEADOW MA 01106-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE INS. VP & ASSISTANT GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 403.80

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR792129534687**  
 Amount of Each Receipt this Period  
 53.84  
 P/R Deduction (\$26.92 Bi-Weekly)

**C. BRIAN M. ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 COALTER RIDGE CT  
 City State Zip Code  
 DARDENNE PR MO 63368-7587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 233.38

Date of Receipt  
 07 / 31 / 2014  
**Transaction ID : PR792139234687**  
 Amount of Each Receipt this Period  
 33.34  
 P/R Deduction (\$16.67 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	279.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. JAE JUNKUNC</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 221 TRUMBULL STREET APT 502			<b>Transaction ID : PR792144334687</b>
City HARTFORD	State CT	Zip Code 06103-1511	Amount of Each Receipt this Period 115.40
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP - DIST & STRAT PLNNG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.50		P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JOHN J. MILLER</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 13 WHIPPANY AVE			<b>Transaction ID : PR792501434687</b>
City WARREN	State NJ	Zip Code 07059-5774	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		P/R Deduction (\$41.66 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. RUSSELL J. ROLNICK</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 8 TALL PINES CT			<b>Transaction ID : PR792728134687</b>
City WEST NYACK	State NY	Zip Code 10994-1341	Amount of Each Receipt this Period 41.70
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.88		P/R Deduction (\$20.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 120  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. BRIAN C. LARGE**  
 Mailing Address 141 WOLFPIT AVE  
 City NORWALK State CT Zip Code 06851-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR792732634687**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. GLEN R. GOLISH**  
 Mailing Address 22261 HOLLYHOCK TRL  
 City BOCA RATON State FL Zip Code 33433-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 493.98

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR793450534687**  
 Amount of Each Receipt this Period 65.46  
 P/R Deduction (\$32.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. IAN R. GEORGE**  
 Mailing Address 600 CLEMSON DR  
 City PITTSBURGH State PA Zip Code 15243-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR793621434687**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3956 SHADY OAKS DR

City VIRGINIA BCH State VA Zip Code 23455-1628

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR794020434687**

Amount of Each Receipt this Period **83.34**

P/R Deduction (\$41.67 Bi-Weekly)

**B. MARK J. DORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3980 FAIRWAY DR

City MEDINA State OH Zip Code 44256-7847

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **247.10**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR794449334687**

Amount of Each Receipt this Period **70.60**

P/R Deduction (\$35.30 Bi-Weekly)

**C. CHRISTOPHE A. PERME**  
Full Name (Last, First, Middle Initial)

Mailing Address 8197 GARFIELD DR

City GARRETTSVILLE State OH Zip Code 44231-9122

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **243.75**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR794455134687**

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$74.43 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>278.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN F. OCWIEJA**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 N CANAL ST STE 3

City CHICAGO State IL Zip Code 60606-1312

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.85

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR794655534687**

Amount of Each Receipt this Period 153.90

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

**B. WALTER E. KATZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 4414 BREAKWOOD DR

City HOUSTON State TX Zip Code 77096-3505

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 569.91

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR795359634687**

Amount of Each Receipt this Period 69.87

P/R Deduction (\$41.67 Bi-Weekly)

**C. EDWARD J. WIRTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 BRANDING IRON LN

City ROLLING HILLS ESTATES State CA Zip Code 90274-2501

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR796003934687**

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 307.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. EDGAR F. WHITMORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25535 CUMBERLAND LN  
City CALABASAS State CA Zip Code 91302-3158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF1000 Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR796010134687**  
Amount of Each Receipt this Period 83.34  
P/R Deduction (\$41.67 Bi-Weekly)

**B. MAX A. ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16232 NW 79TH AVE  
City MIAMI LAKES State FL Zip Code 33016-6132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR796324634687**  
Amount of Each Receipt this Period 83.34  
P/R Deduction (\$41.67 Bi-Weekly)

**C. MS. ELAINE A SARSYNSKI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 BARNDOR HILLS RD  
City SUFFIELD State CT Zip Code 06078-1360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - RETIREMENT SERVICES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1442.40

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR796671834687**  
Amount of Each Receipt this Period 192.32  
P/R Deduction (\$96.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 359.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVID R. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4794 BORDAGES RD

City BEAUMONT State TX Zip Code 77705-7675

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR796717234687**

Amount of Each Receipt this Period 50.00

P/R Deduction (\$31.82 Bi-Weekly)

**B. MR. MICHAEL HIRSCHBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 PASADENA PL

City HAWTHORNE State NJ Zip Code 07506-2806

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EXTERNAL WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.75

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR811444934687**

Amount of Each Receipt this Period 38.50

P/R Deduction (\$19.25 Bi-Weekly)

**C. MR. PAUL JANCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 335 CEDAR LN

City NEW HARTFORD State CT Zip Code 06057-2911

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.95

Date of Receipt 07 / 31 / 2014  
**Transaction ID : PR811451334687**

Amount of Each Receipt this Period 49.70

P/R Deduction (\$24.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. SCOTT W. ECKART**

Mailing Address 4559 SUNFLOWER CT

City ZIONSVILLE State IN Zip Code 46077-8118

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR811820934687**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$29.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MS. JEANNE G YOUNG**

Mailing Address 10 PONDVIEW LN

City SOUTHWICK State MA Zip Code 01077-9264

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT-CORPORATE ADMINISTR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **577.50**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR904834634687**

Amount of Each Receipt this Period **77.00**

P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MS. CINDY BELMORE**

Mailing Address 7 CRYSTAL DR

City SOUTHWICK State MA Zip Code 01077-9613

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **403.95**

Date of Receipt **07 / 31 / 2014**

**Transaction ID : PR932682134687**

Amount of Each Receipt this Period **53.86**

P/R Deduction (\$26.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.86</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CHRISTOPHE C. COCORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 HUNT PL  
 City MECHANICSBURG State PA Zip Code 17050-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : PR934761034687**  
 Amount of Each Receipt this Period 41.70  
 P/R Deduction (\$20.85 Bi-Weekly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.70
<b>TOTAL</b> This Period (last page this line number only).....▶	29246.13

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

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

FOR LINE NUMBER: PAGE 102 OF 120  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. MassMutual Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1295 State Street  
 City Springfield State MA Zip Code 01111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2896.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 61277357**  
 Amount of Each Receipt this Period  
 1309.37  
 Refund of Operating Expenditures (Jun-Jul)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1309.37
<b>TOTAL</b> This Period (last page this line number only).....▶	1309.37

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 120
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**MassMutual Federal Credit Union**

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
274.52

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : 61251505**

Amount of Each Receipt this Period  
 39.34

Jul-14 Interest - Money Market Account

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.34
<b>TOTAL</b> This Period (last page this line number only).....▶	39.34

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chase PaymenTech**

Mailing Address P.O. Box 29534

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement  
Jun-14 Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 61251668**

Amount of Each Disbursement this Period

Jun-14 Processing Fees

Full Name (Last, First, Middle Initial)

**B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Jun-14 AMEX Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 61251670**

Amount of Each Disbursement this Period

Jun-14 AMEX Processing Fees

Full Name (Last, First, Middle Initial)

**C. Chase PaymentTech**

Mailing Address P.O. Box 29534

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement  
Jul-14 AMEX Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 61251671**

Amount of Each Disbursement this Period

Jul-14 AMEX Processing Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Jul-14 AMEX Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 61251672**

Amount of Each Disbursement this Period

15.71

Jul-14 AMEX Processing Fees

Full Name (Last, First, Middle Initial)

**B. Chase PaymenTech**

Mailing Address P.O. Box 29534

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement  
Jul-14 Chase PaymenTech Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : 61251673**

Amount of Each Disbursement this Period

32.11

Jul-14 Chase PaymenTech Processing Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

47.82

282.30

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Hanna For Congress Committee**

Mailing Address PO Box 118

City State Zip Code  
Utica NY 13503

Purpose of Disbursement  
In-District Meeting

Category/  
Type

Candidate Name

**Richard Hanna**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

/  /

**Transaction ID : 60599572**

Amount of Each Disbursement this Period

In-District Meeting

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave., NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
PLWG Event - July 2014

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 60609855**

Amount of Each Disbursement this Period

PLWG Event - July 2014

Full Name (Last, First, Middle Initial)

**C. Richard E. Neal for Congress Committee**

Mailing Address 76 Magnolia Terrance

City State Zip Code  
Springfield MA 01108

Purpose of Disbursement  
Event: July 8, 2014

Category/  
Type

Candidate Name

**Richard Neal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

/  /

**Transaction ID : 60614336**

Amount of Each Disbursement this Period

Event: July 8, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Madison PAC**

Mailing Address 235 State Street  
Unit 206

City Springfield State MA Zip Code 01103

Purpose of Disbursement  
Event: July 8, 2014

Candidate Name  
**Madison PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 60614339**

Amount of Each Disbursement this Period

Event: July 8, 2014

Full Name (Last, First, Middle Initial)

**B. Friends Of Patrick Murphy**

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement  
Event: July 10, 2014

Candidate Name  
**Rep. Patrick Murphy**

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 60616609**

Amount of Each Disbursement this Period

Event: July 10, 2014

Full Name (Last, First, Middle Initial)

**C. Prosperity PAC**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Event: July 10, 2014

Candidate Name  
**Prosperity PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 60616842**

Amount of Each Disbursement this Period

Event: July 10, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Event: July 10, 2014

Category/  
Type

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: GA District: 06

Date of Disbursement

/  /

**Transaction ID : 60619066**

Amount of Each Disbursement this Period

Event: July 10, 2014

Full Name (Last, First, Middle Initial)

**B. Holding Onto Oregon's Priorities**

Mailing Address P.O. Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Dinner Event: July 10, 2014

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 60620143**

Amount of Each Disbursement this Period

Dinner Event: July 10, 2014

Full Name (Last, First, Middle Initial)

**C. Families For James Lankford**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement  
In-Disrict Meeting - July 2014

Category/  
Type

Candidate Name

**James Lankford**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OK District: 05

Date of Disbursement

/  /

**Transaction ID : 60631968**

Amount of Each Disbursement this Period

In-Disrict Meeting - July 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
Book Club Event: July 15, 2014

011

Candidate Name

**Rep. Ann Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 60765513**

Amount of Each Disbursement this Period

2000.00

Book Club Event: July 15, 2014

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St Se  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event: 7/15/14

011

Candidate Name

**Rep. Linda T. Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

**Transaction ID : 60765551**

Amount of Each Disbursement this Period

1000.00

Event: 7/15/14

Full Name (Last, First, Middle Initial)

**C. Pelosi for Congress Committee**

Mailing Address 430 South Capitol, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event: 7/15/14

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

**Transaction ID : 60765552**

Amount of Each Disbursement this Period

3000.00

Event: 7/15/14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pascrell For Congress**

Mailing Address P.O. Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
Event: 7/16/14

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			1	4		2	0	1	4

**Transaction ID : 60765553**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

Event: 7/16/14

Full Name (Last, First, Middle Initial)

**B. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement  
Event: 7/16/14

011

Candidate Name

**Rep. Keith Ellison**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			1	4		2	0	1	4

**Transaction ID : 60765554**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

Event: 7/16/14

Full Name (Last, First, Middle Initial)

**C. Friends Of John Barrasso**

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement  
Event: 7/16/14

011

Candidate Name

**Sen. John A. Barrasso MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WY District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			1	5		2	0	1	4

**Transaction ID : 60769746**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

Event: 7/16/14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Event: 7/30/14

011  
Category/  
Type

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 60772929**

Amount of Each Disbursement this Period

1000.00

Event: 7/30/14

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Inhofe**

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement  
Event: 7/24/14

011  
Category/  
Type

Candidate Name

**Sen. James M. Inhofe**

Office Sought:  House  
 Senate  
 President  
State: OK District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 60773624**

Amount of Each Disbursement this Period

2000.00

Event: 7/24/14

Full Name (Last, First, Middle Initial)

**C. Braley For Congress**

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
Event: 7/24/14

011  
Category/  
Type

Candidate Name

**Rep. Bruce L. Braley**

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 60774297**

Amount of Each Disbursement this Period

2000.00

Event: 7/24/14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event: 7/23/14

011

Candidate Name

**Sen. Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 01

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

**Transaction ID : 60774946**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Event: 7/23/14

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
PLWG Event: July 24, 2014

011

Candidate Name

**Rep. Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

**Transaction ID : 60812101**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

PLWG Event: July 24, 2014

Full Name (Last, First, Middle Initial)

**C. Committee for the Preservation of Capitalism**

Mailing Address P. O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PLWG Event: July 24, 2014

011

Candidate Name

**Committee for the Preservation of Capitalism**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

**Transaction ID : 60812102**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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PLWG Event: July 24, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank Lucas for Congress**

Mailing Address 5218 Northwestern Street

City Oklahoma City State OK Zip Code 73118

Purpose of Disbursement  
In-District Meeting - Aug. 22, 2014

Candidate Name

**Frank Lucas**

Office Sought:  House  
 Senate  
 President

State: OK District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : 60848579**

Amount of Each Disbursement this Period

2000.00

In-District Meeting - Aug. 22, 2014

Full Name (Last, First, Middle Initial)

**B. Roskam PAC**

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Event: July 22,2014

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : 60876693**

Amount of Each Disbursement this Period

5000.00

Event: July 22,2014

Full Name (Last, First, Middle Initial)

**C. Committee for the Preservation of Capitalism**

Mailing Address P. O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Event: July 24, 2014

Candidate Name

**Committee for the Preservation of Capitalism**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : 60876696**

Amount of Each Disbursement this Period

2000.00

Event: July 24, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement  
Event: July 23, 2014

011

Candidate Name

**Rep. Steven A. Horsford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**Transaction ID : 60876702**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Event: July 23, 2014

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
Event: July 28, 2014

011

Candidate Name

**Sen. Susan M. Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		7	2		2	0	1	4

**Transaction ID : 60876711**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Event: July 28, 2014

Full Name (Last, First, Middle Initial)

**C. Andre Carson For Congress**

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Event: July 29, 2014

011

Candidate Name

**Andre Carson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		7	2		2	0	1	4

**Transaction ID : 60877645**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Event: July 29, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement  
Event: July 30, 2014

011  
Category/  
Type

Candidate Name

**Benjamin Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : 60878368**

Amount of Each Disbursement this Period

3000.00

Event: July 30, 2014

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress**

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event: July 30, 2014

011  
Category/  
Type

Candidate Name

**Mr. W Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : 60878378**

Amount of Each Disbursement this Period

2500.00

Event: July 30, 2014

Full Name (Last, First, Middle Initial)

**C. Citizens for Prosperity in America Today PAC**

Mailing Address 228 S. Washington Street, Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PLWG Event: September 9, 2014

011  
Category/  
Type

Candidate Name

**Citizens for Prosperity in America Today PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2014

**Transaction ID : 61014319**

Amount of Each Disbursement this Period

4000.00

PLWG Event: September 9, 2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richmond For Congress**

Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement  
Event: July 30, 2014

Candidate Name  
**Rep. Cedric Richmond**

Office Sought:  House  
 Senate  
 President  
State: LA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2014

**Transaction ID : 61027723**

Amount of Each Disbursement this Period

2500.00

Event: July 30, 2014

Full Name (Last, First, Middle Initial)

**B. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
Roskam Event: June 24, 2014 Funds Orig. Reported on July 20th Mthly

Candidate Name  
**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : 61235615**

Amount of Each Disbursement this Period

2000.00

**[MEMO ITEM]**

Roskam Event: June 24, 2014 Funds Orig. Reported on July 20th Mthly

Full Name (Last, First, Middle Initial)

**C. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement  
Roskam Event: June 24, 2014 Re-designated funds for trans. dated 6/24/2014

Candidate Name  
**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

**Transaction ID : 61235616**

Amount of Each Disbursement this Period

2000.00

**[MEMO ITEM]**

Roskam Event: June 24, 2014 Re-designated funds for trans. dated 6/24/2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beatty For Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
ACLI Event: May 20, 2014 Funds Orig. Reported on June 20th Mthly

011

Candidate Name

**Rep. Joyce Beatty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

**Transaction ID : 61236416**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

ACLI Event: May 20, 2014 Funds Orig. Reported on June 20th Mthly

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
ACLI Event: May 20, 2014 Re-designated funds for trans. dated 5/14/2014

011

Candidate Name

**Rep. Joyce Beatty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	4

**Transaction ID : 61236417**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**[MEMO ITEM]**

ACLI Event: May 20, 2014 Re-designated funds for trans. dated 5/14/2014

Full Name (Last, First, Middle Initial)

**C. Heidi For Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Void - Uncleared Disbursement

011

Candidate Name

**Sen. Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	4

**Transaction ID : 61252318**

Amount of Each Disbursement this Period

-	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Uncleared Disbursement

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

-	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Void - Uncleared Disbursement

011

Category/  
Type

Candidate Name

**Elizabeth Esty**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 04 / 2014

**Transaction ID : 61252319**

Amount of Each Disbursement this Period

-3000.00

Void - Uncleared Disbursement

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-3000.00

86000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Mutual Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHE J. JACKSON**

Mailing Address 7426 COBBLESTONE WEST DR

City INDIANAPOLIS State IN Zip Code 46236-9742

Purpose of Disbursement  
Void - Uncleared Disbursement (Orig. Issued Dec-13)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 61277512**

Amount of Each Disbursement this Period

Void - Uncleared Disbursement (Orig. Issued Dec-13)

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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