

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1295 State Street  
 Check if different than previously reported. (ACC)  
Springfield MA 01111-0001

2. **FEC IDENTIFICATION NUMBER** C00118943  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 Quarterly 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 (12G)  
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 06 01 2009 through 06 30 2009

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

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

Signature of Treasurer Electronically Filed by Mr. Bruce C., Frisbie Date 08 20 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Filing amendment to correct a previously cleared contribution (from 2007).

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		29202.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	33665.42									
(c) Total Receipts (from Line 19) .....	52074.54	278908.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	85739.96	308110.76								
7. Total Disbursements (from Line 31) .....	55231.06	277601.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30508.90	30508.90								
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: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	34550.11	175381.06
(ii) Unitemized .....	16397.00	93110.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50947.11	268491.86
(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) .....	50947.11	268491.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	127.43	416.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	52074.54	278908.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52074.54	278908.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	407.52	2147.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	407.52	2147.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	251000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	15370.29
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	123.54	2204.37
(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)) .....	123.54	2204.37
29. Other Disbursements.....	200.00	6879.81
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55231.06	277601.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55231.06	277601.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 105

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) .....	50947.11	268491.86
34. Total Contribution Refunds (from Line 28(d)) .....	123.54	2204.37
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50823.57	266287.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	407.52	2147.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	407.52	2147.39

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 105  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. YEK SOAN S CHENG

Mailing Address 151 MEADOWLARK DR

City State Zip Code  
LONGMEADOW MA 01106-2736

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL SENIOR MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.18

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2009

**Transaction ID:** 30084919

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
MR. PATRICK KENDALL

Mailing Address 22 FOXBORO

City State Zip Code  
IRVINE CA 92614-7523

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2009

**Transaction ID:** 30084921

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MONTE P. MARSHALL

Mailing Address 2187 CHENOOR RD

City State Zip Code  
BIRMINGHAM AL 35217-1279

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2009

**Transaction ID:** 30084922

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**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: PAGE 8 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 901 MARQUETTE AVE # 2

City State Zip Code  
MINNEAPOLIS MN 55402-3205

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  
MM / DD / YYYY  
06 / 03 / 2009

**Transaction ID:** 30107406

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
SEAN R. STEVENS

Mailing Address 8101 GOODMAN DR

City State Zip Code  
URBANDALE IA 50322-7324

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  
MM / DD / YYYY  
06 / 06 / 2009

**Transaction ID:** 30222930

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID R. NELSON

Mailing Address 4794 BORDAGES RD

City State Zip Code  
BEAUMONT TX 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2009

**Transaction ID:** 30222933

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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: PAGE 9 / 105  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. EFREM MARDER

Mailing Address PO BOX 366

City CONWAY State MA Zip Code 01341-0366

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 ▼ 1000.00

Date of Receipt: 06 / 11 / 2009  
Transaction ID: 30246826  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
SAMUEL E. DINGS

Mailing Address 6830 NW TRAIL RIDGE DR

City JOHNSTON State IA Zip Code 50131-1322

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: 06 / 09 / 2009  
Transaction ID: 30247728  
Amount of Each Receipt this Period: 300.00

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

Mailing Address 1226 W MARION

City OAK PARK State IL Zip Code 60302

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 09 / 2009  
Transaction ID: 30247730  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

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

Mailing Address 15730 SW 86TH AVE

City State Zip Code  
VILLAGE OF PALMETT FL 33157-2145

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  
MM / DD / YYYY  
06 / 16 / 2009

**Transaction ID:** 30256937

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID F. LAU

Mailing Address 5215 WINLANE DR

City State Zip Code  
BLOOMFIELD MI 48302-2961

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  
MM / DD / YYYY  
06 / 16 / 2009

**Transaction ID:** 30258406

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1850 WALNUT ST

City State Zip Code  
OSHKOSH WI 54901-2261

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  
MM / DD / YYYY  
06 / 16 / 2009

**Transaction ID:** 30258484

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 105  
(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.** Full Name (Last, First, Middle Initial)  
RONALD K. MCQUEEN

Mailing Address PO BOX 296

City State Zip Code  
BRYN ATHYN PA 19009-0296

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: 06 / 07 / 2009  
Transaction ID: 30312975  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
GRETCHEN G. VOXLAND

Mailing Address 353 HANAMAU ST STE 2

City State Zip Code  
KAHULUI HI 96732-2474

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: 06 / 07 / 2009  
Transaction ID: 30313036  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
MS. TRACY C PLASS

Mailing Address 207 PORTER RD

City State Zip Code  
E LONGMEADOW MA 01028-1319

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 ▼ 700.00

Date of Receipt: 06 / 03 / 2009  
Transaction ID: 30316519  
Amount of Each Receipt this Period: 700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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: PAGE 12 / 105  
(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.** Full Name (Last, First, Middle Initial)  
WILLIAM E. THOMPSON, II

Mailing Address 2124 HIGHLAND RIDGE DR

City State Zip Code  
PHOENIX MD 21131-1218

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: 06 / 17 / 2009  
Transaction ID: 30320348  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
KENNETH B. LAMPERT, Jr.

Mailing Address 1476 ASHLAND CIR

City State Zip Code  
NORFOLK VA 23509-1260

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: 06 / 19 / 2009  
Transaction ID: 30435124  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVEN CROWTHER

Mailing Address 141 CARDINAL WAY

City State Zip Code  
FLORENCE MA 01062-9201

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 19 / 2009  
Transaction ID: 30435125  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.** Full Name (Last, First, Middle Initial)  
BONNIE B. WARE

Mailing Address 24081 BARQUERO DR

City MISSION VIEJO State CA Zip Code 92691-4101

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

Name of Employer SELF Occupation INSURANCE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 25 / 2009  
Transaction ID: 30459681  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
MR. TYLER BROWN

Mailing Address 38 CROWN PT

City CANTON State CT Zip Code 06019-2644

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation INVESTMENT DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 02 / 2009  
Transaction ID: 30816143  
Amount of Each Receipt this Period: 400.00

**C.** Full Name (Last, First, Middle Initial)  
JAY R. BACH

Mailing Address 9485 ASHFORD PL

City BRENTWOOD State TN Zip Code 37027-8720

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: 06 / 07 / 2009  
Transaction ID: 30816144  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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: PAGE 14 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. YEK SOAN S CHENG

Mailing Address 151 MEADOWLARK DR

City State Zip Code  
LONGMEADOW MA 01106-2736

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL SENIOR MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** 31202500

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$123.54 This changes the YTD Total to \$70-0.00

**B.**

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

Mailing Address 3 VALLEY VIEW DR

City State Zip Code  
WILBRAHAM MA 01095-2363

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR1120474517373

Amount of Each Receipt this Period  
53.84

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

**C.**

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

Mailing Address 11 COBTAIL WAY

City State Zip Code  
SIMSBURY CT 06070-2530

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR1120475417373

Amount of Each Receipt this Period  
269.24

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **323.08**

**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 15 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA PALERMINO		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Mailing Address 168 CENTERWOOD RD		<b>Transaction ID:</b> PR1156272817373
	City NEWINGTON	State CT	Zip Code 06111-3110
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.58
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	P/R Deduction (\$97.29 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.01		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ALETHEA O'DONNELL		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Mailing Address 172 SNELL ST		<b>Transaction ID:</b> PR1285752317373
	City AMHERST	State MA	Zip Code 01002-2556
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRADLEY LUCIDO		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Mailing Address 65 ROSEWOOD DR		<b>Transaction ID:</b> PR1285753917373
	City SUFFIELD	State CT	Zip Code 06078-2014
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 147.96
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP CHIEF COMPL OFF & ASSOC GEN COUNSE	P/R Deduction (\$73.98 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.22		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	402.54
<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 16 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN PHILLIPS		Date of Receipt	
	Mailing Address 49 MENDON RD		M M / D D / Y Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> PR1285754117373
	SUTTON	MA	01590-1135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		53.84	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT & ASSOCIATE GENERAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		P/R Deduction (\$26.92 Bi-Weekly)
		323.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. K TIBOR TOTH		Date of Receipt	
	Mailing Address 5 BONVINI DR		M M / D D / Y Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> PR1315476417373
	FRAMINGHAM	MA	01701-3805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		38.46	
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 ▼		P/R Deduction (\$19.23 Bi-Weekly)
		230.76		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT STINGLE		Date of Receipt	
	Mailing Address 30 CIDERMILL HTS		M M / D D / Y Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> PR1322703217373
	NORTH GRANBY	CT	06060-1430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		253.40	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT & GENERAL AUDITO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		P/R Deduction (\$126.70 Bi-Weekly)
		726.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.70</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: PAGE 17 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY T PRINCE

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 ▼ 461.52

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1334223417373

Amount of Each Receipt this Period 76.92

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

**B.** Full Name (Last, First, Middle Initial)  
MR. PHILIP S WELLMAN

Mailing Address 150 N BEACON ST

City HARTFORD State CT Zip Code 06105-2247

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP CHIEF COMPLIANCE OFFICER INST. FUND

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1342766117373

Amount of Each Receipt this Period 53.84

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

**C.** Full Name (Last, First, Middle Initial)  
MR. GREGORY E DEAVENS

Mailing Address 10 HENLEY COMMONS

City FARMINGTON State CT Zip Code 06032-1553

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 947.40

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1342771917373

Amount of Each Receipt this Period 157.90

P/R Deduction (\$78.95 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 288.66

**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 18 / 105

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R FANNING

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  
EXECUTIVE VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1045.23

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2009

Transaction ID: PR1360837717373

Amount of Each Receipt this Period

350.68

P/R Deduction (\$175.34 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MICHELE EQUALE

Mailing Address 28 SUSAN DR

City

WESTFIELD

State

MA

Zip Code

01085-1433

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
DIRECTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

138.48

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2009

Transaction ID: PR1387599017373

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MS. PAULA T RYAN

Mailing Address 28 BELDENWOOD RD

City

SIMSBURY

State

CT

Zip Code

06070-2145

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 ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2009

Transaction ID: PR1391580617373

Amount of Each Receipt this Period

76.92

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

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

450.68

**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: PAGE 19 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MS. MARY LOU DLUGOLENSKI

Mailing Address 41 PHEASANT RUN

City NORTH GRANBY State CT Zip Code 06060-1016

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.06

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** PR1417163317373  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID J COUTU

Mailing Address 49 OGDEN ST

City PROVIDENCE State RI Zip Code 02906-4903

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 ▼ 461.56

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** PR1479403817373  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ROGER PUTNAM

Mailing Address 7 ELLIOTT DR

City SIMSBURY State CT Zip Code 06070-1669

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 706.02

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** PR1479403917373  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.76

**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 20 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS RUSSELL		Date of Receipt
	Mailing Address 347 N STEELE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	WEST HARTFORD	CT	06117-2232
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1500908517373
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.98	<input type="text"/> 38.46
			P/R Deduction (\$19.23 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN M YOUNG		Date of Receipt
	Mailing Address 7 LAMPERCOCK LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	LINCOLN	RI	02865-4201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1541043517373
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.04	<input type="text"/> 53.84
			P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN DESCHENES		Date of Receipt
	Mailing Address 93 SAGAMORE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	WELLESLEY	MA	02481-2739
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1554646917373
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 864.44	<input type="text"/> 76.92
			P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 169.22
<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 21 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. HUGH O'TOOLE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 402 SUMMER HILL RD	<b>Transaction ID:</b> PR1560531817373
	City State Zip Code MADISON CT 06443-1852	Amount of Each Receipt this Period 171.68
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.99	P/R Deduction (\$85.84 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ANN B CAMMACK	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 208 PINE ST # 15	<b>Transaction ID:</b> PR1564484017373
	City State Zip Code AMHERST MA 01002-1177	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & SENIOR COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.69	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN RASCH	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 100 KANE STREET APT. B6	<b>Transaction ID:</b> PR1569232317373
	City State Zip Code WEST HARTFORD CT 06119-2115	Amount of Each Receipt this Period 41.88
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.91	P/R Deduction (\$20.94 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>290.48</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 22 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DAMON BATES	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5 INGRAHAM RD	<b>Transaction ID:</b> PR1581880017373
	City State Zip Code WELLESLEY MA 02482-6905	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID HARLOW	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 274 MOUNTAIN RD	<b>Transaction ID:</b> PR1581881417373
	City State Zip Code CHESHIRE CT 06410-2605	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.96	

<b>C.</b>	Full Name (Last, First, Middle Initial) ALAN L. MELTZER	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 6500 ROCK SPRING DR	<b>Transaction ID:</b> PR789845117373
	City State Zip Code BETHESDA MD 20817-1105	Amount of Each Receipt this Period 833.32
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$416.66 Se-mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>941.00</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: PAGE 23 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 3702 E 63RD ST

City State Zip Code  
TULSA OK 74136-1523

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR789860717373

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$62.50 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
BRYAN S. HANNING

Mailing Address 1 N SANDPIPER ST

City State Zip Code  
WICHITA KS 67230-6626

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 ▼ 342.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR789861017373

Amount of Each Receipt this Period  
171.42

P/R Deduction (\$85.71 Semi-Monthly)

**C.**

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

Mailing Address 2401 WEALDSTONE RD

City State Zip Code  
TOLEDO OH 43617-1304

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR789875517373

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$125.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **546.42**

**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: PAGE 24 / 105

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID L. DAVIS		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4211 83RD AVE SE		<b>Transaction ID:</b> PR789882217373
	City MERCER ISLAND	State WA	Zip Code 98040-4015
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer SELF		Occupation INSURANCE AGENT	P/R Deduction (\$100.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGE P. BECKNELL, III		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 70 NE LOOP 410 STE 730		<b>Transaction ID:</b> PR789915617373
	City SAN ANTONIO	State TX	Zip Code 78216-5843
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.66
Name of Employer SELF		Occupation INSURANCE AGENT	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32		

<b>C.</b>	Full Name (Last, First, Middle Initial) GREGORY F. CARROLL		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 6016 CAIRN TER		<b>Transaction ID:</b> PR789921417373
	City BETHESDA	State MD	Zip Code 20817-5406
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer SELF		Occupation INSURANCE BROKER	P/R Deduction (\$100.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>566.66</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: PAGE 25 / 105  
(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.** Full Name (Last, First, Middle Initial)  
HOWARD N. BIENENFELD

Mailing Address 1000 CORPORATE DR # 1

City State Zip Code  
FT LAUDERDALE FL 33334-3634

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 ▼ 333.32

Date of Receipt M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR789932717373

Amount of Each Receipt this Period 166.66

P/R Deduction (\$83.33 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
JAMES F. CHAPEL, Jr.

Mailing Address 1609 EMERALD BAY

City State Zip Code  
LAGUNA BEACH CA 92651-1236

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 ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR789945417373

Amount of Each Receipt this Period 250.00

P/R Deduction (\$125.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
KARL J. FEITELBERG

Mailing Address 175 DERBY ST # 33

City State Zip Code  
HINGHAM MA 02043-4007

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 ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR789989117373

Amount of Each Receipt this Period 110.00

P/R Deduction (\$55.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 526.66

**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 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MICHAEL J. MCDERMID

Mailing Address 665 MOUNTAIN VIEW DR

City State Zip Code  
LEWISTON NY 14092-1911

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 ▼ 340.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790029317373  
Amount of Each Receipt this Period: 170.00  
P/R Deduction (\$85.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
NICHOLAS B. GAVALAS

Mailing Address 799 CREEKSIDE DR

City State Zip Code  
MT PLEASANT SC 29464

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 ▼ 333.32

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790038517373  
Amount of Each Receipt this Period: 166.66  
P/R Deduction (\$83.33 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
ROBERT R. CUSHING

Mailing Address 696 COMMERCIAL ST

City State Zip Code  
WEYMOUTH MA 02189-1037

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 ▼ 222.20

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790056317373  
Amount of Each Receipt this Period: 111.10  
P/R Deduction (\$55.55 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **447.76**

**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: PAGE 27 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

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

Mailing Address 9 TRIUMPH CT

City FLANDERS State NJ Zip Code 07836-4404

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 ▼ 333.32

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790102917373

Amount of Each Receipt this Period 166.66

P/R Deduction (\$83.33 Semi-Monthly)

**B.**

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

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 ▼ 333.32

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790109417373

Amount of Each Receipt this Period 166.66

P/R Deduction (\$83.33 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
TODD E. HOLT

Mailing Address 4816 96TH ST

City LUBBOCK State TX Zip Code 79424-4815

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 ▼ 333.32

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790131717373

Amount of Each Receipt this Period 166.66

P/R Deduction (\$83.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **499.98**

**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 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ALAN L BLAIS		Date of Receipt
	Mailing Address 20 SHADY DELL LN		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SOMERS	CT	06071-2136
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation DIRECTOR	<b>Transaction ID:</b> PR790151817373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="323.04"/>	<input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ANDREW C DICKEY		Date of Receipt
	Mailing Address 1183 LONGMEADOW ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LONGMEADOW	MA	01106-2201
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SVP & DEPUTY CHIEF INVESTMENT OFFICER	<b>Transaction ID:</b> PR790159317373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="923.04"/>	<input type="text" value="153.84"/>
			P/R Deduction (\$76.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ANDREW C WILLIAMS		Date of Receipt
	Mailing Address 53 SUNSET BEACH RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BRANFORD	CT	06405-5028
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation EXECUTIVE VICE PRESIDENT	<b>Transaction ID:</b> PR790159617373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="230.76"/>	<input type="text" value="38.46"/>
			P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="246.14"/>
<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 29 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. BRUCE H BONSALL

Mailing Address 12 SALVATOR DR

City WESTFIELD State MA Zip Code 01085-1800

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790166417373

Amount of Each Receipt this Period 53.84

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

**B.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER J CALABRO

Mailing Address 158 GATES FARM RD

City GLASTONBURY State CT Zip Code 06033-3272

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790183517373

Amount of Each Receipt this Period 76.92

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

**C.** Full Name (Last, First, Middle Initial)  
MR. CLIFFORD M NOREEN

Mailing Address 95 BENT TREE DR

City E LONGMEADOW State MA Zip Code 01028-1365

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 ▼ 1318.80

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR790184117373

Amount of Each Receipt this Period 219.80

P/R Deduction (\$109.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.56

**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: PAGE 30 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. CRAIG WADDINGTON

Mailing Address 14 SPRING MEADOW DR

City State Zip Code  
GRANBY CT 06035-1327

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790184517373

Amount of Each Receipt this Period  
76.92

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

**B.**

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

Mailing Address 36 FARMINGTON AVE

City State Zip Code  
LONGMEADOW MA 01106-1433

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790188617373

Amount of Each Receipt this Period  
53.84

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DAVID D WHARMBY

Mailing Address 34 VERPLANK AVE

City State Zip Code  
STAMFORD CT 06902-8216

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PORTFOLIO MANAGER  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790192617373

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: PAGE 31 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. DAVID L BRASSARD

Mailing Address 175 TANGLEWOOD DR

City State Zip Code  
E LONGMEADOW MA 01028-2660

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790205517373

Amount of Each Receipt this Period  
76.92

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

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID LAURETTI

Mailing Address 6 GALE RD

City State Zip Code  
BLOOMFIELD CT 06002-1508

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790206017373

Amount of Each Receipt this Period  
115.38

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

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

Mailing Address 32 JOSHUA DR

City State Zip Code  
WEST SIMSBURY CT 06092-2124

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PRESIDENT & CEO  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790206317373

Amount of Each Receipt this Period  
153.84

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **346.14**

**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: PAGE 32 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

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

Mailing Address 15 SHODDY MILL RD

City State Zip Code  
GLASTONBURY CT 06033-3514

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR790207117373

Amount of Each Receipt this Period  
76.92

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

**B.**

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

Mailing Address 24 HAMMERSMITH

City State Zip Code  
AVON CT 06001-2915

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR790207817373

Amount of Each Receipt this Period  
53.84

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS J JANGRAW

Mailing Address 17 CLIFFORD LN

City State Zip Code  
LONGMEADOW MA 01106-2919

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE CORPORATE VP & ACTUARY  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR790208217373

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: PAGE 33 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

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

**A.**

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

Mailing Address 147 MANOMET AVE

City State Zip Code  
HULL MA 02045-2127

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 931.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790208617373

Amount of Each Receipt this Period  
153.84

P/R Deduction (\$0.00 Bi-W-  
eekly)

**B.**

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

Mailing Address 15 KENSINGTON DR

City State Zip Code  
WILBRAHAM MA 01095-2800

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790209517373

Amount of Each Receipt this Period  
53.84

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. ELIZABETH CANAVAN

Mailing Address 121 CAPTAIN RD

City State Zip Code  
LONGMEADOW MA 01106-2545

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 213.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790211617373

Amount of Each Receipt this Period  
40.90

P/R Deduction (\$20.45 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **248.58**

**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: PAGE 34 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. EDWARD WILCZYNSKI, Jr.  
Mailing Address 15 LELAND DR  
City LUDLOW State MA Zip Code 01056-1278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.99  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790215817373  
Amount of Each Receipt this Period 89.14  
P/R Deduction (\$44.57 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ELLEN L DZIURA  
Mailing Address 207 FRONTENAC ST  
City CHICOPEE State MA Zip Code 01020-3340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 461.52  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790216717373  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. GARY J BACCHIOCCHI  
Mailing Address 14 GARY DR  
City WESTFIELD State MA Zip Code 01085-4554  
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 ▼ 692.28  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790227317373  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 281.44  
**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 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. H BRADFORD HOFFMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 50 DEVONSHIRE TER	<b>Transaction ID:</b> PR790231417373
	City State Zip Code E LONGMEADOW MA 01028-3139	Amount of Each Receipt this Period 253.40
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	P/R Deduction (\$126.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 726.24	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ISADORE JERMYN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 18 DUXBURY LN	<b>Transaction ID:</b> PR790232517373
	City State Zip Code LONGMEADOW MA 01106-2006	Amount of Each Receipt this Period 116.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & CHIEF ACTUARY	P/R Deduction (\$58.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 701.52	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JAMES R WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO BOX 1606	<b>Transaction ID:</b> PR790236817373
	City State Zip Code WARREN MA 01083-1606	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>424.16</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 36 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JOANNE M DENVER		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 48 VAIL ST		<b>Transaction ID:</b> PR790244917373
	City SPRINGFIELD	State MA	Zip Code 01118-2161
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	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 ▼ 461.52		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN E DEITELBAUM		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 11 MIDDLE RD		<b>Transaction ID:</b> PR790248217373
	City ELLINGTON	State CT	Zip Code 06029-3615
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.78
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORP VP, ASSC GEN COUNSL & ASST SECRETARY	P/R Deduction (\$60.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 724.68		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN R TAILLIE		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 151 MCKENZIE DR		<b>Transaction ID:</b> PR790252017373
	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 BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	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 ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	247.70
<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: PAGE 37 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH A CALABRESE

Mailing Address 28 CANTERBURY LN

City State Zip Code  
FEEDING HILLS MA 01030-1718

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790253217373

Amount of Each Receipt this Period  
53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOSEPH R ROKOWSKI

Mailing Address 124 MAXIMILIAN DR

City State Zip Code  
GRANBY MA 01033-9469

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790254517373

Amount of Each Receipt this Period  
76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. JACQUELINE MILLER

Mailing Address 9 OAKRIDGE CIR

City State Zip Code  
EASTHAMPTON MA 01027-1319

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790259217373

Amount of Each Receipt this Period  
53.84

P/R Deduction (\$26.92 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: PAGE 38 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES S COLLINS

Mailing Address 439 EAST ST

City State Zip Code  
BELCHERTOWN MA 01007-9317

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790259317373  
Amount of Each Receipt this Period: 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES J NASCIMENTO

Mailing Address 432 LYON ST

City State Zip Code  
LUDLOW MA 01056-1133

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 ▼ 323.04

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790260217373  
Amount of Each Receipt this Period: 53.84  
P/R Deduction (\$26.92 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES P PUHALA, III

Mailing Address 68 HOLCOMB ST

City State Zip Code  
EAST GRANBY CT 06026-9531

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790260417373  
Amount of Each Receipt this Period: 53.84  
P/R Deduction (\$26.92 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: PAGE 39 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY T ROBINSON

Mailing Address 28 DONAMOR LN

City State Zip Code  
E LONGMEADOW MA 01028-2220

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790261617373

Amount of Each Receipt this Period  
53.84

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

**B.** Full Name (Last, First, Middle Initial)  
MS. JILL FIELDS

Mailing Address 38 TWIN BROOK CIR

City State Zip Code  
LONGMEADOW MA 01106-2338

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 ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790262017373

Amount of Each Receipt this Period  
76.92

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

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN P DOAN

Mailing Address 4308 NORBECK RD

City State Zip Code  
ROCKVILLE MD 20853-1873

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 ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790262917373

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: PAGE 40 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. JOHN P MCCLOSKEY

Mailing Address 9 WARD DR

City State Zip Code  
WILBRAHAM MA 01095-2778

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790263617373

Amount of Each Receipt this Period  
53.84

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

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN MILLER, Jr

Mailing Address 55 PINE GROVE CIR

City State Zip Code  
E LONGMEADOW MA 01028-1300

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL SENIOR MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790263817373

Amount of Each Receipt this Period  
76.92

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

**C.** Full Name (Last, First, Middle Initial)  
MS. KATHY S REEVE

Mailing Address 85 N MAIN ST  
APT 14A

City State Zip Code  
EAST HAMPTON CT 06424-1427

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT INVESTMENT ANALYST  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790272717373

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 169.22

**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: PAGE 41 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MS. KATHLEEN LYNCH

Mailing Address 136 MONTCLAIR DR

City State Zip Code  
WEST HARTFORD CT 06107-1255

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 ▼ 369.24

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790277617373  
Amount of Each Receipt this Period: 61.54  
P/R Deduction (\$30.77 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KENNETH S COHEN

Mailing Address 59 WOODLOT RD

City State Zip Code  
AMHERST MA 01002-3451

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.76

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790278017373  
Amount of Each Receipt this Period: 330.32  
P/R Deduction (\$165.16 Bi-Weekly)

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

Mailing Address 3 WESTWOOD DR

City State Zip Code  
WILBRAHAM MA 01095-2019

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR790278517373  
Amount of Each Receipt this Period: 53.84  
P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **445.70**

**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 42 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

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

Mailing Address 14 ERICKA CIR

City State Zip Code  
E LONGMEADOW MA 01028-1658

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 ▼ 692.28

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790278917373

Amount of Each Receipt this Period  
115.38

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

**B.**

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

Mailing Address 335 INVERNESS LN

City State Zip Code  
LONGMEADOW MA 01106-2825

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790279017373

Amount of Each Receipt this Period  
53.84

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. LISE A HICKS

Mailing Address 22 PINEYWOODS DR

City State Zip Code  
E LONGMEADOW MA 01028-3040

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790287217373

Amount of Each Receipt this Period  
76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **246.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. LAURA M GASTON	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 239 PEASE RD	<b>Transaction ID:</b> PR790290117373
	City State Zip Code E LONGMEADOW MA 01028-3194	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MARK ACKERMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 385 GREEN HILL RD	<b>Transaction ID:</b> PR790296017373
	City State Zip Code LONGMEADOW MA 01106-2943	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MATTHEW P NATCHARIAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 22 OVERLOOK DR	<b>Transaction ID:</b> PR790301417373
	City State Zip Code WILBRAHAM MA 01095-1924	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	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 ▼ 461.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>184.60</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: PAGE 44 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. MELISSA A RICCO

Mailing Address 6 ALCOVE RD

City SOUTHWICK State MA Zip Code 01077-9808

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 ▼ 631.56

Date of Receipt 06 / 30 / 2009

Transaction ID: PR790303117373

Amount of Each Receipt this Period 105.26

P/R Deduction (\$52.63 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL H GATELY

Mailing Address 134 FAIRVIEW TER

City S GLASTONBURY State CT Zip Code 06073-3304

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 ▼ 461.56

Date of Receipt 06 / 30 / 2009

Transaction ID: PR790304917373

Amount of Each Receipt this Period 76.92

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

**C.**

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

Mailing Address 9 WELLINGTON DR

City E LONGMEADOW State MA Zip Code 01028-2603

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 ▼ 230.76

Date of Receipt 06 / 30 / 2009

Transaction ID: PR790310717373

Amount of Each Receipt this Period 38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 220.64

**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 45 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MARK S HIGGINS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1290 OAK GROVE PL	<b>Transaction ID:</b> PR790311017373
	City State Zip Code WESTLAKE VILLAGE CA 91362-4249	Amount of Each Receipt this Period 153.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	P/R Deduction (\$76.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MARK F WILLIAMS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 103 CLIFFWOOD DR	<b>Transaction ID:</b> PR790311317373
	City State Zip Code SOUTH WINDSOR CT 06074-1877	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & SENIOR COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL L KLOFAS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 64 WINDHAM DR	<b>Transaction ID:</b> PR790314017373
	City State Zip Code E LONGMEADOW MA 01028-2668	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>284.60</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: PAGE 46 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. PAMELA J DELANEY

Mailing Address 72 HILLCREST RD

City State Zip Code  
WINDSOR CT 06095-3301

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790320617373

Amount of Each Receipt this Period  
76.92

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

**B.**

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

Mailing Address 49 TIMBER LN

City State Zip Code  
HOLDEN MA 01520-1943

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790332217373

Amount of Each Receipt this Period  
38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD F MCKEEVER

Mailing Address 178 TANGLEWOOD DR

City State Zip Code  
E LONGMEADOW MA 01028-2641

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 ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790339217373

Amount of Each Receipt this Period  
53.84

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **169.22**

**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 47 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT CASALE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009		
	Mailing Address 30 THISTLE LN		Transaction ID: PR790342217373		
	City BRISTOL	State CT	Zip Code 06010-8057	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & CHIEF INFORMATION OFFICER		P/R Deduction (\$57.69 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 731.80			

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. RHA E A KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009		
	Mailing Address 322 OLD FARM RD		Transaction ID: PR790351817373		
	City SPRINGFIELD	State MA	Zip Code 01119-2825	Amount of Each Receipt this Period 76.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		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 ▼ 461.52			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD P BARNHART		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009		
	Mailing Address 344 WESTCHESTER RD		Transaction ID: PR790352017373		
	City COLCHESTER	State CT	Zip Code 06415-2426	Amount of Each Receipt this Period 53.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		P/R Deduction (\$26.92 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.04			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	246.14
<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 48 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD D BOURGEOIS		Date of Receipt
	Mailing Address 11 ECHO HILL RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WILBRAHAM	MA	01095-2663
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT	<b>Transaction ID:</b> PR790352217373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="923.04"/>	Amount of Each Receipt this Period <input type="text" value="153.84"/>
			P/R Deduction (\$76.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD F BUCKLEY, Jr.		Date of Receipt
	Mailing Address 325 HADLEY ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SOUTH HADLEY	MA	01075-1032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT & SENIOR COUNSEL	<b>Transaction ID:</b> PR790352317373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.04"/>	Amount of Each Receipt this Period <input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT J BRODERICK		Date of Receipt
	Mailing Address 62 ACADEMY DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LONGMEADOW	MA	01106-2154
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	<b>Transaction ID:</b> PR790353117373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.04"/>	Amount of Each Receipt this Period <input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="261.52"/>
<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 49 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT H CUNNINGHAM

Mailing Address 16 HERRICK PL

City State Zip Code  
WILBRAHAM MA 01095-1540

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790353317373

Amount of Each Receipt this Period  
53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT G LABUN

Mailing Address 84 WILDFLOWER CIR

City State Zip Code  
WESTFIELD MA 01085-4590

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790354517373

Amount of Each Receipt this Period  
76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT S ROSENTHAL

Mailing Address 12 SHERWOOD LN

City State Zip Code  
AVON CT 06001-3215

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR790355417373

Amount of Each Receipt this Period  
53.84

P/R Deduction (\$26.92 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 50 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROGER W CRANDALL		Date of Receipt
	Mailing Address 107 HAMPDEN RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SOMERS	CT	06071-1279
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation PRESIDENT & COO	Transaction ID: PR790355917373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2307.72"/>	
		Amount of Each Receipt this Period	<input type="text" value="384.62"/>
		P/R Deduction (\$192.31 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. SUSAN A MOORE		Date of Receipt
	Mailing Address 70 BROOKS RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LONGMEADOW	MA	01106-2129
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	Transaction ID: PR790370117373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1045.23"/>	
		Amount of Each Receipt this Period	<input type="text" value="350.68"/>
		P/R Deduction (\$175.34 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN N LAVALLEY		Date of Receipt
	Mailing Address 31 WEST ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	EASTHAMPTON	MA	01027-1325
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VICE PRESIDENT	Transaction ID: PR790374517373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="252.60"/>	
		Amount of Each Receipt this Period	<input type="text" value="42.10"/>
		P/R Deduction (\$21.05 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="777.40"/>
<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 51 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS H JURKOWSKI	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO BOX 823	<b>Transaction ID:</b> PR790378517373
	City State Zip Code BELCHERTOWN MA 01007-0823	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS P KELLEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 114 STEELE RD	<b>Transaction ID:</b> PR790384017373
	City State Zip Code WEST HARTFORD CT 06119-1156	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 461.52	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS F O'CONNOR	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 55 WOODFIELD DR	<b>Transaction ID:</b> PR790384617373
	City State Zip Code TOLLAND CT 06084-3034	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.68</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: PAGE 52 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. VICTOR I SHINSKY

Mailing Address 319 MERRIWEATHER DR

City State Zip Code  
LONGMEADOW MA 01106-2559

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790386617373

Amount of Each Receipt this Period  
38.46

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

**B.** Full Name (Last, First, Middle Initial)  
MR. VICTOR H LIPMAN

Mailing Address 70 FERRY HILL RD

City State Zip Code  
GRANBY MA 01033-3405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.24

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790387517373

Amount of Each Receipt this Period  
61.54

P/R Deduction (\$30.77 Bi-Weekly)

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

Mailing Address 146 LONGHILL ST

City State Zip Code  
SPRINGFIELD MA 01108-1438

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790387617373

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 53 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. YEK SOAN S CHENG	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 151 MEADOWLARK DR	<b>Transaction ID:</b> PR790394217373
	City State Zip Code LONGMEADOW MA 01106-2736	Amount of Each Receipt this Period 82.36
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation SENIOR MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$41.18 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY C. DOLLARHIDE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9646 E LAUREL LN	<b>Transaction ID:</b> PR790394917373
	City State Zip Code SCOTTSDALE AZ 85260-5956	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$500.00 Se-mi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) BENJAMIN M. MUIRHEAD	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1706 BRAZOS ST	<b>Transaction ID:</b> PR790420717373
	City State Zip Code WICHITA FALLS TX 76309-1412	Amount of Each Receipt this Period 111.10
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.20	P/R Deduction (\$55.55 Sem-i-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1193.46</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: PAGE 54 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

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

Mailing Address 3013 CREEKBEND DR

City PLANO State TX Zip Code 75075-7607

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.64

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR790421517373  
 Amount of Each Receipt this Period: 133.32  
 P/R Deduction (\$66.66 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN G. DEBACKER

Mailing Address PO BOX 226

City PREEMPTION State IL Zip Code 61276-0226

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 ▼ 285.72

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR790425317373  
 Amount of Each Receipt this Period: 142.86  
 P/R Deduction (\$71.43 Semi-Monthly)

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

Mailing Address 8530 SW 84TH CT

City MIAMI State FL Zip Code 33143-6914

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 ▼ 250.01

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR790522217373  
 Amount of Each Receipt this Period: 250.01  
 P/R Deduction (\$166.67 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 526.19

**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 55 / 105  
(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.** Full Name (Last, First, Middle Initial)  
ROBERT E. NORMAN  
Mailing Address 2513 CAMBERWELL CT  
City HERNDON State VA Zip Code 20171-2981  
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 ▼ 500.00  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790525017373  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$125.00 Se-mi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L. BELVEDERE  
Mailing Address 74 WINDHAM RD  
City ROCKVILLE CENTRE State NY Zip Code 11570-1232  
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 06 / 30 / 2009  
Transaction ID: PR790530217373  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$125.00 Se-mi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS G DUDECK  
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 ▼ 692.28  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790544517373  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 615.38  
**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 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JEFFREY R HUG		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 4 WHITCOMB DR		<b>Transaction ID:</b> PR790545117373
	City SIMSBURY	State CT	Zip Code 06070-1119
	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 VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARYANN MUNGER		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 12 SMITH AVE		<b>Transaction ID:</b> PR790561817373
	City GRANBY	State MA	Zip Code 01033-9443
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	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 ▼ 673.06		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ANGELA S OTIS		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 612 EAST ST		<b>Transaction ID:</b> PR790574017373
	City WILLIAMSBURG	State MA	Zip Code 01096-9773
	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 VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>184.60</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 57 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. KATHLEEN L KRAEZ		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 111 ASHFORD RD		<b>Transaction ID:</b> PR790579417373
	City LONGMEADOW	State MA	Zip Code 01106-2515
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 53.84
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. KAREN M PHELAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 48 PINE GROVE CIR		<b>Transaction ID:</b> PR790587417373
	City E LONGMEADOW	State MA	Zip Code 01028-1300
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	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 ▼ 461.52		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS M TREVALLION, II		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 30 COVENTRY LN		<b>Transaction ID:</b> PR790590317373
	City AGAWAM	State MA	Zip Code 01001-3569
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	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 ▼ 461.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.68</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: PAGE 58 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. ROGER M ROBERGE

Mailing Address 5 EAST RD

City State Zip Code  
BROAD BROOK CT 06016-9504

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790594517373

Amount of Each Receipt this Period 76.92

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

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT M SHETTLE

Mailing Address 65 KELSEY LN

City State Zip Code  
GLASTONBURY CT 06033-5040

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790597117373

Amount of Each Receipt this Period 38.46

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

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

Mailing Address 18 MONTGOMERY LN

City State Zip Code  
NORWICH CT 06360-2715

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PORTFOLIO MANAGER  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR790608817373

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **230.76**

**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 59 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES O LACEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 106 MAGNOLIA TER	<b>Transaction ID:</b> PR790616217373
	City State Zip Code SPRINGFIELD MA 01108-2533	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	P/R Deduction (\$26.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN T MURDY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 21 COLORADO CT	<b>Transaction ID:</b> PR790636617373
	City State Zip Code MERIDEN CT 06450-8306	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation PORTFOLIO MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. SCOTT C WESTPHAL	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 70 WELLS HILL RD	<b>Transaction ID:</b> PR790637417373
	City State Zip Code WESTON CT 06883-2625	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MARKET RESEARCH DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>146.14</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 60 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. LISA R GLASS		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 6 DEL REY		<b>Transaction ID:</b> PR790640217373
	City IRVINE	State CA	Zip Code 92612-2960
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.40
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$7.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 92.40		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS P SHEA		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 81 GREENMEADOW DR		<b>Transaction ID:</b> PR790640617373
	City LONGMEADOW	State MA	Zip Code 01106-2305
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAL L BOBRYK		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9 WHYTEWOOD LN		<b>Transaction ID:</b> PR790641517373
	City GRANBY	State CT	Zip Code 06035-2426
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
	Name of Employer MASSMUTUAL TRUST COMPANY	Occupation PRESIDENT	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 ▼ 461.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.78</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 61 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROLAND P FAWTHROP	Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 51 HORSESHOE LN	<b>Transaction ID:</b> PR790658217373
	City SOMERS State CT Zip Code 06071-2235	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	P/R Deduction (\$26.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MICHELE M WHITE	Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 46 HARVEST HILL RD	<b>Transaction ID:</b> PR790665617373
	City SOMERS State CT Zip Code 06071-1685	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MARY ROBINSON	Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 28 ROCKRIMMON ST	<b>Transaction ID:</b> PR790673417373
	City BELCHERTOWN State MA Zip Code 01007-9333	Amount of Each Receipt this Period 330.32
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.76	P/R Deduction (\$165.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>438.00</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 62 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. TODD M GISH	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 139 MELROSE RD	<b>Transaction ID:</b> PR790677117373
	City State Zip Code BROAD BROOK CT 06016-9617	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN S HOLSTEIN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 72 OAK HILL DR	<b>Transaction ID:</b> PR790683017373
	City State Zip Code SHARON MA 02067-2309	Amount of Each Receipt this Period 153.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JOANNE LEARY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 44 COPLEY RD	<b>Transaction ID:</b> PR790684017373
	City State Zip Code S GLASTONBURY CT 06073-2632	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation PORTFOLIO MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>284.60</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 63 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. SYLENA G ECHEVARRIA	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 35 CLEMENT ST	<b>Transaction ID:</b> PR790779917373
	City State Zip Code SPRINGFIELD MA 01118-1511	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. NORMAN A SMITH	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 32 LAUREL ST	<b>Transaction ID:</b> PR790808617373
	City State Zip Code LONGMEADOW MA 01106-1124	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 692.28	P/R Deduction (\$57.69 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID S ALLEN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 41 FOUR MILE RD	<b>Transaction ID:</b> PR790809717373
	City State Zip Code WEST HARTFRD CT 06107-2710	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VP & ASSOCIATE GENERAL COUNS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00	P/R Deduction (\$55.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.38</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: PAGE 64 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. LARRY N PORT

Mailing Address 101 ELY WAY

City State Zip Code  
LONGMEADOW MA 01106-1868

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 ▼ 923.04

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790811817373

Amount of Each Receipt this Period  
153.84

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

**B.** Full Name (Last, First, Middle Initial)  
MR. RODNEY J DILLMAN

Mailing Address 15 CATHERINE LN

City State Zip Code  
SUFFIELD CT 06078-1931

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL SENIOR VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790812617373

Amount of Each Receipt this Period  
115.38

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

**C.** Full Name (Last, First, Middle Initial)  
MR. SCOTT PICCONE

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 HOTEL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR790815817373

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **307.68**

**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: PAGE 65 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. RICHARD R MOUREY  
Mailing Address 168 WOPOWOG RD  
City EAST HAMPTON State CT Zip Code 06424-1647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 222.12  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790818217373  
Amount of Each Receipt this Period 68.28  
P/R Deduction (\$34.14 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DAVID A. BRACKENBURY  
Mailing Address 3236 GREEN MEADOW DR  
City BETHLEHEM State PA Zip Code 18017-1943  
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 ▼ 333.32  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR790933817373  
Amount of Each Receipt this Period 166.66  
P/R Deduction (\$83.33 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
DAVID J. MEANS  
Mailing Address 901 MARQUETTE AVE # 2  
City MINNEAPOLIS State MN Zip Code 55402-3205  
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 ▼ 333.32  
Date of Receipt 06 / 30 / 2009  
Transaction ID: PR791035317373  
Amount of Each Receipt this Period 166.66  
P/R Deduction (\$83.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 401.60  
**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 66 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL S SZCZYGIEL

Mailing Address 5 SYLVAN WAY

City State Zip Code  
HOPKINTON MA 01748-1590

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 ▼ 923.04

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR791144417373

Amount of Each Receipt this Period  
153.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT BAUMBACH

Mailing Address PO BOX 806

City State Zip Code  
SUDBURY MA 01776-0806

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 ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR791148617373

Amount of Each Receipt this Period  
76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES J O'SHAUGHNESSY

Mailing Address 591 MAIN ST

City State Zip Code  
CONCORD MA 01742-3303

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC HOTEL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR791165917373

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: PAGE 67 / 105  
(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.** Full Name (Last, First, Middle Initial)  
STEPHEN K. COLLINS

Mailing Address 341 JOHNSTONE DR

City MADISON State MS Zip Code 39110-6565

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 ▼ 500.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791191517373

Amount of Each Receipt this Period 250.00

P/R Deduction (\$125.00 Se-mi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS W TAYLOR

Mailing Address 12 ERSKINE DR

City LONGMEADOW State MA Zip Code 01106-1614

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791193717373

Amount of Each Receipt this Period 53.84

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

**C.** Full Name (Last, First, Middle Initial)  
MS. MELISSA MILLAN

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 SENIOR VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.76

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791207717373

Amount of Each Receipt this Period 330.32

P/R Deduction (\$165.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **634.16**

**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 68 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA L ANDERSON		Date of Receipt
	Mailing Address 46 GLENDALE RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HAMPDEN	MA	01036-9121
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSMUTUAL TRUST COMPANY		Occupation VICE PRESIDENT	<b>Transaction ID:</b> PR791239017373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.05"/>	Amount of Each Receipt this Period <input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. PAUL BACON		Date of Receipt
	Mailing Address 11 RAVINE CIR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WESTFIELD	MA	01085-5005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	<b>Transaction ID:</b> PR791276817373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	Amount of Each Receipt this Period <input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. J STEVEN STAGGS		Date of Receipt
	Mailing Address 46 GARY DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WESTFIELD	MA	01085-4555
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	<b>Transaction ID:</b> PR791280517373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.04"/>	Amount of Each Receipt this Period <input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="184.60"/>
<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 69 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER P DOWD

Mailing Address 35 SUNSET TER

City State Zip Code  
WEST HARTFORD CT 06107-2737

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 ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR791281117373

Amount of Each Receipt this Period  
38.46

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. KEVIN E BALDWIN

Mailing Address 350 BURROWS HILL RD

City State Zip Code  
AMSTON CT 06231-1225

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR791307617373

Amount of Each Receipt this Period  
40.14

P/R Deduction (\$20.07 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. SUSAN E SCHECHTER

Mailing Address 60 LEDGEWOOD RD

City State Zip Code  
WEST HARTFRD CT 06107-3731

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR791332817373

Amount of Each Receipt this Period  
76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **155.52**

**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 70 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. AUDREY MEYERLAMPERT	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 120 LOOMIS ST	<b>Transaction ID:</b> PR791334817373
	City State Zip Code NORTH GRANBY CT 06060-1202	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 461.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ANNE KANDILIS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 10 CRESCENT HL	<b>Transaction ID:</b> PR791348017373
	City State Zip Code SPRINGFIELD MA 01105-1915	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$57.69 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 ▼ 692.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER DEFRANCIS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 41 MAYNARD RD	<b>Transaction ID:</b> PR791365017373
	City State Zip Code NORTHAMPTON MA 01060-2809	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSISTANT GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>246.14</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 71 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL T ROLLINGS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5 DURHAM RD	<b>Transaction ID:</b> PR791365817373
	City State Zip Code LONGMEADOW MA 01106-1507	Amount of Each Receipt this Period 474.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT & CFO	P/R Deduction (\$237.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1682.07	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ALAN TAYLOR	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 11 SOBY DR	<b>Transaction ID:</b> PR791390317373
	City State Zip Code WEST HARTFORD CT 06107-1034	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	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 ▼ 461.52	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RICKY A SWAYE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 13 UPPER HEATHERWOOD	<b>Transaction ID:</b> PR791442317373
	City State Zip Code CROMWELL CT 06416-2709	Amount of Each Receipt this Period 53.84
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>604.76</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: PAGE 72 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. RUSSELL D MORRISON

Mailing Address 5419 GORHAM DR

City State Zip Code  
CHARLOTTE NC 28226-6411

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 ▼ 323.04

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR79151117373  
Amount of Each Receipt this Period: 53.84  
P/R Deduction (\$26.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. CHIN-JUNG V YANG

Mailing Address 18524 ROLLINGDALE LN

City State Zip Code  
DAVIDSON NC 28036-7862

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 ▼ 461.52

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR791511517373  
Amount of Each Receipt this Period: 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS M FINKE

Mailing Address 4920 HARDISON RD

City State Zip Code  
CHARLOTTE NC 28226-6418

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt: 06 / 30 / 2009  
Transaction ID: PR791511917373  
Amount of Each Receipt this Period: 153.84  
P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 284.60

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN F CARLSON

Mailing Address 28 SUDBURY WAY

City AVON State CT Zip Code 06001-2513

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791542717373

Amount of Each Receipt this Period 53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. SUSAN W SWEETSER

Mailing Address 15 CINDY LN

City ESSEX JUNCTION State VT Zip Code 05452-3307

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.27

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791566717373

Amount of Each Receipt this Period 76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. PATRICIA WALSH

Mailing Address 127 FRANKLIN ST

City NORTHAMPTON State MA Zip Code 01060-2061

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORP VP, ASSC GEN COUNSL & ASST SECRETA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 804.99

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR791569717373

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 246.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) NICHOLAS S. PREDDICE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3 STONY BROOK DR	<b>Transaction ID:</b> PR791572417373
	City State Zip Code SARATOGA SPGS NY 12866-6444	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	P/R Deduction (\$83.33 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES K. MCANDREWS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 13310 INDIAN CREEK RD	<b>Transaction ID:</b> PR791585617373
	City State Zip Code HOUSTON TX 77079-7139	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	P/R Deduction (\$83.33 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD GOLDSTEIN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 197 LYNNWOOD DR	<b>Transaction ID:</b> PR791591617373
	City State Zip Code LONGMEADOW MA 01106-2013	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>410.24</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 75 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS MILES		Date of Receipt
	Mailing Address 25 TIMBER RIDGE RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	W SPRINGFIELD	MA	01089-1654
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	<b>Transaction ID:</b> PR791623317373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	Amount of Each Receipt this Period <input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARY S BLOCK		Date of Receipt
	Mailing Address 67 PERSHING RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WINDSOR LOCKS	CT	06096-2122
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VP & ASSOC GENERAL COUNSEL	<b>Transaction ID:</b> PR791784417373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	Amount of Each Receipt this Period <input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT ERWIN		Date of Receipt
	Mailing Address 185 COVENTRY LN		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LONGMEADOW	MA	01106-1629
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	<b>Transaction ID:</b> PR791800217373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.04"/>	Amount of Each Receipt this Period <input type="text" value="53.84"/>
			P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="207.68"/>
<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 76 / 105
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM SILVANIC		Date of Receipt
	Mailing Address 120 CREAMERY HILL RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRANBY	CT	06035-1702
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR791800417373
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation CORPORATE VICE PRESIDENT & ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	<input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) ALFRED W. HOVIS		Date of Receipt
	Mailing Address 4174 SE FAIRWAY E		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	STUART	FL	34997-6150
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR791824817373
Name of Employer SELF		Occupation INSURANCE AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="222.20"/>	<input type="text" value="111.10"/>
			P/R Deduction (\$55.55 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JAMES E MASUR		Date of Receipt
	Mailing Address 66 THORNTON RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEEDHAM	MA	02492-4330
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR791870417373
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="264.69"/>	<input type="text" value="176.46"/>
			P/R Deduction (\$88.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="364.48"/>
<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 77 / 105

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. IAN SHERIDAN

Mailing Address 752 NORTHEAST ST

City State Zip Code  
AMHERST MA 01002-1764

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 323.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR791884317373

Amount of Each Receipt this Period

53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS OSWALD

Mailing Address 665 CENTER ST  
UNIT 713

City State Zip Code  
LUDLOW MA 01056-1534

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR791903217373

Amount of Each Receipt this Period

76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS ENDORF

Mailing Address 27 STRAWBERRY FIELDS

City State Zip Code  
GRANBY CT 06035-2927

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 ▼ 323.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR791938617373

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 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: PAGE 78 / 105  
(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.** Full Name (Last, First, Middle Initial)  
MR. DAVID A COBB

Mailing Address 29 OLD OAK RD

City State Zip Code  
DARIEN CT 06820-3029

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 ▼ 461.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR791939117373

Amount of Each Receipt this Period 76.92

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

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

Mailing Address 225 GENERAL HOBBS RD

City State Zip Code  
JEFFERSON MA 01522-1565

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

Name of Employer Occupation  
MML INVESTORS SERVICES, INC. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR791969117373

Amount of Each Receipt this Period 53.84

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

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

Mailing Address 15 BUNKER WAY

City State Zip Code  
BELCHERTOWN MA 01007-9645

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** PR791997317373

Amount of Each Receipt this Period 53.84

P/R Deduction (\$26.92 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: PAGE 79 / 105  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS NEWSOME

Mailing Address 34 ROBIN RD

City RUMSON State NJ Zip Code 07760-1829

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 ▼ 412.78

Date of Receipt 06 / 30 / 2009

Transaction ID: PR792041017373

Amount of Each Receipt this Period 53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. PETER LAHAIE

Mailing Address 60 GREENWOOD RD

City HOPKINTON State MA Zip Code 01748-3111

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

Name of Employer MML INVESTORS SERVICES, INC. Occupation VICE PRESIDENT & CHIEF FINANCIAL OFFIC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 30 / 2009

Transaction ID: PR792041417373

Amount of Each Receipt this Period 53.84

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY PIERSON

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 ▼ 240.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR792042017373

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.68

**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: PAGE 80 / 105

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM F. LEAKE

Mailing Address 918 WHITBY CT

City State Zip Code  
SUGAR LAND TX 77479-5918

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 266.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR792072517373

Amount of Each Receipt this Period

133.32

P/R Deduction (\$66.66 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL O'CONNOR

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. CORPORATE VP & ASSOC GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 461.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR792107717373

Amount of Each Receipt this Period

76.92

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

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM E. BRILL

Mailing Address 3015 LEEDS GARDEN LN

City State Zip Code  
ALPHARETTA GA 30022-7572

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

Name of Employer Occupation  
SELF GENERAL INSURANCE AGENT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 200.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR792112517373

Amount of Each Receipt this Period

133.34

P/R Deduction (\$66.67 Semi-Monthly)

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

343.58

**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: PAGE 81 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL J STRONG

Mailing Address 11 ABBEY RD

City State Zip Code  
BOW NH 03304-5101

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR792119717373

Amount of Each Receipt this Period  
53.84

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. ELLEN S CONLIN

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 VP & ASSOCIATE GENERAL COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR792129517373

Amount of Each Receipt this Period  
53.84

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

**C.**

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

Mailing Address 21 TEMPLE ST APT 809

City State Zip Code  
HARTFORD CT 06103-1325

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 211.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR792144317373

Amount of Each Receipt this Period  
41.26

P/R Deduction (\$20.63 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **148.94**

**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 82 / 105  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
CARLOS HERNANDEZ

Mailing Address 1211 WILDEWOOD CT

City State Zip Code  
SUGAR LAND TX 77479-6294

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

Name of Employer Occupation  
SELF INSURANCE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR795364017373

Amount of Each Receipt this Period  
166.66

P/R Deduction (\$83.33 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ERIN TOBIN

Mailing Address 28 MIDDLESEX DR

City State Zip Code  
ENFIELD CT 06082-5825

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

Name of Employer Occupation  
MML INVESTORS SERVICES, INC. TRAINING CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR796548417373

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$41.67 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. ELAINE A SARSYNSKI

Mailing Address 75 BARNDOR HILLS RD

City State Zip Code  
SUFFIELD CT 06078-1360

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1223.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR796671817373

Amount of Each Receipt this Period  
203.84

P/R Deduction (\$101.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **453.84**

**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: PAGE 83 / 105  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.30

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR904834617373

Amount of Each Receipt this Period 53.84

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

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD LAVOICE

Mailing Address 126 WOODFORD HILLS DR

City AVON State CT Zip Code 06001-3924

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR932682517373

Amount of Each Receipt this Period 38.46

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

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

Mailing Address 10 W MEETINGHOUSE RD

City NEW MILFORD State CT Zip Code 06776-5114

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 ▼ 461.52

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR932683617373

Amount of Each Receipt this Period 76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 169.22

**TOTAL** This Period (last page this line number only) ..... ► 34550.11

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

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

FOR LINE NUMBER: PAGE 84 / 105

(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.**

Full Name (Last, First, Middle Initial)

MassMutual Federal Credit Union

Mailing Address 1295 State Street

City State Zip Code  
 Springfield MA 01111

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

411.16

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 9

Transaction ID: 30772887

Amount of Each Receipt this Period

121.96

Jun-09 Interest - Money Market Account

**B.**

Full Name (Last, First, Middle Initial)

MassMutual Federal Credit Union

Mailing Address 1295 State Street

City State Zip Code  
 Springfield MA 01111

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

416.63

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 9

Transaction ID: 30772981

Amount of Each Receipt this Period

5.47

Jun-09 Interest - Checking Account

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

127.43

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

127.43

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 105  
(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.

Full Name (Last, First, Middle Initial)  
Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City State Zip Code  
Boise ID 83701

FEC ID number of contributing federal political committee. **C** C00330886

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: 30816145

Amount of Each Receipt this Period  
1000.00

Refund of Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Synergy PAC <hr/> Mailing Address 6849 Old Dominion Drive, Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement Event: June 19, 2009 Candidate Name Synergy PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29480512 Date of Disbursement 06 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 4000.00 <hr/> Event: June 19, 2009
<b>B.</b>	Full Name (Last, First, Middle Initial) Next Century Fund <hr/> Mailing Address 116 South Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement District Event: June 20, 2009 Candidate Name Next Century Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29675255 Date of Disbursement 06 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> District Event: June 20, 2009
<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Candidate Name Rep. Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29777937 Date of Disbursement 06 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Event: June 4, 2009</p> <p>Candidate Name Rep. Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29863686 <b>Date of Disbursement</b> 06 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event: June 4, 2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Re-Elect MCGovern Committee</p> <p>Mailing Address PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement District Event: June 12, 2009</p> <p>Candidate Name Rep. James P. McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29863687 <b>Date of Disbursement</b> 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>District Event: June 12, 2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement District Event: June 22, 2009</p> <p>Candidate Name Rep. Randy R. Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29863688 <b>Date of Disbursement</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>District Event: June 22, 2009</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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

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

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

A.	Full Name (Last, First, Middle Initial) Steven F. Lynch for Congress Committee	Transaction ID: 30082238 Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 105 Farragut Road	Amount of Each Disbursement this Period 1000.00
	City South Boston State MA Zip Code 02127	
	Purpose of Disbursement District Event: June 1, 2009	011 Category/ Type
	Candidate Name Stephen Lynch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 09	District Event: June 1, 2009

B.	Full Name (Last, First, Middle Initial) Steven F. Lynch for Congress Committee	Transaction ID: 30082241 Date of Disbursement MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 105 Farragut Road	Amount of Each Disbursement this Period 3000.00
	City South Boston State MA Zip Code 02127	
	Purpose of Disbursement District Event: June 23, 2009	011 Category/ Type
	Candidate Name Stephen Lynch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 09	District Event: June 23, 2009

C.	Full Name (Last, First, Middle Initial) Friends Of Kent Conrad	Transaction ID: 30082242 Date of Disbursement MM / DD / YYYY 06 / 02 / 2009
	Mailing Address PO Box 812	Amount of Each Disbursement this Period 2000.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement Event: June 2, 2009	011 Category/ Type
	Candidate Name Sen. Kent Conrad	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	Event: June 2, 2009

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ed Royce For Congress  Mailing Address P.O. Box 2525  City Orange State CA Zip Code 92859  Purpose of Disbursement Event: June 3, 2009 Candidate Name Rep. Edward R. Royce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30082244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00  Event: June 3, 2009
<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Sessions For Congress  Mailing Address PO Box 823047  City Dallas State TX Zip Code 75382  Purpose of Disbursement Event: June 8, 2009 Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30082245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00  Event: June 8, 2009
<b>C.</b>	Full Name (Last, First, Middle Initial) Next Century Fund  Mailing Address 116 South Royal Street  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Event: June 2, 2009 Candidate Name Next Century Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30082246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00  Event: June 2, 2009

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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)

PAGE 90 / 105

<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Event: June 10, 2009</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30082248 <b>Date of Disbursement</b> 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Event: June 10, 2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Event: June 11, 2009</p> <p>Candidate Name Rep. Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30082250 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Event: June 11, 2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bennet For Colorado</p> <p>Mailing Address 1900 Grant Street Suite 1170</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Event: June 9, 2009</p> <p>Candidate Name Mr. Michael Bennet</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30082261 <b>Date of Disbursement</b> 06 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Event: June 9, 2009</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City Newtonville State MA Zip Code 02460 Purpose of Disbursement Event: June 16, 2009 Candidate Name Rep. Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30231221 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2009
	Amount of Each Disbursement this Period 1000.00 Event: June 16, 2009

<b>B.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress Mailing Address P.O. Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Event: June 10, 2009 Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30231228 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2009
	Amount of Each Disbursement this Period 2000.00 Event: June 10, 2009

<b>C.</b> Full Name (Last, First, Middle Initial) Guthrie For Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Event: June 10, 2009 Candidate Name Rep. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30231230 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00 Event: June 10, 2009

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kind For Congress Committee  Mailing Address 205 5th Avenue South Suite 428  City La Crosse State WI Zip Code 54601  Purpose of Disbursement Event: June 11, 2009 Candidate Name Rep. Ron Kind  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	<b>Transaction ID:</b> 30231231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00  Event: June 11, 2009
<b>B.</b>	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress  Mailing Address P.O. Box 2232  City Jenkintown State PA Zip Code 19046  Purpose of Disbursement Event: June 11, 2009 Candidate Name Rep. Allyson Y. Schwartz  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13	<b>Transaction ID:</b> 30231232 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00  Event: June 11, 2009
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen  Mailing Address P.O. Box 44369 250 Prairie Center Drive  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Event: June 11, 2009 Candidate Name Mr. Erik Paulsen  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	<b>Transaction ID:</b> 30231233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period  2000.00  Event: June 11, 2009

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement District Event: June 14, 2009</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30231234 <b>Date of Disbursement</b> 06 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>District Event: June 14, 2009</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Forward Together PAC</p> <p>Mailing Address 10 G Street, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Event: June 15, 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30231235 <b>Date of Disbursement</b> 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Event: June 15, 2009</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Event: June 16, 2009</p> <p>Candidate Name Sen. Robert Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30231236 <b>Date of Disbursement</b> 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event: June 16, 2009</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

**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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City State Zip Code  
Roanoke VA 24002

Purpose of Disbursement  
Event: June 18, 2009

Candidate Name  
Rep. Robert W. Goodlatte

Office Sought:  House  
 Senate  
 President

State: VA District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 30231238

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

Event: June 18, 2009

**B.** Full Name (Last, First, Middle Initial)  
Melissa Bean For Congress

Mailing Address PO Box 3068

City State Zip Code  
Barrington IL 60010

Purpose of Disbursement

Candidate Name  
Rep. Melissa L. Bean

Office Sought:  House  
 Senate  
 President

State: IL District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 30231240

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
District Event

Candidate Name  
Rep. Michael Thompson

Office Sought:  House  
 Senate  
 President

State: CA District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 30231246

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

500.00

District Event

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**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)

PAGE 95 / 105

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ERIC PAC  Mailing Address 25 E. Main Street, Suite 200  City Richmond State VA Zip Code 23219  Purpose of Disbursement Event: June 25, 2009 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30231474 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period  1500.00  Event: June 25, 2009
<b>B.</b>	Full Name (Last, First, Middle Initial) Montanans For Tester  Mailing Address PO Box 1135  City Helena State MT Zip Code 59624  Purpose of Disbursement Event: June 17, 2009 Candidate Name Sen. Jon Tester  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30231477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00  Event: June 17, 2009
<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon  Mailing Address 2236 Se 10th Ave  City Portland State OR Zip Code 97214  Purpose of Disbursement Event: June 16, 2009 Candidate Name Mr. Jeffrey Merkley  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30231493 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00  Event: June 16, 2009

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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)

PAGE 96 / 105

<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

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 30231498 Date of Disbursement MM / DD / YYYY 06 / 10 / 2009
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 2000.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Event: June 10, 2009	011 Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event: June 10, 2009

B.	Full Name (Last, First, Middle Initial) Loeb sack For Congress	Transaction ID: 30437315 Date of Disbursement MM / DD / YYYY 06 / 16 / 2009
	Mailing Address PO Box 1457	Amount of Each Disbursement this Period 1000.00
	City Iowa City State IA Zip Code 52244	
	Purpose of Disbursement Event: June 16, 2009	011 Category/ Type
	Candidate Name Rep. David Wayne Loeb sack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event: June 16, 2009

C.	Full Name (Last, First, Middle Initial) Campaign For Our Country	Transaction ID: 30437321 Date of Disbursement MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 10 G Street, NE Suite 710	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Event: June 17, 2009	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event: June 17, 2009

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Event: June 17, 2009</p> <p>Candidate Name Rep. Ralph Bradley Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30437347 <b>Date of Disbursement</b> 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Event: June 17, 2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Event: June 18, 2009</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30437477 <b>Date of Disbursement</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Event: June 18, 2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Event: June 17, 2009</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30437512 <b>Date of Disbursement</b> 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Event: June 17, 2009</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement District Event: June 22, 2009</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30437953 <b>Date of Disbursement:</b> 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>District Event: June 22, 2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dave Wu For Us Congress</p> <p>Mailing Address 818 Sw Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Event: June 24, 2009</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30442960 <b>Date of Disbursement:</b> 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Event: June 24, 2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Event: June 25, 2009</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30442961 <b>Date of Disbursement:</b> 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Event: June 25, 2009</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dave Wu For Us Congress <hr/> Mailing Address 818 Sw Third Ave. #1182 <hr/> City Portland State OR Zip Code 97204 <hr/> Purpose of Disbursement Event: June 24, 2009 Candidate Name Rep. David Wu <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30443075 Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2009	Amount of Each Disbursement this Period 1000.00 <hr/> Event: June 24, 2009
<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Himes For Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement Event: June 23, 2009 Candidate Name Rep. James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30443077 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2009	Amount of Each Disbursement this Period 1000.00 <hr/> Event: June 23, 2009
<b>C.</b>	Full Name (Last, First, Middle Initial) Dave Camp for Congress <hr/> Mailing Address 5915 Eastman Ave. Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement Void - Event Cancelled (orig reported May-09) Candidate Name David Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30640731 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2009	Amount of Each Disbursement this Period -1500.00 <hr/> Void - Event Cancelled (orig reported May-09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 105

<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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
Void - Event Cancelled (orig reported: Jun-09)

Candidate Name  
Rep. Carolyn McCarthy

Office Sought:  House  
 Senate  
 President

State: NY District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 30640732

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Void - Event Cancelled (orig reported: Jun-09)

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)

PAGE 101 / 105

<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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. YEK SOAN S CHENG

Transaction ID: 30437561

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	9

Mailing Address 151 MEADOWLARK DR

City State Zip Code  
LONGMEADOW MA 01106-2736

Amount of Each Disbursement this Period

123.54
--------

Purpose of Disbursement  
2009 p/d error - Refund of Contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

2009 p/d error - Refund  
of Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

123.54
--------

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

123.54
--------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 105

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 0.30 <hr/> Merchant Bank Fee
<b>B.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816152 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 138.90 <hr/> Merchant Bank Fee
<b>C.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816153 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 2.89 <hr/> Merchant Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

142.09

**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)

PAGE 103 / 105

<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

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

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

A.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union	Transaction ID: 30816154 Date of Disbursement																			
	Mailing Address 1295 State Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	9												
	City Springfield State MA Zip Code 01111	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Bank Fee	<table border="1"><tr><td>8</td><td>2</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	8	2	1																
8	2	1																			
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Merchant Bank Fee																			

B.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union	Transaction ID: 30816155 Date of Disbursement																			
	Mailing Address 1295 State Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
	City Springfield State MA Zip Code 01111	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Bank Fees	<table border="1"><tr><td>3</td><td>8</td><td>3</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	3	8	3	7															
3	8	3	7																		
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Merchant Bank Fees																			

C.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union	Transaction ID: 30816156 Date of Disbursement																			
	Mailing Address 1295 State Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	0	9												
	City Springfield State MA Zip Code 01111	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Bank Fees	<table border="1"><tr><td>3</td><td>2</td><td>6</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	3	2	6	1															
3	2	6	1																		
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Merchant Bank Fees																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7</td><td>9</td><td>1</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	7	9	1	9						
7	9	1	9								
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 105

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816157 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 29.30 <hr/> Merchant Bank Fees
<b>B.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 23.25 <hr/> Merchant Bank Fees
<b>C.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30816159 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 2.96 <hr/> Merchant Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

55.51

**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)

PAGE 105 / 105

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement AMEX Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30816160 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 4.95 <hr/> AMEX Bank Fees
<b>B.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement AMEX Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30816161 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 120.96 <hr/> AMEX Bank Fees
<b>C.</b>	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Merchant Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30816162 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 4.82 <hr/> Merchant Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

130.73

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

407.52