

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
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 CITY STATE ZIP CODE
C C00118943 3. IS THIS REPORT NEW OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20 [X], Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2017 through 05 / 31 / 2017

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

Type or Print Name of Treasurer

Signature of Treasurer C., Bruce, , Mr., Frisbie [Electronically Filed] Date 08 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="16423.00"/>	<input type="text" value="16423.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61048.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53053.63"/>	<input type="text" value="412833.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="114101.73"/>	<input type="text" value="429256.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17917.36"/>	<input type="text" value="333072.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96184.37"/>	<input type="text" value="96184.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2017 To: M M / D D / Y Y Y Y 05 / 31 / 2017

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).....	31415.91	272071.34
(ii) Unitemized	21599.70	139335.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	53015.61	411407.30
(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)	53015.61	411407.30
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	1319.07
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	38.02	107.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	53053.63	412833.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53053.63	412833.76

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	417.36	4078.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	417.36	4078.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	324500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4321.76
(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)).....	0.00	4321.76
29. Other Disbursements (Including Non-Federal Donations).....	0.00	172.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17917.36	333072.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17917.36	333072.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53015.61	411407.30
34. Total Contribution Refunds (from Line 28(d))	0.00	4321.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53015.61	407085.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	417.36	4078.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1319.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	417.36	2759.56

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Updated filing to correct for missing credit card receipts/deposits for period (5/1-5/31 2017)

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. JOLLY, BROCK, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 JOHN MARSHALL DR
 City ARLINGTON State VA Zip Code 22207-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 08 / 2017
Transaction ID : 75466518
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Picone, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 ASCOT CIR
 City MOUNT KISCO State NY Zip Code 10549-4753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.60

Date of Receipt 05 / 11 / 2017
Transaction ID : 75489827
 Amount of Each Receipt this Period 267.30
 Memo Item

C. VAN ORDER, DOUGLAS, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 WOODGROVE WAY
 City ROSEVILLE State CA Zip Code 95661-4024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.37

Date of Receipt 05 / 11 / 2017
Transaction ID : 75489833
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	733.97
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 8 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. YOUNG, SYLVIA, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9211 63RD PL W
 City MUKILTEO State WA Zip Code 98275-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.75

Date of Receipt 05 / 11 / 2017
Transaction ID : 75489834
 Amount of Each Receipt this Period 133.35
 Memo Item

B. GARRAH, BERNARD, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32651 GREYSTONE CIR
 City AVON LAKE State OH Zip Code 44012-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 11 / 2017
Transaction ID : 75489920
 Amount of Each Receipt this Period 375.00
 Memo Item

C. NAVIEN, JOHN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 GARRISON ST APT 5
 City BOSTON State MA Zip Code 02116-5740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2017
Transaction ID : 75560120
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1508.35
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 9 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Weiss, Alison, B, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 GATEWOOD DR

City ALEXANDRIA	State VA	Zip Code 22307-2031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - FEDERAL GOV RI
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 75592988

Amount of Each Receipt this Period
1500.00

Memo Item

B. Meahl, Gregory, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 ECHO COVE RD

City S HAMILTON	State MA	Zip Code 01982-1508
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 75899008

Amount of Each Receipt this Period
300.00

Memo Item

C. Hodson, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6224 29TH ST N

City ARLINGTON	State VA	Zip Code 22207-1117
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 75899010

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. EISENHARD, JOHN, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 BRIDLEPATH RD
 City EASTON State PA Zip Code 18045-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 02 / 2017
Transaction ID : 76103325
 Amount of Each Receipt this Period 800.00
 Memo Item

B. SBROGNA, John, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 897 MAIN ST
 City LEOMINSTER State MA Zip Code 01453-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2017
Transaction ID : 76103333
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lucas, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8375 STARLIGHT LN
 City BOONES MILL State VA Zip Code 24065-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2017
Transaction ID : 76103340
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Street, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 616 GROVE ST
 City MONTCLAIR State NJ Zip Code 07043-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2017
Transaction ID : 76103342
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rogan, John, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 AUBURN RD
 City FRANKLIN State MA Zip Code 02038-3456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MASSACHUSETTS MUTUAL LIFE INS. AVP AGENCY FOCUS TEAM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2017
Transaction ID : 76103343
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Brennan, SEAN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 TARBOX ST
 City DEDHAM State MA Zip Code 02026-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2017
Transaction ID : 76103346
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Falkenbach, GREGORY, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 HONOR DR
 City BETHLEHEM State PA Zip Code 18017-7707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2017
Transaction ID : 76103433
 Amount of Each Receipt this Period 250.00
 Memo Item

B. BROCKMAN, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6308 QUEENS CHAPEL RD
 City UNIVERSITY PARK State MD Zip Code 20782-2130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2017
Transaction ID : 76103435
 Amount of Each Receipt this Period 300.00
 Memo Item

C. JANCO, PAUL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 CEDAR LN
 City NEW HARTFORD State CT Zip Code 06057-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Sales Desk Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 273.35

Date of Receipt 05 / 31 / 2017
Transaction ID : 8114513
 Amount of Each Receipt this Period 49.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	599.70
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: (check only one)	PAGE 13 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WIETSMA, Eric, H, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 VALLEY VIEW DR

City WILBRAHAM	State MA	Zip Code 01095-2363
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) HEAD OF RETIREMENT OPERATION
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1120474554713

Amount of Each Receipt this Period
53.84

Memo Item

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

B. SCANLON, SUSAN, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 JUDITH DR

City MANCHESTER	State CT	Zip Code 06040-6517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - COMPLIANCE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
427.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1120474954713

Amount of Each Receipt this Period
77.78

Memo Item

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

C. ROELLIG, Mark, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 COBTAIL WAY

City SIMSBURY	State CT	Zip Code 06070-2530
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) HEAD OF TECHNOLOGY & ADMINIST
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1120475454713

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	516.22
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 14 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. WILLIAMS, MEGAN, E, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 CIRCLE DR
 City ENFIELD State CT Zip Code 06082-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) STRATEGIC CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1135584454713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. TODD, ANDREW, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9997 DELL RD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 942.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1135598754713
 Amount of Each Receipt this Period 208.40
 Memo Item
 P/R Deduction (\$104.20 Semi-Monthly)

C. CARMON, TIMOTHY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 RAINBOW TRL
 City SOUTH WINDSOR State CT Zip Code 06074-2953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - RISK MANAGEME
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1233812054713
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	335.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SCIACCA, ANTHONY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5619 CHALLISFORD LN
 City CHARLOTTE State NC Zip Code 28226-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1480.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1264218154713
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

B. GACEVICH, KENNETH, MI, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 GREENWAY BEND DR
 City CHARLOTTE State NC Zip Code 28226-5561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 621.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1264219254713
 Amount of Each Receipt this Period 113.00
 Memo Item
 P/R Deduction (\$56.50 Bi-Weekly)

C. WALLACE, AMANDA, H, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 CARRIAGE DR
 City TOLLAND State CT Zip Code 06084-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1285750054713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	432.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. O'DONNELL, ALETHEA, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 172 SNELL ST

City AMHERST	State MA	Zip Code 01002-2556
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP COMPLIANCE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1285752354713

Amount of Each Receipt this Period
53.90

Memo Item

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

B. LUCIDO, BRADLEY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 ROSEWOOD DR

City SUFFIELD	State CT	Zip Code 06078-2014
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP CHIEF COMPLIANCE OFF & DEI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1057.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1285753954713

Amount of Each Receipt this Period
192.30

Memo Item

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

C. PHILLIPS, JOHN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 MENDON RD

City SUTTON	State MA	Zip Code 01590-1135
----------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1285754154713

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	300.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PRINCE, JEFFREY, T, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1334223454713

Amount of Each Receipt this Period
76.92

Memo Item

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

B. WELLMAN, PHILIP, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & CHIEF COMP OFFICER INST. F
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1342766154713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. FANNING, MICH L, R, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 COLONIAL AVE

City NORTH ANDOVER	State MA	Zip Code 01845-6349
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EVP - MASSMUTUAL U.S.
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1360837754713

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	515.36
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 18 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Goldman, Victor, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12030 N 62ND ST
 City SCOTTSDALE State AZ Zip Code 85254-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1368736154713
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BARRETT, HUGH, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 PONDVIEW DR
 City SPRINGFIELD State MA Zip Code 01118-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1386532054713
 Amount of Each Receipt this Period
 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. RYAN, PAULA, T, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 RIDGE RD
 City SIMSBURY State CT Zip Code 06070-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1391580654713
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	307.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GRODIN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 VIEW DR
 City SAN LEANDRO State CA Zip Code 94577-5336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1417170854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. VACCARO, JOHN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 ANNA MARIE LN
 City E LONGMEADOW State MA Zip Code 01028-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - MASSMUTUAL FINANCIAL NET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.45

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1434639354713
 Amount of Each Receipt this Period 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

C. COUTU, DAVID, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MELLISSA CIR
 City GREENVILLE State RI Zip Code 02828-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1479403854713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PUTNAM, Roger, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 THE GLADE
 City SIMSBURY State CT Zip Code 06070-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - INSURANCE OPERATIONS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1479403954713
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. OBERG, WILLIAM, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 POKANOKET LN
 City MARSHFIELD State MA Zip Code 02050-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1479405054713
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C. RUSSELL, DOUGLAS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CRAIGIE ST
 City CAMBRIDGE State MA Zip Code 02138-3470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - STRATEGY AND CORP DEVEL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1500908554713
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.84
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 21 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Smith, Cale, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 LONGWOOD DR
 City BATON ROUGE State LA Zip Code 70808-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1500946654713
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. YOUNG, JOHN, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 LAMPERCOCK LN
 City LINCOLN State RI Zip Code 02865-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1541043554713
 Amount of Each Receipt this Period
 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. WALL, THOMAS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 W ELM ST
 City HOPKINTON State MA Zip Code 01748-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EXTERNAL WHOLESALER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1541046454713
 Amount of Each Receipt this Period
 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	476.94
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: (check only one)	PAGE 22 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. VIVIANO, MARK, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 NORTHFIELD RD

City LONGMEADOW	State MA	Zip Code 01106-2143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP INVESTMENT OPERATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1541058554713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. HERNANDEZ, CARLOS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8600 SW 84TH AVE

City MIAMI	State FL	Zip Code 33143-6912
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1541766154713

Amount of Each Receipt this Period
33.35

Memo Item

P/R Deduction (\$33.35 Semi-Monthly)

C. MARTINEZ, MARGEE, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 ALHAMBRA CIR

City CORAL GABLES	State FL	Zip Code 33134-3532
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1541766454713

Amount of Each Receipt this Period
41.70

Memo Item

P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	113.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 107
<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. LEONARD, TARYN, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 MAGAZINE ST
 City CAMBRIDGE State MA Zip Code 02139-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1560527854713
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

B. JAEGGI, RACHEL, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 HOFFMANN RD
 City CANTON State CT Zip Code 06019-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1564484354713
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. RASCH, KEVIN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 FOX DEN RD
 City WEST SIMSBURY State CT Zip Code 06092-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP & ASSISTANT GENERAL COUNSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1569232354713
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	246.30
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 24 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. SZMYT, ANNE-MARIE, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 GLENN DR
 City WILBRAHAM State MA Zip Code 01095-1439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - IT PROFESSIONA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1581875054713
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. DEBLOIS, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JAMESON DR
 City REHOBOTH State MA Zip Code 02769-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1581879954713
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. VALLE-YANEZ, LORIE, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 MOUNTAIN RD
 City WEST HARTFORD State CT Zip Code 06117-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - DIVERSITY & INCI
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1606911954713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	192.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHERIDAN, KEVIN, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 WINTERSET LN

City SIMSBURY	State CT	Zip Code 06070-1720
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP WORKSITE PRODUCT MANAGEM
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1606916154713

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. CWIKLA, THOMAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 DEER MDW

City TOLLAND	State CT	Zip Code 06084-3256
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EXTERNAL WHOLESALER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1606916754713

Amount of Each Receipt this Period
40.00

Memo Item

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

C. BENOIT, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 JILLIAN WAY

City WESTPORT	State MA	Zip Code 02790-4231
------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1619196054713

Amount of Each Receipt this Period
41.70

Memo Item

P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	158.64
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 26 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HESS, Van, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 35TH ST

City MANHATTAN BEACH	State CA	Zip Code 90266-3407
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1637459654713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

B. DRONAMRAJU, SRINIVAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 ALLEN RIDGE DR

City ELLINGTON	State CT	Zip Code 06029-3666
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - ENTERPRISE INFORMATION F
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1645210254713

Amount of Each Receipt this Period
115.40

Memo Item

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

C. HICKS, RYAN, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 ROYAL PARK BLVD

City SOUTH PARK	State PA	Zip Code 15129-8929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1645235154713

Amount of Each Receipt this Period
41.70

Memo Item

P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	207.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GRIFFITH, Matthew, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 NW 156TH CIR
 City EDMOND State OK Zip Code 73013-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1645265354713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Semi-Monthly)

B. FERRERO, AMY, LY, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 STONEHILL RD
 City E LONGMEADOW State MA Zip Code 01028-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1663791254713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. HETTIGER, John, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12484 BURKE DR
 City CARMEL State IN Zip Code 46032-7284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1692497554713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	162.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MILLER, BRYCE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6017 BLACK HEATH DR
 City FORT MILL State SC Zip Code 29707-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.57

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1702297354713
 Amount of Each Receipt this Period 45.57
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. FREEMAN, GREGORY, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 N MERIDIAN ST
 City INDIANAPOLIS State IN Zip Code 46208-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1710289854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. ORZELL, JENNIFER, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 WESTWOODS DR
 City CANTON State CT Zip Code 06019-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT & ACTUARY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1717732354713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	172.49
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 29 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MORAN, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W BROADWAY UNIT 60
 City BOSTON State MA Zip Code 02127-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1717744854713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

B. SHEAN, MICHAEL, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 BONNIE BRAE RD
 City HINSDALE State IL Zip Code 60521-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1727302654713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. STARK, TIMOTHY, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4402 POMONA RD
 City DALLAS State TX Zip Code 75209-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1728061454713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	208.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KAPLAN, BRIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E 71ST ST APT 16K

City NEW YORK	State NY	Zip Code 10021-5242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1728066554713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

B. BENSON, Wendy, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 270 ALLERTON COMMONS LN

City BRAINTREE	State MA	Zip Code 02184-8248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - WEALTH MANAG
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1728095754713

Amount of Each Receipt this Period
76.92

Memo Item

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

C. LOPEZ, BAVY, U., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 ELIZA GLYNNE LN

City KNOXVILLE	State TN	Zip Code 37931-3681
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1762108054713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	176.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GRIFFITH, DONALD, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 PINEWOOD DR

City LONGMEADOW	State MA	Zip Code 01106-1638
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - COMPLIANCE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1779022354713

Amount of Each Receipt this Period
76.92

Memo Item

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

B. RUTHERFORD, KELLY, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 FIELD DR

City SIMSBURY	State CT	Zip Code 06070-1207
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP HR
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1824106354713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

C. COBURN, CHRISTOPHER, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 BAYBERRY DR

City EASTHAMPTON	State MA	Zip Code 01027-2735
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1841433154713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KENNEDY, Jack, FR, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 ANDREW DR
 City CANTON State CT Zip Code 06019-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - DISTRIBUTION S1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1913873354713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BREHART, PHILIP, AL, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 MOUNTAIN RD
 City WILBRAHAM State MA Zip Code 01095-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) BUSINESS CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1929626054713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. CORBETT, Tim, TI, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 MOUNTAIN SPRING RD
 City FARMINGTON State CT Zip Code 06032-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP & CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1929995854713
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	511.52
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 33 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FREDERICK, Christine, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 EMERSON LN

City GRANBY	State CT	Zip Code 06035-2713
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SENIOR VICE PRESIDENT - COMPLI/
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
317.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1934313154713

Amount of Each Receipt this Period
57.70

Memo Item

P/R Deduction (\$28.85 Bi-Weekly)

B. GOLDSMITH, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 ARONA ST

City SAINT PAUL	State MN	Zip Code 55108-2351
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
370.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1934322554713

Amount of Each Receipt this Period
62.50

Memo Item

P/R Deduction (\$33.83 Semi-Monthly)

C. SMITH, ROBERT, J., , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2235 CASITAS WAY

City PALM SPRINGS	State CA	Zip Code 92264-8202
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
266.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR1934331954713

Amount of Each Receipt this Period
66.70

Memo Item

P/R Deduction (\$33.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	186.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STEINHILBER, CARL, PA, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 158 CHARLES ST

City TOLLAND	State CT	Zip Code 06084-2258
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SALES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1947062454713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. BLUE, DOMINIC, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 EASTHAM LANE

City LONGMEADOW	State MA	Zip Code 01106-2342
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP & DEPUTY GEN COUNS - CORP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1947062954713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. LINDQUIST, JEREMY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 ELIJAH HILL LN

City LONDONDERRY	State NH	Zip Code 03053-3958
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR1950887154713

Amount of Each Receipt this Period
27.18

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	119.52
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 35 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BOUYEA, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 TIGGER LANE
 City SOUTH HADLEY State MA Zip Code 01075-3315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP MASSMUTUAL WAY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1961247254713
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. LAROCHE, BRIAN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 COMPASS CIR
 City VIRGINIA BCH State VA Zip Code 23451-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1961258954713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. ARRANTS, BERKELY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 POST OAK GREEN LN
 City HOUSTON State TX Zip Code 77055-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR1961263954713
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 213.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CHICK, STEVEN, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 ELM ST
 City WILLIAMSTOWN State MA Zip Code 01267-2576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1965200754713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. ROBINETTE, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 HERBERT CT
 City BRENTWOOD State TN Zip Code 37027-7653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1980140954713
 Amount of Each Receipt this Period 35.51
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

C. GODSEY, JOSEPH, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 964 JACON WAY
 City PACIFIC PLSDS State CA Zip Code 90272-2833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR1980161054713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	135.51
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 37 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FOWLER, IAN, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 CHEROKEE RD

City LAKE FOREST	State IL	Zip Code 60045-3062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2006647554713

Amount of Each Receipt this Period
77.00

Memo Item

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

B. BOTNER, RYAN, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 57TH AVE S

City FARGO	State ND	Zip Code 58104-7215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2006660054713

Amount of Each Receipt this Period
83.40

Memo Item

P/R Deduction (\$41.70 Semi-Monthly)

C. BACH, JOSHUA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 28TH AVE NE

City FARGO	State ND	Zip Code 58102-1704
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2006660454713

Amount of Each Receipt this Period
41.70

Memo Item

P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	202.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ALEMANY ROJAS, TOMASZ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 GABLES BLVD
 City WESTON State FL Zip Code 33326-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2008497854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. ROBERTSON, WILLIAM, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 FM 126
 City NOLAN State TX Zip Code 79537-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2016623354713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. TABORDA, FAVIO, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 MENDOZA AVE
 City CORAL GABLES State FL Zip Code 33134-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2016646454713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MURPHY, RICHARD, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 SEWALL WOODS RD

City MELROSE	State MA	Zip Code 02176-1709
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP SYSTEMS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR202032354713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

B. Shanahan, Daniel, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 NORMAN ESTATES WAY

City RALEIGH	State NC	Zip Code 27613-5963
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) GENERAL INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
568.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2023930754713

Amount of Each Receipt this Period
106.10

Memo Item

P/R Deduction (\$53.05 Bi-Weekly)

C. CONCEPCION, LUIS, O, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 HAWKS RIDGE

City AVON	State CT	Zip Code 06001-4417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP & COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2030723154713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	194.60
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 40 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ABRAMOWICZ, WILLIAM, T., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 723 TAFT ROAD

City HINSDALE	State IL	Zip Code 60521-4834
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) REGIONAL SALES MANAGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2030743254713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. GLYNN, DENNIS, E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 37 DANIEL RIDGE

City WESTFIELD	State MA	Zip Code 01085-4151
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) PRODUCT MANAGEMENT CONSULT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2030750554713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

C. ENGLERTH, TROY, K., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7253 W MELINDA LANE

City GLENDALE	State AZ	Zip Code 85308-9538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP GROUP BUSINESS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2030750754713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HARTUNG, BRET, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 N DAMEN AVE
 City CHICAGO State IL Zip Code 60618-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2038720454713
 Amount of Each Receipt this Period
 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. HAYWARD, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WESTON RD
 City WELLESLEY State MA Zip Code 02482-6313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2041714654713
 Amount of Each Receipt this Period
 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

C. MCGEE, DANIEL, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10812 ALEXANDER MILL DR
 City CHARLOTTE State NC Zip Code 28277-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2045466554713
 Amount of Each Receipt this Period
 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	282.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PARENT, RACHEL, AY, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 PEMBROKE DR

City SUFFIELD	State CT	Zip Code 06078-2096
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - STRATEGIC DEVI
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
611.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2052377654713

Amount of Each Receipt this Period
111.12

Memo Item

P/R Deduction (\$55.56 Bi-Weekly)

B. HENDERLONG, MICHAEL, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 BEAVER CREEK CT

City FAR HILLS	State NJ	Zip Code 07931-2594
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2052379354713

Amount of Each Receipt this Period
77.00

Memo Item

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

C. TODD, Lisa, MA, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 945 E BROADWAY

City BOSTON	State MA	Zip Code 02127-2324
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP SALES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2106069754713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. FLYNN, DANIEL, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7917 SKYE LOCHS DR
 City WAXHAW State NC Zip Code 28173-7493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.16

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR2106071654713
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

B. COVE, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4043 BOWSER AVE
 City DALLAS State TX Zip Code 75219-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP AGENCY FOCUS TEAM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.80

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR2139277254713
 Amount of Each Receipt this Period 55.60
 Memo Item
 P/R Deduction (\$27.80 Bi-Weekly)

C. PIRONE, ERIC, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 LINDA VISTA AVE
 City BELVEDERE TIBURON State CA Zip Code 94920-1957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR2154001154713
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	282.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BROWN, SCOTT, DA, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 479 CHESTNUT ST

City WABAN	State MA	Zip Code 02468-1204
---------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2166460254713

Amount of Each Receipt this Period
269.24

Memo Item

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

B. FOLEY, Brian, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 PENNIMAN TER

City BRAINTREE	State MA	Zip Code 02184-4121
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP FINANCIAL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2166461754713

Amount of Each Receipt this Period
47.62

Memo Item

P/R Deduction (\$23.81 Bi-Weekly)

C. Keating, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 FULTON ST W

City GRAND RAPIDS	State MI	Zip Code 49503-6201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) GENERAL INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR2192477054713

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	416.86
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 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRENNER, GREGORY, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2219 OAKLEAF DR
 City FRANKLIN State TN Zip Code 37064-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2192491454713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Semi-Monthly)

B. SPRINGER, DAVID, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1170 ADAMS LN
 City SOUTHLAKE State TX Zip Code 76092-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.52

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2202061254713
 Amount of Each Receipt this Period 52.64
 Memo Item
 P/R Deduction (\$26.32 Bi-Weekly)

C. ACSELROD, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BURR SCHOOL RD
 City WESTPORT State CT Zip Code 06880-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) HEAD OF PCG INTEGRATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2202068954713
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	189.34
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 46 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KOCHEN, NEIL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 SUNNY REACH DR
 City WEST HARTFORD State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY Occupation (for Individual) VICE PRESIDENT, TRUST CO. INVES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2244918854713
 Amount of Each Receipt this Period
 133.40
 Memo Item
 P/R Deduction (\$66.70 Bi-Weekly)

B. SOUCIE, DELPHINE, P, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 GREAT MDWS
 City WEST SIMSBURY State CT Zip Code 06092-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP INVESTMENT PRODUCT CONSI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2284793154713
 Amount of Each Receipt this Period
 133.34
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. RUTLEY, JENNIFER, RI, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 THORNTON RD
 City NEEDHAM State MA Zip Code 02492-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP - TECHNOLOGY CREATIVE DESIG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2345426554713
 Amount of Each Receipt this Period
 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	343.74
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 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. TRASK, JEFFREY, AN, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82 WELLAND RD
 City INDIAN ORCH State MA Zip Code 01151-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) ENTERPRISE CONTINUITY PLANNING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.85

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2345712954713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Bi-Weekly)

B. HUNTLEY, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 HAWTHORN RD
 City AMHERST State MA Zip Code 01002-9710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - FINANCIAL RISK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1178.65

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2345715754713
 Amount of Each Receipt this Period 214.30
 Memo Item
 P/R Deduction (\$107.15 Bi-Weekly)

C. Donado, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 N 168TH AVE
 City OMAHA State NE Zip Code 68116-2673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.24

Date of Receipt 05 / 31 / 2017
Transaction ID : PR2345723854713
 Amount of Each Receipt this Period 27.80
 Memo Item
 P/R Deduction (\$27.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	308.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. FRIEND, ERNEST, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CORTLAND CIR
 City LUNENBURG State MA Zip Code 01462-1494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SOLUTIONS ARCHITECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2348661054713
 Amount of Each Receipt this Period 53.40
 Memo Item
 P/R Deduction (\$26.70 Bi-Weekly)

B. CUNNINGHAM, CHARLES, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4211 GROVE AVE
 City WESTERN SPRINGS State IL Zip Code 60558-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2476821454713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. Favaloro, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2823 PROVIDENCE RD
 City CHARLOTTE State NC Zip Code 28211-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1333.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR2478139954713
 Amount of Each Receipt this Period 83.35
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	220.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LAPIANA, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 1/2 ACACIA AVE
 City CORONA DEL MAR State CA Zip Code 92625-1981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4500.20

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR2505805854713
 Amount of Each Receipt this Period 333.40
 Memo Item
 P/R Deduction (\$166.70 Bi-Weekly)

B. MELTZER, ALAN, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S OCEAN BLVD
 City BOCA RATON State FL Zip Code 33432-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1875.15

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR789845154713
 Amount of Each Receipt this Period 416.70
 Memo Item
 P/R Deduction (\$223.25 Semi-Monthly)

C. WINGERD, ANGELA, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10297 STONE QUARRY RD
 City RIGA State MI Zip Code 49276-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR789850154713
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	775.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HEERDEGEN, CHRISTOPHE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6862 SECTION RD
 City OTTAWA LAKE State MI Zip Code 49267-9551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789871354713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. SCHNEIDER, COREY, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 STRATTON RD
 City SCARSDALE State NY Zip Code 10583-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 942.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789873254713
 Amount of Each Receipt this Period 208.40
 Memo Item
 P/R Deduction (\$277.50 Semi-Monthly)

C. ROOT, DAVID, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 HOLLYWOOD BLVD
 City HOLLYWOOD State FL Zip Code 33020-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789881654713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	341.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEBOLD, EDWARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 OAK TER
 City LAKE OSWEGO State OR Zip Code 97034-4664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789897754713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

B. HINRICHS, IVAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2418 LA MAISON DR
 City CHARLOTTE State NC Zip Code 28226-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789935254713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

C. JENSEN, JAMES, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 COPELAND RD
 City ODESSA State FL Zip Code 33556-3261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789937154713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 133.40
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DEGEN, JOHN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1231 W 66TH ST
 City KANSAS CITY State MO Zip Code 64113-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789976854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. WILSON, JOHN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 VASSAR ST
 City HOUSTON State TX Zip Code 77006-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789980054713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. EPPY, JOSEPH, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 LAS OLAS WAY
 City FORT LAUDERDALE State FL Zip Code 33301-2363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 942.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR789983154713
 Amount of Each Receipt this Period 208.40
 Memo Item
 P/R Deduction (\$118.75 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	308.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PINE, MICHAEL, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 STILL HOLLOW RD
 City NEWBURGH State NY Zip Code 12550-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790031854713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

B. STARR, MITCHELL, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 SW 4TH ST
 City PLANTATION State FL Zip Code 33324-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 942.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790035454713
 Amount of Each Receipt this Period 208.40
 Memo Item
 P/R Deduction (\$104.20 Semi-Monthly)

C. HERZOG, PAUL, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 HIGHLAND CT
 City GERMANTOWN HILLS State IL Zip Code 61548-9056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790046254713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	300.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VANBENSCHOTEN, RICHARD, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 5TH AVE APT 3A
 City NEW YORK State NY Zip Code 10065-4952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790069054713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. HOMER, ROBERT, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10751 WILSHIRE AVE NE
 City ALBUQUERQUE State NM Zip Code 87122-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790081654713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. ESTLER, STEPHEN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 748.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790109454713
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	300.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MCDONALD, TODD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAGLE RIDGE DR
 City TROY State NY Zip Code 12180-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790131854713
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. BLAIS, ALAN, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SHADY DELL LN
 City SOMERS State CT Zip Code 06071-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790151854713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. DICKEY, ANDREW, C, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2934 E CRESTVIEW ST
 City SPRINGFIELD State MO Zip Code 65804-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) MANAGING DIRECTOR - STRATEGIC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 846.45

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790159354713
 Amount of Each Receipt this Period 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	332.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NOREEN, CLIFFORD, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) MANAGING DIRECTOR - STRATEGIC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1057.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790184154713

Amount of Each Receipt this Period
192.32

Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

B. WADDINGTON, Craig, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 SPRING MEADOW DR

City GRANBY	State CT	Zip Code 06035-1327
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT & ACTUARY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790184554713

Amount of Each Receipt this Period
76.92

Memo Item

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

C. ECHEVERRIA, DAVID, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 FARMINGTON AVE

City LONGMEADOW	State MA	Zip Code 01106-1433
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) MANAGING DIR - INVESTMENTS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790188654713

Amount of Each Receipt this Period
53.84

Memo Item

P/R Deduction (\$26.92 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: (check only one)	PAGE 57 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WHARMBY, DAVID, D, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 VERPLANK AVE

City STAMFORD	State CT	Zip Code 06902-8216
------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790192654713

Amount of Each Receipt this Period
76.92

Memo Item

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

B. PHELAN, DONALD, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 HAMMERSMITH

City AVON	State CT	Zip Code 06001-2915
--------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790207854713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. CANAVAN, ELIZABETH, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 HAVENHURST RD

City WEST SPRINGFIELD	State MA	Zip Code 01089-2160
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP STRATEGIC DEVELOPMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790211654713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HOFFMAN, Brad, BR, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 DEVONSHIRE TER

City E LONGMEADOW	State MA	Zip Code 01028-3139
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - OPERATIONAL AND STRATEGI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1057.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790231454713

Amount of Each Receipt this Period
192.32

Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

B. DENVER, JOANNE, M, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 WINTERBERRY LN

City EAST LONGMEADOW	State MA	Zip Code 01028-1498
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790244954713

Amount of Each Receipt this Period
76.92

Memo Item

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

C. DEITELBAUM, JOHN, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 MONTICELLO CIR

City ELLINGTON	State CT	Zip Code 06029-8300
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP & DEPUTY GEN COUNS USIG LA
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790248254713

Amount of Each Receipt this Period
269.24

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	538.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. TAILLIE, JOHN, R, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 MCKENZIE DR

City SOUTHINGTON	State CT	Zip Code 06489-4117
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR790252054713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

B. CALABRESE, JOSEPH, A, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 CANTERBURY LN

City FEEDING HILLS	State MA	Zip Code 01030-1718
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP SYSTEMS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR790253254713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. ROKOWSKI, JOSEPH, R, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 MAXIMILIAN DR

City GRANBY	State MA	Zip Code 01033-9469
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY	Occupation (for Individual) VICE PRESIDENT - TRUST COMPANY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR790254554713

Amount of Each Receipt this Period
150.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	253.84
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 60 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NASCIMENTO, JAMES, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 LYON ST

City LUDLOW	State MA	Zip Code 01056-1133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790260254713

Amount of Each Receipt this Period
53.84

Memo Item

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

B. PUHALA, JAMES, P, MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 HOLCOMB ST

City EAST GRANBY	State CT	Zip Code 06026-9531
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - COMPLIANCE & F
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790260454713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. ROBINSON, JEFFREY, T, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 DONAMOR LN

City E LONGMEADOW	State MA	Zip Code 01028-2220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL	Occupation (for Individual) MANAGING DIRECTOR - MMI
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790261654713

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	161.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. REEVE, KATHY, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **EDGEMERE HILLS BLDG 14**
85 N MAIN ST UNIT 14A

City **EAST HAMPTON** State **CT** Zip Code **06424-1448**

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

Name of Employer (for Individual) **BARINGS LLC** Occupation (for Individual) **DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
05 / 31 / 2017
Transaction ID : PR790272754713

Amount of Each Receipt this Period
38.46

Memo Item

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

B. LYNCH, KATHLEEN, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **136 MONTCLAIR DR**

City **WEST HARTFORD** State **CT** Zip Code **06107-1255**

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

Name of Employer (for Individual) **BARINGS LLC** Occupation (for Individual) **MANAGING DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.47**

Date of Receipt
05 / 31 / 2017
Transaction ID : PR790277654713

Amount of Each Receipt this Period
61.54

Memo Item

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

C. RICKSON, Ken, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **7 CYPRESS LN**

City **WILBRAHAM** State **MA** Zip Code **01095-1507**

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

Name of Employer (for Individual) **MASSACHUSETTS MUTUAL LIFE INS.** Occupation (for Individual) **VICE PRESIDENT - SALES RISK MAN,**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **296.12**

Date of Receipt
05 / 31 / 2017
Transaction ID : PR790278554713

Amount of Each Receipt this Period
53.84

Memo Item

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 62 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ACKERMAN, MARK, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 BARBER HILL RD
 City BROAD BROOK State CT Zip Code 06016-9716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790296054713
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

B. NATCHARIAN, MATTHEW, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 RIDGEBURY RD
 City AVON State CT Zip Code 06001-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1480.82

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790301454713
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

C. GATELY, MICHAEL, H, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790304954713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DELANEY, PAMELA, J, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 WINTERSET LN
 City SIMSBURY State CT Zip Code 06070-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - PROCUREMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790320654713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KINSEY, PATRICIA, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 SUNNYSIDE TER
 City WILBRAHAM State MA Zip Code 01095-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP - STRATEGIC INITIATIVES & DAT,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.70

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790322554713
 Amount of Each Receipt this Period 93.40
 Memo Item
 P/R Deduction (\$46.70 Bi-Weekly)

C. KENNEDY, RHAЕ, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 BRIAR CLIFF DR
 City WILBRAHAM State MA Zip Code 01095-1576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) MANAGING DIRECTOR - INVESTMEN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790351854713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	247.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BARNHART, RICHARD, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 344 WESTCHESTER RD

City COLCHESTER	State CT	Zip Code 06415-2426
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP, ACCTG STANDARDS & IND RELA
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790352054713

Amount of Each Receipt this Period
53.90

Memo Item

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

B. BOURGEOIS, RICHARD, D, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ECHO HILL RD

City WILBRAHAM	State MA	Zip Code 01095-2663
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SENIOR VICE PRESIDENT - TAX
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790352254713

Amount of Each Receipt this Period
153.90

Memo Item

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

C. BUCKLEY, RICHARD, F, MR., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CEDAR RDG

City SOUTH HADLEY	State MA	Zip Code 01075-1795
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790352354713

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	261.64
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 65 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRODERICK, ROBERT, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 ACADEMY DR

City LONGMEADOW	State MA	Zip Code 01106-2154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790353154713

Amount of Each Receipt this Period
53.84

Memo Item

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

B. LABUN, ROBERT, G, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 WILDFLOWER CIR

City WESTFIELD	State MA	Zip Code 01085-4590
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT, INVESTMENT AC
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790354554713

Amount of Each Receipt this Period
76.92

Memo Item

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

C. ROSENTHAL, ROBERT, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 SHERWOOD LN

City AVON	State CT	Zip Code 06001-3215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & ASSISTANT GENERAL COUNSE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
634.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790355454713

Amount of Each Receipt this Period
115.40

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	246.16
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 66 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. CRANDALL, ROGER, W, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 CONVERSE ST APT 13
 City LONGMEADOW State MA Zip Code 01106-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) CHAIRMAN PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790355954713
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MOORE, SUSAN, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 BROOKS RD
 City LONGMEADOW State MA Zip Code 01106-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1480.82

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790370154713
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

C. WOOLRIDGE, VICTOR, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 LONGHILL ST
 City SPRINGFIELD State MA Zip Code 01108-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790387654713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	707.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KOWALSKI, KEN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 WILLOW LAWN DR
 City LYNCHBURG State VA Zip Code 24503-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790397454713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. MARTIN, BRIAN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12217 CLEGHORN RD
 City COCKEYSVILLE State MD Zip Code 21030-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790404154713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. SUNDET, SCOTT, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14316 CLEARVIEW LN
 City URBANDALE State IA Zip Code 50323-2083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790425454713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Basehore, COREY, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1785 ELIZA WAY
 City MECHANICSBURG State PA Zip Code 17050-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790435054713
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. LOGAN, BRIAN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1787 WINTERHAVEN DR
 City MECHANICSBURG State PA Zip Code 17055-5192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790437054713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. DAVIS, JONATHAN, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OVERLOOK RD
 City WESTPORT State CT Zip Code 06880-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790448754713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	258.40
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GREENBERG, STEFAN, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BAILIWICK RD
 City GREENWICH State CT Zip Code 06831-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790448854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. SEGALL, ROBERT, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FAITH LN
 City ARDSLEY State NY Zip Code 10502-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790450354713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. GARBUT, BRETT, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FARMINGTON LN
 City MELVILLE State NY Zip Code 11747-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790451354713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	175.10
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SEROTTE, STEVEN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 VERNAL WAY
 City MILL VALLEY State CA Zip Code 94941-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790451654713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. SHAUGHNESSY, T J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 RIVERWALK WAY
 City MANCHESTER State NH Zip Code 03101-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790463054713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. KAMMERAAD, JEFFREY, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2978 BROOKWIND DR
 City HOLLAND State MI Zip Code 49424-1683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790466554713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.80
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 71 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CORNETT, ROBERT, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 STEELMAN RD
 City PURVIS State MS Zip Code 39475-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790467754713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Semi-Monthly)

B. VESSELL, JERRY, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 CALLOWAY DR
 City BRENTWOOD State TN Zip Code 37027-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790470154713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. O GRADY, THOMAS, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11301 SILVERSTONE DR
 City MECHANICSVILLE State VA Zip Code 23116-5877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790544254713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DUDECK, THOMAS, G, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790544554713
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. GRAY, JONATHAN, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 MORNINGSIDE DR
 City LONGMEADOW State MA Zip Code 01106-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP BUSINESS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790544554713
 Amount of Each Receipt this Period
 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. DULCHINOS, DEAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ABBEY LN
 City E LONGMEADOW State MA Zip Code 01028-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790568554713
 Amount of Each Receipt this Period
 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KRAEZ, KATHLEEN, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 ASHFORD RD
 City LONGMEADOW State MA Zip Code 01106-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790579454713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. TREVALION, DOUGLAS, M, MR., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 COVENTRY LN
 City AGAWAM State MA Zip Code 01001-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790590354713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROBERGE, ROGER, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 ROCKINGHAM CIR
 City EAST LONGMEADOW State MA Zip Code 01028-3197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790594554713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHETTLE, ROBERT, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 KELSEY LN
 City GLASTONBURY State CT Zip Code 06033-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790597154713
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. LACEY, JAMES, O, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 MAGNOLIA TER
 City SPRINGFIELD State MA Zip Code 01108-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - PUBLIC RELATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790616254713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. FAWTHROP, ROLAND, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 HORSESHOE LN
 City SOMERS State CT Zip Code 06071-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SECOND VP & ACTUARY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790658254713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	146.14
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 75 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GISH, TODD, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 MIDDLE RD

City ELLINGTON	State CT	Zip Code 06029-3615
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - GIC OPERATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790677154713

Amount of Each Receipt this Period
76.92

Memo Item

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

B. BYERS, JOHN, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3680 JACOBS MILL RD

City LONG LAKE	State MN	Zip Code 55356-9320
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
512.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790684854713

Amount of Each Receipt this Period
125.00

Memo Item

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

C. FEHRS, DAVID, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 191 BUCKTHORN DR

City BADEN	State PA	Zip Code 15005-2561
---------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
942.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR790708654713

Amount of Each Receipt this Period
208.40

Memo Item

P/R Deduction (\$104.20 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	410.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CARR, ALLEN, W., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 RHODA DR
 City LANCASTER State PA Zip Code 17601-3669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790708854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. WIGHT, EDWARD, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 KATESFORD RD
 City COCKEYSVILLE State MD Zip Code 21030-2246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790710954713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. WAHL, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 TODMORDEN LN
 City ROSE VALLEY State PA Zip Code 19086-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR790723354713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.10
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMALLA, KENNETH, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 FOREST EDGE CT
 City PALOS PARK State IL Zip Code 60464-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 942.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790731154713
 Amount of Each Receipt this Period 208.40
 Memo Item
 P/R Deduction (\$104.20 Semi-Monthly)

B. OWENS, LILBURN, H., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 HIGHLAND CIR
 City TUPELO State MS Zip Code 38804-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790766354713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

C. ECHEVARRIA, SYLENA, G, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 WOODBROOK TER
 City WEST SPRINGFIELD State MA Zip Code 01089-4444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP BUSINESS OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR790779954713
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.60
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 78 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MORIN, Vanessa, B, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 CANTERBURY CIR
 City E LONGMEADOW State MA Zip Code 01028-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP FIELD OPERATIONS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 338.47

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790790354713
 Amount of Each Receipt this Period 61.54
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

B. CARTEN, DONALD, G, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 SORGHUM MILL DR
 City CHESHIRE State CT Zip Code 06410-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - IT SERVICE MAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790808254713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. ALLEN, DAVID, S, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 WINHALL LN
 City HARTFORD State CT Zip Code 06105-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - DGC DISPUTE RESOLUTION &
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790809754713
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. TROUP, GINA, B, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 SOMERSBY WAY
 City FARMINGTON State CT Zip Code 06032-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) GROUP UNDERWRITER CONSULTAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 84.70

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790809954713
 Amount of Each Receipt this Period 15.40
 Memo Item
 P/R Deduction (\$7.70 Bi-Weekly)

B. PICCONE, SCOTT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 TROTWOOD DR
 City WEST HARTFORD State CT Zip Code 06117-1644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2017
Transaction ID : PR790815854713
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. SCHROEDER, MARY, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4740 ALTA CANYADA RD
 City LA CANADA State CA Zip Code 91011-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR791115954713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 103.86
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 80 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. O'SHAUGHNESSY, JAMES, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 591 MAIN ST

City CONCORD	State MA	Zip Code 01742-3303
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791165954713

Amount of Each Receipt this Period
38.46

Memo Item

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

B. SHAUGHNESSY, THOMAS, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 355 LINDSTROM LN

City MANCHESTER	State NH	Zip Code 03104-4795
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791185154713

Amount of Each Receipt this Period
83.40

Memo Item

P/R Deduction (\$41.70 Semi-Monthly)

C. TAYLOR, DOUGLAS, W, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 ERSKINE DR

City LONGMEADOW	State MA	Zip Code 01106-1614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT & APPOINTED ACTI
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791193754713

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	175.70
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: (check only one)	PAGE 81 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GOETZ, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 QUINCY LN
 City WEXFORD State PA Zip Code 15090-6836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791213154713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. DEBOER, Bruce, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6839 RIDGEWOOD TRL
 City TOLEDO State OH Zip Code 43617-1181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791215854713
 Amount of Each Receipt this Period 66.70
 Memo Item
 P/R Deduction (\$33.35 Semi-Monthly)

C. WRIGHT, DARREN, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 E CALLE DEL MEDIA
 City SCOTTSDALE State AZ Zip Code 85251-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 411.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791221254713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. STCLAIR, Mike, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 E RED BRIDGE LN

City SOUTH HADLEY	State MA	Zip Code 01075-2287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - SALES & DISTRIB
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791235454713

Amount of Each Receipt this Period
77.00

Memo Item

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

B. BIRD, JULIA, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2273 E CONTINENTAL BLVD

City SOUTHLAKE	State TX	Zip Code 76092-9796
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791255854713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

C. DOWD, CHRISTOPHER, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 SUNSET TER

City WEST HARTFORD	State CT	Zip Code 06107-2737
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791281154713

Amount of Each Receipt this Period
38.46

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	165.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WOOD, GREG, P.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 E 26TH ST
 City TULSA State OK Zip Code 74114-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **392.00**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR791295754713
 Amount of Each Receipt this Period **83.40**
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. PUIA, DINO, A, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 MAGNOLIA DR
 City SUFFIELD State CT Zip Code 06078-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP SYSTEMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **211.75**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR791324654713
 Amount of Each Receipt this Period **38.50**
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. LACOMB, KEVIN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 CHRISTIAN HILL RD
 City HIGGANUM State CT Zip Code 06441-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, TAX PLANNING AND STRATEGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **296.45**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR791326654713
 Amount of Each Receipt this Period **53.90**
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	175.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HASLAM, JOHN, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 GOETTE TRL
 City SAVANNAH State GA Zip Code 31410-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791343054713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

B. CHICARES, ELIZABETH, W, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 BELLE WOODS DR
 City GLASTONBURY State CT Zip Code 06033-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP - CFO & CHIEF ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791351754713
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

C. DEFRANCIS, CHRISTOPHER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 MAYNARD RD
 City NORTHAMPTON State MA Zip Code 01060-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791365054713
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	349.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BALINT, WILLIAM, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ELMCREST DR
 City CHICOPEE State MA Zip Code 01013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791395254713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. HILL, RYAN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1426 AUTUMNMIST DR
 City ALLEN State TX Zip Code 75002-4956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791411654713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

C. CARROCCIO, HOLLY, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 MAPLE LEAF DR
 City PLANO State TX Zip Code 75075-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791411754713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	141.70
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: (check only one)	PAGE 86 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WEHR, JAMES, M.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17485 FRANCIS FARM PL

City HAMILTON	State VA	Zip Code 20158-3461
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791423754713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

B. MORRISON, RUSSELL, D, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5419 GORHAM DR

City CHARLOTTE	State NC	Zip Code 28226-6411
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791511154713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. FINKE, THOMAS, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4920 HARDISON RD

City CHARLOTTE	State NC	Zip Code 28226-6418
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791511954713

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	488.44
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 87 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GALLOP, MARK, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 FAIRWAY XING
 City GLASTONBURY State CT Zip Code 06033-1468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL Occupation (for Individual) SENIOR MANAGING DIRECTOR - MM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791513754713
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. THOMPSON, PAUL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 189 MAYFAIR RD
 City MOORESVILLE State NC Zip Code 28117-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791591454713
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. GOLDSTEIN, RICHARD, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 LYNNWOOD DR
 City LONGMEADOW State MA Zip Code 01106-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - HR OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR791591654713
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	269.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BLOCK, MARY, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 PERSHING RD

City WINDSOR LOCKS	State CT	Zip Code 06096-2122
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & ASSISTANT GENERAL COUNSE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791784454713

Amount of Each Receipt this Period
76.92

Memo Item

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

B. ERWIN, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 COVENTRY LN

City LONGMEADOW	State MA	Zip Code 01106-1629
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791800254713

Amount of Each Receipt this Period
53.84

Memo Item

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

C. SILVANIC, Bill, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 CREAMERY HILL RD

City GRANBY	State CT	Zip Code 06035-1702
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - PRODUCT & MARKETING
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR791800454713

Amount of Each Receipt this Period
76.92

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ABOWD, ERIC, S.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 CALLA LILY CT
 City RENO State NV Zip Code 89511-6612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR791913754713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. DIAS, AMY, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 CISLAK DR
 City LUDLOW State MA Zip Code 01056-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) HEAD OF HR CONSULTING & TALEN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR791926954713
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. ENDORF, DOUGLAS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 STRAWBERRY FIELDS
 City GRANBY State CT Zip Code 06035-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT & ACTUARY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2017
Transaction ID : PR791938654713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	217.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MONROEJR, WILLIAM, F, MR., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 GENERAL HOBBS RD
 City JEFFERSON State MA Zip Code 01522-1565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VICE PRESIDENT - MMLISI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2017
Transaction ID : PR791969154713
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. HOUSTON, LINDA, C, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 FOREST RD
 City WEST HARTFORD State CT Zip Code 06119-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2017
Transaction ID : PR792038754713
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. KIMPEL, COLIN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 WALHONDING RD
 City BETHESDA State MD Zip Code 20816-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR792055854713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.84
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 91 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LAU, JONATHAN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 ASPEN RD
 City BIRMINGHAM State MI Zip Code 48009-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR792101354713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. O'CONNOR, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 TWIN HILL RD
 City HUBBARDSTON State MA Zip Code 01452-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR792107754713
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CONLIN, ELLEN, S, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 WELLESLEY DR
 City LONGMEADOW State MA Zip Code 01106-2833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP & ASSISTANT GENERAL COUNSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR792129554713
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	488.44
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 92 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MILLER, JOHN, J.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 WHIPPANY AVE

City WARREN	State NJ	Zip Code 07059-5774
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR792501454713

Amount of Each Receipt this Period
83.40

Memo Item

P/R Deduction (\$41.70 Semi-Monthly)

B. FERRANTE, PAUL, D.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 648 SHORE ACRES DR

City MAMARONECK	State NY	Zip Code 10543-4011
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR792549054713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

C. KENNY, BRENDAN, J.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 E 77TH ST APT 52

City NEW YORK	State NY	Zip Code 10162-0025
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : PR792549754713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	183.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROLNICK, RUSSELL, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 TALL PINES CT
 City WEST NYACK State NY Zip Code 10994-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR792728154713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

B. LARGE, BRIAN, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 WOLFPIT AVE
 City NORWALK State CT Zip Code 06851-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR792732654713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. BASS, Adam, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 WINCANTON DR
 City DEERFIELD State IL Zip Code 60015-3140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 31 / 2017
Transaction ID : PR793415554713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	133.40
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GOLISH, GLEN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22261 HOLLYHOCK TRL
 City BOCA RATON State FL Zip Code 33433-4865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR793450554713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. Maletteri, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1273 WELLS ST
 City LAKE OSWEGO State OR Zip Code 97034-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR793567754713
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. GEORGE, IAN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 CLEMSON DR
 City PITTSBURGH State PA Zip Code 15243-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 382.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR793621454713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	366.80
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 95 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kaltenbach, Gregory, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAND CT
 City COTO DE CAZA State CA Zip Code 92679-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **629.83**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR793731554713
 Amount of Each Receipt this Period **119.06**
 Memo Item
 P/R Deduction (\$59.53 Bi-Weekly)

B. DORMAN, MARK, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 FAIRWAY DR
 City MEDINA State OH Zip Code 44256-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR794449354713
 Amount of Each Receipt this Period **50.00**
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. PERME, CHRISTOPHER, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11676 STATE ROUTE 88
 City GARRETTSVILLE State OH Zip Code 44231-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **392.00**

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR794455154713
 Amount of Each Receipt this Period **83.40**
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	252.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. OCVIEJA, JOHN, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N CANAL ST STE 3
 City CHICAGO State IL Zip Code 60606-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR79465554713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. GANDY, CHRISTOPHE, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 GOLDENROD TURN
 City DEKALB State IL Zip Code 60115-8584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR794768154713
 Amount of Each Receipt this Period 41.70
 Memo Item
 P/R Deduction (\$20.85 Bi-Weekly)

C. STEPHENS, DAVID, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 79TH ST UNIT B
 City VIRGINIA BCH State VA Zip Code 23451-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : PR795338754713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **175.10**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. KATZ, WALTER, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4414 BREAKWOOD DR
 City HOUSTON State TX Zip Code 77096-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.30

Date of Receipt 05 / 31 / 2017
Transaction ID : PR795359654713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. ROBERTSON, Shad, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 SHANES LN
 City WEATHERFORD State TX Zip Code 76087-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR795374454713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. THOMAS, GREGORY, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6223 PONDEROSA WAY
 City PARKER State CO Zip Code 80134-5623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR795765554713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WIRTZ, EDWARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BRANDING IRON LN
 City ROLLING HILLS ESTATES State CA Zip Code 90274-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 387.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR796003954713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

B. WHITMORE, EDGAR, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25471 PRADO DE ORO
 City CALABASAS State CA Zip Code 91302-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR796010154713
 Amount of Each Receipt this Period 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. STEARNS, CRAIG, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 HENRY ST
 City FAIRFIELD State CT Zip Code 06824-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : PR796044654713
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dicker, JEREMY, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7535 SHORE CLIFF DR
 City LOS ANGELES State CA Zip Code 90045-4856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR796142554713
 Amount of Each Receipt this Period
 333.35
 Memo Item
 P/R Deduction (\$333.35 Bi-Weekly)

B. ADAMS, MAX, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16232 NW 79TH AVE
 City MIAMI LAKES State FL Zip Code 33016-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR796324654713
 Amount of Each Receipt this Period
 83.40
 Memo Item
 P/R Deduction (\$41.70 Semi-Monthly)

C. NELSON, DAVID, R., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4794 BORDAGES RD
 City BEAUMONT State TX Zip Code 77705-7675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR796717254713
 Amount of Each Receipt this Period
 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	466.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HIRSCHBERG, MICHAEL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 PASADENA PL

City HAWTHORNE	State NJ	Zip Code 07506-2806
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EXTERNAL WHOLESALER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR811444954713

Amount of Each Receipt this Period
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. PLANK, JOSHUA, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9330 TIMBERWOLF LN

City ZIONSVILLE	State IN	Zip Code 46077-8322
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR811793654713

Amount of Each Receipt this Period
83.40

Memo Item

P/R Deduction (\$41.70 Semi-Monthly)

C. ECKART, SCOTT, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4559 SUNFLOWER CT

City ZIONSVILLE	State IN	Zip Code 46077-8118
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR811820954713

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	171.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. YOUNG, JEANNE, G, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT-CORPORATE ADM
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR904834654713

Amount of Each Receipt this Period
77.00

Memo Item

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

B. BELMORE, CINDY, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 CRYSTAL DR

City SOUTHWICK	State MA	Zip Code 01077-9613
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VICE PRESIDENT - COMPLIANCE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR932682154713

Amount of Each Receipt this Period
53.86

Memo Item

P/R Deduction (\$26.93 Bi-Weekly)

C. COCORES, Christopher, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 HUNT PL

City MECHANICSBURG	State PA	Zip Code 17050-2912
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2017

Transaction ID : PR934761054713

Amount of Each Receipt this Period
250.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	380.86
TOTAL This Period (last page this line number only).....	31415.91

**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 102 OF 107
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MassMutual Federal Credit Union			Date of Receipt
Mailing Address 1295 State Street			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Springfield	State MA	Zip Code 01111	Transaction ID : 75700729
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.02"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="107.39"/>		May-17 Interest - Money Market Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="38.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="38.02"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chase PaymenTech

Mailing Address P.O. Box 29534

City
Phoenix

State
AZ

Zip Code
85038

Purpose of Disbursement
Chase PaymenTech Fees - May-17

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	7		2	0	1	7		

FEC Identification Number

C []

Transaction ID : 76103427

Amount of Each Disbursement this Period

[] 263.86

Chase PaymenTech Fees - May-17

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express Merchant Services

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
AMEX Processing Fees (May-17)

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	5		2	0	1	7		

FEC Identification Number

C []

Transaction ID : 76103428

Amount of Each Disbursement this Period

[] 153.50

AMEX Processing Fees (May-17)

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 417.36

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

[] 417.36

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
AALU Event: May 2, 2017

011

Category/
Type

Candidate Name
Schumer, Charles, E., Sen.,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C C00346312

Transaction ID : 75316248

Amount of Each Disbursement this Period

2500.00

AALU Event: May 2, 2017

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC (Mc PAC)

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
ACLI Event: May 18, 2017

011

Category/
Type

Candidate Name
Majority Committee PAC (Mc PAC)

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C C00428052

Transaction ID : 75493312

Amount of Each Disbursement this Period

2500.00

ACLI Event: May 18, 2017

Memo Item

Full Name (Last, First, Middle Initial)

C. Trey For Congress

Mailing Address PO Box 421

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Event: May 18, 2017

011

Category/
Type

Candidate Name
Hollingsworth, Trey, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C C00590463

Transaction ID : 75503361

Amount of Each Disbursement this Period

2500.00

Event: May 18, 2017

Memo Item

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

7500.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Macarthur For Congress Inc.

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement
Event: May 22, 2017

Category/
Type

Candidate Name

MacArthur, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75503373

Amount of Each Disbursement this Period

Event: May 22, 2017

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address PO Box 2676

City
Boone

State
NC

Zip Code
28607

Purpose of Disbursement
D&H Event: May 16, 2017

Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75503381

Amount of Each Disbursement this Period

D&H Event: May 16, 2017

Memo Item

Full Name (Last, First, Middle Initial)

C. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave., SE - Ste. 2

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
ACLI Event: February 7, 2017

Category/
Type

Candidate Name

Dakota Prairie PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 75526810

Amount of Each Disbursement this Period

ACLI Event: February 7, 2017

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Empire State PAC

Mailing Address P.O. Box 15033

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
In-District Event: June 23, 2017

011

Category/
Type

Candidate Name

Empire State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C C00477067

Transaction ID : 75539883

Amount of Each Disbursement this Period

2500.00

In-District Event: June 23, 2017

Memo Item

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
ACLI Event: May 25, 2017

011

Category/
Type

Candidate Name

LEGPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2017

FEC Identification Number

C C00385534

Transaction ID : 75539884

Amount of Each Disbursement this Period

2500.00

ACLI Event: May 25, 2017

Memo Item

Full Name (Last, First, Middle Initial)

C. BLAINE PAC

Mailing Address P.O. Box 96

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement
Void - Uncleared Disbursement/Correction

011

Category/
Type

Candidate Name

BLAINE PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C C00489427

Transaction ID : 75700294

Amount of Each Disbursement this Period

- 2500.00

Void - Uncleared Disbursement/Correction

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. 4 MA PAC

Mailing Address P.O. Box 590464

City
Newton

State
MA

Zip Code
02459

Purpose of Disbursement
2017 PAC Support

011

Category/
Type

Candidate Name
4 MA PAC

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C00543504

Transaction ID : 75700730

Amount of Each Disbursement this Period

2500.00

2017 PAC Support

Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
Void - Pat Meehan For Congress

011

Category/
Type

Candidate Name
Meehan, Patrick, L., Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C00466870

Transaction ID : 75700731

Amount of Each Disbursement this Period

- 5000.00

Void - Pat Meehan For Congress

Memo Item

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
AALU Event: April 5, 2017

011

Category/
Type

Candidate Name
Meehan, Patrick, L., Rep.,

Office Sought:
 House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C00466870

Transaction ID : 75700732

Amount of Each Disbursement this Period

2500.00

AALU Event: April 5, 2017

Memo Item

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

0.00

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

17500.00