MMPAC
MassMutual Political Action Committee

Massachusetts Mutual Life Insurance Company
1295 State Street Springfield MA 01111-0001
(413) 744-6250

December 18, 1997

AIRBORNE OVERNIGHT

Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Gentlemen:

In order to assure the timely filing of reports, the Massachusetts Mutual Life Insurance Company Political Action Committee has elected, pursuant to Federal Election Commission Regulation 104.5(c), to file monthly reports during 1996.

Accordingly, enclosed please find the monthly report covering the period November 1, 1997 through November 30, 1997.

Sincerely,

Ellen Wilkins Ellis
Second Vice President
Government Relations

Enclosures

c: Bruce Frisbie E078
Gary Gilbert E078

Contributions to the MMPAC are strictly voluntary and recommended contribution levels are merely suggested. The decision to contribute more or less than the recommended level or not to contribute at all will have no effect on an associate's employment with the Company nor will it affect an agent's standing with his or her General Agent. Contributions to the MMPAC are not tax deductible. In addition, Federal law requires MMPAC to use its best efforts to collect and report to the Federal Election Commission the name, mailing address, occupation and name of employer of individuals whose contributions exceed $200 in a calendar year.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

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

DEC 19 9 52 AM '97

2. FEC IDENTIFICATION NUMBER
C 00118943

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

4. TYPE OF REPORT

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

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

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

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Nov 1, 1997 through Nov 30, 1997			
6. (a) Cash on Hand January 1, 19 97			$ 16,714.36
(b) Cash on Hand at Beginning of Reporting Period		$ 7,919.71	
(c) Total Receipts (from Line 19)		$ 10,429.50	$ 239,982.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		$ 18,349.50	$ 256,697.02
7. Total Disbursements (from Line 30)		$ 8,042.50	$ 246,390.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		$ 10,306.71	$ 10,306.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		$ 15,000.00	

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

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

Type or Print Name of Treasurer
Bruce C. Frisbie

Signature of Treasurer Bruce C Frisbie Date 12/15/97

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

FEC FORM 3X
(revised 9/93)

FE5AN068

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM Nov 1, 1997 TO: Nov 30, 1997

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,468.44	129,649.26	11(a)(i)
ii. Unitemized	3,945.63	94,669.20	11(a)(ii)
iii. Total (add i and ii) ➤	10,414.07	224,318.46	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a III, b and c) ➤	10,414.07	224,318.46	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received		15,000.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		61.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	15.43	603.20	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,429.50	239,982.66	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,429.50	239,982.66	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	42.50	310.31	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	42.50	310.31	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	230,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made		15,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		580.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤		580.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,042.50	246,390.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,042.50	246,390.31	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,414.07	224,318.46	32
33. Total Contribution Refunds (from line 28d)		580.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,414.07	223,738.46	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	42.50	310.31	35
36. Offsets to Operating Expenditures (from line 15)		61.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	42.50	251.31	37

FE6AN005

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

PAGE 1 OF 42

FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code ABBOTT, JOHN L. 235 BENNETT ROAD HAMPDEN, MA 01036	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 275.00		
B. Full Name, Mailing Address and Zip Code ADORNATO, PAUL 418 LONGHILL STREET SPRINGFIELD, MA 01108	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 916.63		
C. Full Name, Mailing Address and Zip Code ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMERS, CT 06071	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $125.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 1,375.00		
D. Full Name, Mailing Address and Zip Code ARBUCKLE, BETTY R. 4348 VERPLANCK PLACE, NW WASHINGTON, DC 20016	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
E. Full Name, Mailing Address and Zip Code BACCHIOCCHI, GARY J. 14 GARY DRIVE WESTFIELD, MA 01085	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VP SRIOR OFFICER	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 389.62		
F. Full Name, Mailing Address and Zip Code BAILEY, ROBERT W. 912 ELMINGTON COURT BRENTWOOD, TN 37027	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
G. Full Name, Mailing Address and Zip Code BAKER, BRUCE J. 5562 E. GALBRAITH ROAD CINCINNATI, OH 45236	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 330.00		

SUBTOTAL of Receipts This Page (optional) —>	$298.75
TOTAL This Period (last page this line number only) —>	

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

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

PAGE 2 OF 42
FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code BARKER, JOSEPH 391 SOUTH 90TH STREET OMAHA, NE 68114 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 231.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 521.00
B. Full Name, Mailing Address and Zip Code BARLEY, CHARLES J. 2601 SALEM DRIVE CINNAMINSON, NJ 08077 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code BATEMAN, JAMES M. 9999 OAK RIDGE DRIVE JACKSON, MS 39216 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $100.00
D. Full Name, Mailing Address and Zip Code BAUM, DANIEL S. 6969 OLD QUARRY PLACE FAYETTEVILLE, NY 13066-9742 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code BAYER, HARRY H. 3424 BROOKWOOD TRACE BIRMINGHAM, AL 35273 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code BEATTY, STEVEN J. 9649 ODDA WAY LAS VEGAS, NV 89117 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ····>$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
G. Full Name, Mailing Address and Zip Code BECKNELL, GEORGE P. III 843 ESTES AVENUE SAN ANTONIO, TX 78209 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 660.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $60.00
SUBTOTAL of Receipts This Page (optional).....			$205.00
TOTAL This Period (last page this line number only).....			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BELLAVIA, SAL J. 124 MARANGALE ROAD MANLIUS, NY 13202	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BELL, JAY A. 10746 LESTER STREET WHEATON, MD 20902	AGENT	11/26/97	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	220.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BERLIN, STEPHEN C. 100 HUNDREDS ROAD WELLESLEY, MA 02181	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BERNSTEIN, NEIL 8172 N.W. 121ST AVE. CORAL SPRINGS, FL 33076	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BIENENFELD, HOWARD N. 5921 S.W. 33RD LANE FORT LAUDERDALE, 33021	AGENT	11/26/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	325.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BINGHAM, GARY MEADOWS OF ENFIELD, UNIT 165 ENFIELD, CT 06082	Massachusetts Mutual Life Insurance Company VP SRIOR OFFICER	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	389.62	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BLALOCK, THOMAS W. 398 HAMILTON DRIVE BLOUNTVILLE, TN 37617	AGENT	11/26/97	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	220.00	

SUBTOTAL of Receipts This Page (optional) ----->	$100.42
TOTAL This Period (last page this line number only) ----->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code BLANSETT, MARTHA L. 101 CONVERSE STREET LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 440.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
B. Full Name, Mailing Address and Zip Code BLOMBERG, RUSSELL A. 2386 SADDLEBACK DRIVE DANVILLE, CA 94506 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 350.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code BLUE, JAMES D. II 233 CONANT ROAD WESTWOOD, MA 03090 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code BOOK, MICHAEL 6 IKE COURT MARLBORO, NJ 07746 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code BOURGEOIS, RICHARD 26 GLENWOOD CIRCLE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 369.62	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
F. Full Name, Mailing Address and Zip Code BOWLING, LARRY E. 700 ELMWOOD ROAD HAMILTON, OH 45013 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code BRADLEY, J. BROOKS 28 TREMBLANT CT. LUTHERVILLE, MD 21093 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)---->			$75.42
TOTAL This Period (last page this line number only)---->			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRANDT, JEROME 2589 MURRAY AVE. HUNTINGDON VALLEY, PA 19006	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRANSTROM, JOHN T. 216 COLLETT STREET MORGANTON, NC 28655	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $72.92
BRASSARD, DAVID 175 TANGLEWOOD DRIVE EAST LONGMEADOW, MA 01028	Occupation SENIOR MANAGING DIRECTOR		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	627.10	

D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRAUN, WILLIAM J. 4606 POWERS BLVD DECATOR, IL 62521	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BROYLES, CHRISTOPHER 1033 BROOKHAVEN LANE ATLANTA, GA 30319	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BUCHHOLZ, WILLIAM M. 5712 ODANA ROAD MADISON, WI 53719	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	

G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BURETT, RAYMOND J. 444 EAST 86TH STREET, APT 18G NEW YORK, NY 10028-6462	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional) —>	$72.92
TOTAL This Period (last page this line number only) —>	

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code BURKETT, LAWRENCE V. JR 26 CRESCENT CIRCLE WESTFIELD, MA 01085	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VP & GEN. COUNSEL	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	2,000.00	
B. Full Name, Mailing Address and Zip Code BURKE, ROBERT P. 1700 STONE CHURCH COURT VIRGINIA BEACH, VA 23455	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
C. Full Name, Mailing Address and Zip Code BURSTIN, DAVID 706 SOUTH LINDEN AVE PITTSBURGH, PA 15208	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
D. Full Name, Mailing Address and Zip Code BUSHYAGER, DONALD W. 105 MARBLE DRIVE BRIDGEVILLE, PA 15017	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
E. Full Name, Mailing Address and Zip Code CAREY, PETER G. 12 WHITMAN ROAD SIMSBURY, CT 06070	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
F. Full Name, Mailing Address and Zip Code CARROLL, DOUGLAS R. 112 ROXBURY ROAD GARDEN CITY, NY 11530	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	550.00	
G. Full Name, Mailing Address and Zip Code CARROLL, GREGORY F. 18 BAY VIEW TERRACE GENEVA, NY 14456	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $100.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,100.00	
SUBTOTAL of Receipts This Page (optional) ---->			$150.00
TOTAL This Period (last page this line number only) ---->			

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

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

PAGE 7 | OF 42
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code CARVER, DAVID G. 3900 LEMON AVE. LONG BEACH, CA 90801 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and Zip Code CASTELLANI, FREDERICK 47 BLUE RIDGE DRIVE SIMSBURY, CT 06070 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 916.74	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.34
C. Full Name, Mailing Address and Zip Code CHAMBERS, J. C. 4606 - 13TH STREET LUBBOCK, TX 79416 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 440.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $40.00
D. Full Name, Mailing Address and Zip Code CHAPEL, JAMES F. JR 307 SOMERSET ROAD BALTIMORE, MD 21210 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code CHASE, J. CLARKE 2707 E. FRANKLIN ST. RICHMOND, VA 23223 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
F. Full Name, Mailing Address and Zip Code CLEVELAND, CHARLES E. II 3100 STERN DRIVE LAS VEGAS, NV 89117-0284 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 365.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $35.00
G. Full Name, Mailing Address and Zip Code CLIPPINGER, SCOTT W. 509 ORIOLE DRIVE EVANSVILLE, IN 47715 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$208.34
TOTAL This Period (last page this line number only) —>	

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

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

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FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code CLIPPINGER, WILLIAM V. 4100 BELLEMEADE AVE EVANSVILLE, IN 47715	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code COHEN, KENNETH 59 WOODLOT ROAD AMHERST, MA 01102	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SR. VP & ASSOC. GEN. COUNSEL	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	916.63	
C. Full Name, Mailing Address and Zip Code COLLINS, COLIN 2 WASHINGTON ROAD SPRINGFIELD, MA 01108	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SR. VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $33.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	366.63	
D. Full Name, Mailing Address and Zip Code CONNOR, ALAN M. 1 WEBSTER LANE WILBRAHAM, MA 01095	Name of Employer Massmutual Life Insurance Company Occupation EXECUTIVE DIRECTOR/CREA	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	
E. Full Name, Mailing Address and Zip Code COWAN, HOWARD 941 PARK AVENUE, 8B NEW YORK, NY 10036	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	2,500.00	
F. Full Name, Mailing Address and Zip Code CREW, ROBERT W. 4233 S. CYPRESS DERBY, KS 67037	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	252.00	
G. Full Name, Mailing Address and Zip Code CUOZZO, PETER D. 66 GREAT POND ROAD SOUTH GLASTONBURY, CT 06073	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	700.00	

SUBTOTAL of Receipts This Page (optional) —>	$116.66
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code CUSHING, R. RAND 696 COMMERCIAL ST. WEYMONTH, MA 02189	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	275.00	
B. Full Name, Mailing Address and Zip Code DABOUL, PETER J. 56 BROOKSIDE VILLAGE ENFIELD, CT 06082	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXEC. VP & CHIEF INFO. OFFICER	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	440.00	
C. Full Name, Mailing Address and Zip Code DALESSIO, NANCY 185 PROSPECT STREET EAST LONGMEADOW, MA 01028	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	440.00	
D. Full Name, Mailing Address and Zip Code DAMIS, RAY R. 920 AMUNDSON DRIVE STILLWATER, MN 55082	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
E. Full Name, Mailing Address and Zip Code DAVIES, JOHN B. 2440 N. VERMONT AVE. LOS ANGELES, CA 90010	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $200.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	2,200.00	
F. Full Name, Mailing Address and Zip Code DAVIES, WILLIAM W. 510 SOUTH ARDEN BLVD. LOS ANGELES, CA 90010	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code DAVIS, DAVID R. 24428-A HAMPTON DRIVE VALENCIA, CA 91355	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
SUBTOTAL of Receipts This Page (optional) —>			$335.00
TOTAL This Period (last page this line number only) —>			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code DAVIS, JAMES A. 105 HARD ROAD LOOKOUT MOUNTAIN, GA 30750 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code DeCOURSEY, PAUL A. 4605 NORTH MERIDIAN INDIANAPOLIS, IN 46208 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 715.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $65.00
C. Full Name, Mailing Address and Zip Code DELEOT, THOMAS L. 221 NORTH WESTVIEW DRIVE WINSTON-SALEM, NC 27104 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
D. Full Name, Mailing Address and Zip Code DENNEHY, STEPHEN 124 SAWMILL ROAD WEST SPRINGFIELD, MA 01089 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SECOND VICE PRESIDENT Aggregate Year-to-Date —>$ 220.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.00
E. Full Name, Mailing Address and Zip Code DeVALLE, ROBERT J. 235 STATE STREET, APT 303 SPRINGFIELD, MA 01103 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code DONAHE, TERENCE A. 2243 MARTIN #317 IRVINE, CA 92612 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 760.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)>			$110.00
TOTAL This Period (last page this line number only)>			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
DUNDORF, THOMAS E. 2607 WILLOWDALE LANE MATTHEWS, NC 28105	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
EAGAN, JAY 6604 OXFORD STREET LUBBOCK, TX 79413	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
ESTLER, STEVEN D. 2177 N.E. 63RD STREET FORT LAUDERDALE, FL 33308	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
FANNING, THOMAS J. 5 HIGH ELMS LANE LOCUST VALLEY, NY 11560	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	

E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
FINK, DONALD M. 3811 SPENCER STREET LAS VAGAS, NV 89109	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	350.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
FINNEGAN, THOMAS J. JR 5 WRIGHT PLACE WILBRAHAM, MA 01095	Occupation VP, SECY, ASSOC. GEN. COUNSEL	MONTHLY PAYROLL DEDUCTION	$58.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	641.63	

G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
FIORE, DENNIS 4760 SURFWOOD DRIVE COMMERCE TOWNSHIP, MI 48382	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	

SUBTOTAL of Receipts This Page (optional) —>	$58.33
TOTAL This Period (last page this line number only) —>	

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

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

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FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FISHER, WILLIAM 56 WINDSOR PLACE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	399.62	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FITZGERALD, DANIEL J. 8 WARD DRIVE WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company Occupation PRESIDENT & CEO / INTL.		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	1,833.26	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLANAGAN, TIMOTHY C. 437 UPPER GULPH ROAD RADNOR, PA 19087	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLORE, ROGER 23 VAN WYCK LANE LLOYD HARBOR, NY 11743	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505	Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD, MAUREEN R. 79 ANVIL DRIVE AVON, CT 06001	Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORESI, ARTHUR 192 EASTWOOD DRIVE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$56.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	641.83	

SUBTOTAL of Receipts This Page (optional)..... > $93.75

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

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRANK, STEPHEN R. 8238 S. COLLEGE PLACE TULSA, OK 74137	AGENT	11/26/97	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	275.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRANTZ, GARY A. 22 PRISCILLA LANE CARNEGIE, PA 15106-1024	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91006	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GALE, JEFFREY S. 3129 CHATHAM COURT WESTLAKE, OH 44145	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GALGANO, JOSEPH W. 17 VIRGINIA DRIVE EASTON, CT 06612	AGENT	11/26/97	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	550.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GAVALAS, NICHOLAS B. 799 CREEKSIDE DRIVE MT. PLEASANT, SC 29464	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GIANQUITTO, RICHARD M. 705 SACHEM CIRCLE SLINGERLANDS, NY 12159	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

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

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

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code GIGUERE, RAYMOND W. 5980 JESSICA DRIVE APOPKA, FL 32703-1938 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 440.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $40.00
B. Full Name, Mailing Address and Zip Code GOULD, JOY M. 520 EAST 72ND STREET NEW YORK, NY 10021 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code GRAMMES, LOUIS F. 6105 STEPHENS CROSSING MECHANICSBURG, PA 17055 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
D. Full Name, Mailing Address and Zip Code GREENBERG, PETER W. 700 HEMPSTEAD AVE ROCKVILLE, CENTRE, NY 11577 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code GUERTIN, RICHARD E. 265 SILVER STREET MONSON, MA 01057 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 641.63	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
F. Full Name, Mailing Address and Zip Code HAGUE, ROBERT A. LAKE PARADISE - LAKESIDE DRIVE MONSON, MA 01057 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 369.62	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
G. Full Name, Mailing Address and Zip Code HAMBLEN, JEFFERY D. 10605 HANNAH FARM ROAD OAKTON, VA 22124 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 650.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ----> $158.75

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

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code HARGREAVES, KENNETH 40 ENGLEWOOD ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date —>$ 916.63	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
B. Full Name, Mailing Address and Zip Code HARMON, RON 2824 MAJESTY CT. NORMAN, OK 73072 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code HARRINGTON, DONALD J. 76 BIG HORN ROAD SHELTON, CT 06484 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 635.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $63.00
D. Full Name, Mailing Address and Zip Code HARRIS, ELIZABETH M. 865 MARY ROAD BOZEMAN, MT 59715 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 220.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $20.00
E. Full Name, Mailing Address and Zip Code HARRIS, MARILYN S. 7426 HIDDEN CREEK DRIVE DALLAS, TX 75252 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code HAYS, MICHAEL D. 118 TRIMMER LANE WESTFIELD, MA 01085 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 916.63	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
G. Full Name, Mailing Address and Zip Code HEISLER, MARK A. 12427 BAYHILL DRIVE CARMEL, IN 46033 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$249.66
TOTAL This Period (last page this line number only) —>	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code HENDERSON, JON A. 902 WEST BUTTERFIELD COURT PEORIA, IL 61614	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code HERTZ, DOUGLAS N. P.O. BOX 363 WILBRAHAM, MA 01095	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT & ACTUARY	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	700.00	
C. Full Name, Mailing Address and Zip Code HIGGINS, JOHN 82 BRADLEY LANE BRIDGEWATER, NJ 08807	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
D. Full Name, Mailing Address and Zip Code HINRICHS, IVAN C. 5200 McALPINE FARM ROAD CHARLOTTE, NC 28226	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code HITCHCOCK, JOHN 1933 BEACON RIDGE COURT WALNUT CREEK, CA 94596	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
F. Full Name, Mailing Address and Zip Code HODGSON, CHARLES E. 103 WEST TERRACE LANE PEORIA, IL 61614	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code HOLDEN, LAWRENCE N. 119 BROOKSTOWN AVE. WINSTON-SALEM, NC 27101	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/25/87	Amount of Each Receipt this Period $50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	550.00	

SUBTOTAL of Receipts This Page (optional) —>	$50.00
TOTAL This Period (last page this line number only) —>	

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

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOLLAND, ALAN L 10618 NORTH EVERS PARK HOUSTON, TX 77024	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOLLIS, KEN P.O. BOX 6522 METAIRIE, LA 70009	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
HORRELL, STEPHEN B. JR 8712 CLUBHOUSE WAY SCOTTSDALE, AZ 85255	Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
HOWES, ALFRED S. 42 FENIMORE ROAD SCARSDALE, NY 10583	Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUFFMAN, GARY T. 4 WHITMAN POND ROAD SIMSBURY, CT 06070	Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	1,000.00	

F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
HUIE, RONNIE E. 127 PARK PLACE BOERNE, TX 78006	Massachusetts Mutual Life Insurance Company Occupation AGENT	11/26/97	$21.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	231.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HULICK, JERRY L 4852 SLATESTONE COURT FAIRFAX, VA 22030	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

SUBTOTAL of Receipts This Page (optional) —>	$21.00
TOTAL This Period (last page this line number only) —>	

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

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

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

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

A. Full Name, Mailing Address and Zip Code HUSTON, SAM M. 7275 KNOLLVALLEY LANE INDIANAPOLIS, IN 46256-2190 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 715.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $65.00
B. Full Name, Mailing Address and Zip Code JAMES, E. PERRY 215 NORTH CHURCH AVE. ROCKWOOD, TN 37854 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 715.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $65.00
C. Full Name, Mailing Address and Zip Code JERMYN, ISADORE 18 DUXBURY LANE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 641.63	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
D. Full Name, Mailing Address and Zip Code JOANOU, FRANK 14 HUBBARD PLACE WHEELING, WV 26003 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 530.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $50.00
E. Full Name, Mailing Address and Zip Code JOANOU, PAUL M. 14 HUBBARD PLACE WHEELING, WV 26003 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 220.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $20.00
F. Full Name, Mailing Address and Zip Code JOHNSON, CAROL M. 21 S. SUNSET AVE. AMHERST, MA 01002 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 636.40	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.64
G. Full Name, Mailing Address and Zip Code JOHNSON, GARY 103 DEL NORTE VISTA COURT FOLSOM, CA 95630 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$321.97
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code JOHNSON, JOEL A. 7018-82ND AVENUE SE MERCER ISLAND, WA 98040 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 420.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code JOHNSON, TERRILL B. 6807 16TH STREET WEST ROCK ISLAND, IL 61201-7617 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code JOHNSTON, JAMES W. JR 3 PINEYWOODS DRIVE EAST LONGMEADOW, MA 01028 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation ACTUARY Aggregate Year-to-Date —>$ 220.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.00
D. Full Name, Mailing Address and Zip Code JONES, STEVEN E. 4012 WESTWOOD PLACE RALEIGH, NC 27613 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 231.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $21.00
E. Full Name, Mailing Address and Zip Code JOYAL, ROBERT E. 949 GLENDALE ROAD WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date —>$ 690.10	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $69.91
F. Full Name, Mailing Address and Zip Code JOYCE, JOHN, B. 585 WOLF SWAMP ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation MANAGING DIRECTOR Aggregate Year-to-Date —>$ 389.51	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
G. Full Name, Mailing Address and Zip Code KARAM, ROBERT S. 500 ALBANY STREET FALL RIVER, MA 02720 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 330.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $30.00
SUBTOTAL of Receipts This Page (optional) —>			$178.32
TOTAL This Period (last page this line number only) —>			

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

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

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

A. Full Name, Mailing Address and Zip Code KASAI, CANDICE 25 WALLNUT STREET NORTH HAMPTON, MA 01060 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 279.15	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
B. Full Name, Mailing Address and Zip Code KASS, HERBERT D. 16 WEST 12TH STREET NEW YORK, NY 10011 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 440.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $40.00
C. Full Name, Mailing Address and Zip Code KESSLING, MICHAEL H. 63 CARRINGTON POINT FORT THOMAS, KY 41075 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code KIBBE, MARY E. 7 BIRCH STREET WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE DIRECTOR Aggregate Year-to-Date ---->$ 700.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code KING, THOMAS N. 1202 GRIGSBY CHAPEL ROAD KNOXVILLE, TN 37922-1503 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 687.50	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $62.50
F. Full Name, Mailing Address and Zip Code KLINE, EDWARD M. 119 KNOLLWOOD DRIVE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT & TREASURER Aggregate Year-to-Date ---->$ 389.51	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
G. Full Name, Mailing Address and Zip Code KNOWLES, ROBERT L. 25 KINGOKE LANE SPRINGFIELD, MA 01119 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT & ACTUARY Aggregate Year-to-Date ---->$ 389.62	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42

SUBTOTAL of Receipts This Page (optional) ----->	$256.66
TOTAL This Period (last page this line number only) ----->	

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
KUHN, DON A. 5923 CAMELBACK CT. INDIANAPOLIS, IND 46250	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
KUHN, STEPHEN L. 285 FARMINGTON ROAD LONGMEADOW, MA 01106	Occupation VP & ASSOC. GEN. COUNSEL		$58.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	641.63	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
KUMMING, ROBERT W. JR 22 McINTOSH WILBRAHAM, MA 01095	Occupation REGIONAL VICE PRESIDENT		$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	389.62	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LARGE, GREGORY K. 61 W. 62ND STREET, APT 21D NEW YORK, NY 10023	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	350.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
LAURETTI, DAVID 6 GALE ROAD BLOOMFIELD, CT 06002	Occupation SENIOR MANAGING DIRECTOR		$77.78
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	622.24	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LAU, DAVID F. 5215 WINLANE DRIVE BLOOMFIELD HILLS, MI 48302	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	350.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional) —>	$171.53
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEE, RONALD B. 16 CARRIAGE ROAD ROSLYN, NY 11576	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $30.00
LERNER, DENNIS B. 14642 190TH STREET BIG RAPIDS, MI 49307			
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	330.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEVIN, GARY J. 12135 CLEAR HARBOR DRIVE TAMPA, FL 33626	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS, GARY E. 810 CRESTWOOD DRIVE NASHVILLE, TN 37204	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOMELI, P. ANN FUTTER 88 OUTLOOK AVE WEST HARTFORD, CT 06119	Massachusetts Mutual Life Insurance Company VP & ASSOC GENERAL COUNSEL		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	425.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOPEZ, FERNANDO F. COND. VILLA DEL MAR ESTE, APT 12-C ISLA VERDE, PR 00979	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company AGENT	Date (month, day, year)	Amount of Each Receipt this Period
LOVE, PAUL F. 9316 SPRINGKELWOOD LANE POTOMAC, MD 20854			
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional) —>	$30.00
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LYON, DAVID L 3604 WESTBURY ROAD BIRMINGHAM, AL 35223	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MAC WHINNIE, ROBERT C. 2530 APPLETREE DRIVE PITTSBURGH, PA 15241	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MAFFETT, BAXTER H. 23 GLEN HOLLOW WEST HARTFORD, CT 06117	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MARCUCCILLI, J. BRINKE 43 LORD DAVID LANE AVON, CT 06001	Occupation SENIOR VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	333.32	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL, J. EUGENE 601 HERB RIVER DRIVE SAVANNA, GA 31406	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $72.92
MATTSON, BYRON B. 67 RIDGE ROAD LONGMEADOW, MA 01106	Occupation SENIOR MANAGING DIRECTOR		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	827.10	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MAYER, ROSS 37 MANNS HILL ROAD SHARON, MA 02067	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional)..... > $72.92

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

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

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

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

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

A. Full Name, Mailing Address and Zip Code McADAMS, MICHAEL O. 6720 REGAL BLUFF DRIVE DALLAS, TX 75248 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code McCASKILL, TOM 6202 EAST MURDOCK WICHITA, KS 67208 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code McCRAY, HENRY W. JR 1113 SITHEAN WAY RICHMOND, VA 23233-2220 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code McDERMID, MICHAEL J. 665 MOUNTAIN VIEW DRIVE LEWISTON, NY 14092 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 935.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $85.00
E. Full Name, Mailing Address and Zip Code McMAHAN, GARY D. 1505 SOUTH SEABREEZE TRAIL VIRGINIA BEACH, VA 23452 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 900.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $100.00
F. Full Name, Mailing Address and Zip Code McQUEEN, RONALD K. 3127 HUNTINGDOWN PIKE, BOX 217 BRYN ATHYN, PA 19009 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code MEAGHER, WILLIAM P. 501 DEXTER AVE BIRMINGHAM, AL 35213 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) —>			$185.00
TOTAL This Period (last page this line number only) —>			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEEHAN, THOMAS G. 324 SAFFIRE BALBOA PARK, CA 92662	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEEM, MOLLY GAYLE 28 LEXINGTON ROAD RICHMOND, VA 23226	AGENT	11/26/97	$21.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	231.00	
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRINGS, MD 20901	AGENT	11/26/97	$416.66
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	4,583.26	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MERIWETHER, HERSHEL S. 4414 TWISTED TREE DRIVE AUSTIN, TX 78403	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICELI, ANDREW M. 106 STRATHMORE PLACE LOS GATOS, CA 95030	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICKEY, JOHN E. 6851 STYERS FERRY ROAD CLEMMONS, NC 27012	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, MADELYN K. 432 BIRNI AVENUE WEST SPRINGFIELD, MA 01089	Massachusetts Mutual Life Insurance Company MANAGING DIRECTOR		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	

SUBTOTAL of Receipts This Page (optional) —>	$437.66
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, MICHAEL L. 24 DURHAM ROAD WHITE PLAINS, NY 10605	Occupation AGENT	11/26/97	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	220.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MINGONE, NICHOLAS J. 7 BOBTAIL RUN BROOMALL, PA 19008-4420	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MOLYNEAUX, JOHN W. 930 GREENWOOD AVENUE WILMETTE, IL 60091-1752	Occupation GENERAL AGENT	11/26/97	$68.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	742.68	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MONGIARDO, ROSS F. 64 VASSAR STREET GARDIN CITY, NY 11530-5139	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MONTANARI, LEONARD J. 31 FREDERICK STREET NEWINGTON, CT 06111	Occupation AGENT	11/26/97	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	275.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MONTI, THOMAS A. 117 GROVE STREET WELLESLEY, MA 02181-7803	Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MORRISON, RICHARD C. 6 HICKORY HILL WEST SPRINGFIELD, MA 01089	Occupation MANAGING DIRECTOR		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	600.00	

SUBTOTAL of Receipts This Page (optional) ---->	$113.00
TOTAL This Period (last page this line number only) ---->	

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

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

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

A. Full Name, Mailing Address and Zip Code MOSHER, HAROLD K. 2727 WEST BLUFF #105 FRESNO, CA 93711 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code MULLEN, EDWARD F. 12 AUBURN STREET CONCORD, NH 03301-3001 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 567.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $63.00
C. Full Name, Mailing Address and Zip Code MURATORI, RAYMOND 457 STANLEY DRIVE GLASTONBURY, CT 06033 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation 2ND VICE PRESIDENT Aggregate Year-to-Date —>$ 266.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $36.00
D. Full Name, Mailing Address and Zip Code MURPHY, JOHN V. 651 MAIN STREET HINGHAM, MA 02043 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date —>$ 2,000.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code NAUGHTON, JOHN M. 75 CHURCHILL DRIVE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ---->$ 333.32	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code NEWSOM, RAYMOND P. 23 BABBS HOLLOW GREENVILLE, SC 29607 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code NOBLIT, RAY P.O. BOX 6857 LONGVIEW, TX 75608 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 220.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $20.00
SUBTOTAL of Receipts This Page (optional) ----->			$119.00
TOTAL This Period (last page this line number only) ----->			

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code NOLAN, DICK 27 GATEHOUSE ROAD BEDMINSTER, NJ 07921 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code NOREEN, CLIFFORD 162 KIBBE ROAD EAST LONGMEADOW, MA 01028 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SR. MANAGING DIRECTOR Aggregate Year-to-Date —>$ 330.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $30.00
C. Full Name, Mailing Address and Zip Code NOVAK, PETER 9 SKYTOP LANE PITTSFORD, NY 14534 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code OCONNOR, MICHAEL P. 23 BRIDLE PATH ROAD SPRINGFIELD, MA 01118 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 383.36	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $38.87
E. Full Name, Mailing Address and Zip Code OCONNOR, THOMAS F. 55 WOODFIELDS DRIVE TOLLAND, CT 06084 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation DIRECTOR Aggregate Year-to-Date —>$ 622.24	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $77.78
F. Full Name, Mailing Address and Zip Code ODOM, FARRELL D. 203 PRINZ DRIVE SAN ANTONIO, TX 78213 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code OLLIS, JAMES B. P.O. BOX 1209 LAURINBURG, NC 28353 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/24	Amount of Each Receipt this Period $250.00
SUBTOTAL of Receipts This Page (optional)..... >			$394.45
TOTAL This Period (last page this line number only)..... >			

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OMAN, STEPHEN 35309 BOBCEAN AVENUE FRASER, MI 48026	Massachusetts Mutual Life Insurance Company REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 229.13		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
O'ROURKE, PATRICK J. 380 KNIGHT WAY LA CANADA, CA 91011	Massachusetts Mutual Life Insurance Company REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 229.13		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ORPHAN, NICHOLAS J. 7420 PRINCETON, TRACE ATLANTA, GA 30328	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 425.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01106-2938	Massachusetts Mutual Life Insurance Company VICE PRESIDENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OTWELL, JAMES WOODARD 3507 REDINGTON DRIVE GREENSBORO, NC 27410	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
F. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OWENS, WILLIAM E. 208 CONVENTION DRIVE VIRGINIA BEACH, VA 23462	Massachusetts Mutual Life Insurance Company AGENT	11/26/97	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 220.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PAJAK, JOHN 31 MARYLAND AVENUE CHICOPEE, MA 01020	Massachusetts Mutual Life Insurance Company PRESIDENT & COO	MONTHLY PAYROLL DEDUCTION	$166.67
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 1,833.37		

SUBTOTAL of Receipts This Page (optional) -----> $226.33

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

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PALMIERI, JOHN L. 10 OLDE GREENHOUSE LANE MADISON, NJ 07940	Massachusetts Mutual Life Insurance Company REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 229.13		
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PANTOZZI, JOSEPH S. 2915 CANDELARIA HENDERSON, NV 89014	AGENT	11/26/97	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 220.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PARISI, VINCENT A. 7 SOUTH PARK COURT HOLMDEL, NJ 07733	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PETRINI, LEO V. 1682 VALECROFT AVENUE WESTLAKE VILLAGE, CA 91361	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 1,200.00		
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PICKETT, F. JOSEPH 8150 GRENADA AVE. CYPRESS, CA 90630	AGENT	11/26/97	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 220.00		
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PLIMACK, ROBERT 345 EAST 86TH ST. APT 6B NEW YORK, NY 10028	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
POLK, CLIFF P. JR 7 MEADOWVIEW LANE LITTLETON, CO 80121	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 400.00		

SUBTOTAL of Receipts This Page (optional) —>	$60.83
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code POLVERINI, LEO J. JR 81 CONCORD ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 399.62	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
B. Full Name, Mailing Address and Zip Code POULIOT, ROBERT G. 12 BRIARCLIFF DRIVE WESTFIELD, MA 01085 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ---->$ 389.51	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
C. Full Name, Mailing Address and Zip Code PRIBRAMSKY, STEVEN R. 199 PEREGRINE LANE HAWTHORNE WOODS, IL 60047 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code PUGH, BURVIN E. 6 EASTWOOD DRIVE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code RAINS, BOBBY L. 3705 68TH STREET LUBBOCK, TX 79413 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
F. Full Name, Mailing Address and Zip Code REILLY, DAVID 32 JOSHUA DRIVE WEST SIMSBURY, CT 06092 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date ---->$ 450.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $50.00
G. Full Name, Mailing Address and Zip Code REPPERT, MIKE 18712 GREENSIDE DRIVE DALLAS, TX 75252 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00

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

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

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
REYNOLDS, JOE J. 2104 VICKSBURG LUBBOCK, TX 79407	Occupation AGENT	11/26/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	275.00	

B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDSON, JOHN R. 2861 CRAVEY DRIVE ATLANTA, GA 30345	Occupation AGENT	11/26/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	275.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDS, BRUCE C. 12202 NE 31ST PLACE BELLEVUE, WA 98005	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
RICH, TRACY 65 NORTH FARMS ROAD AVON, CT 06001	Occupation VP & DEPUTY GEN. COUNSEL		$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	280.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
RICKSON, KENNETH 3 WESTWOOD DRIVE WILBRAHAM, MA 01095	Occupation PRESIDENT & COO (MMUSI)		$47.22
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	377.76	

F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
RIDDLE, BRUCE T. 7319 EAST 64TH TULSA, OK 74133	Occupation AGENT	11/26/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	275.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
ROGENESS, DEAN A. 22 WARREN TERRACE LONGMEADOW, MA 01105	Occupation VP & ASSOC. GEN. COUNSEL		$62.82
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	637.10	

SUBTOTAL of Receipts This Page (optional) ---->	$205.14
TOTAL This Period (last page this line number only) ---->	

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

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGERS, WILLIAM J. II 1381 WESLEY PKWY NW ATLANTA, GA 30327	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROOKS, DEBORAH G. 14745 SE 117TH AVE CLACKAMAS, OR 97015	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSS, WILLIAM C. 32 LOCUST AVE TROY, NY 12180	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
RUNNETTE, ROBERT G. 114 HILLCREST ROAD PITTSBURGH, PA 15238	Massachusetts Mutual Life Insurance Company Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN, EDMOND F. 19 QUINNEHTUK ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	916.63	

F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
SACHS, NATHAN S. 10800 EAST CACTUS #31 SCOTTSDALE, AZ 85259	Massachusetts Mutual Life Insurance Company Occupation AGENT	11/26/97	$20.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	220.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALVO, SALVADORE R. 8 SPRING LANE WARREN, NJ 07060	Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

SUBTOTAL of Receipts This Page (optional) —>	$103.33
TOTAL This Period (last page this line number only) —>	

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

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

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

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

A. Full Name, Mailing Address and Zip Code SCHERR, MICHAEL J. 1817 WILHELMIA RISE HONOLULU, HI 96813-3021 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code SCHIEFELBEIN, ALLEN H. 11 BONNIE BRAE HINSDALE, IL 60521 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code SCHINKE, THOMAS C. 5802 WINDSONA CIRCLE MADISON, WI 53711 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code SCHULMAN, DAVID B. 9513 SEA TURTLE DRIVE PLANTATION, FL 33319 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code SCHULTE, PETER L. 8589 136TH COURT WEST APPLE VALLEY, MN 55124 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code SEYMOUR, DALE J. 2401 WEALDSTONE ROAD TOLEDO, OH 43617 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 835.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $85.00
G. Full Name, Mailing Address and Zip Code SHAUGHNESSY, JAMES J. 265 HILLHAVEN ROAD MANCHESTER, NH 03104-2813 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 687.50	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $62.50
SUBTOTAL of Receipts This Page (optional) —>			$147.50
TOTAL This Period (last page this line number only) —>			

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

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SHERROD, JOE BILL 2213 SOUTH BONHAN AMARILLO, TX 79102	Occupation AGENT	11/26/97	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	220.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SHUTE, TY W. 13422 CAMINITO CARMEL DEL MAR, CA 92014	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,000.00	

C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, KIRTLAND G. 4822 116TH AVE, NE KIRKLAND, WA 98033	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, ROBERT M. 1467 SOUTH CREST DRIVE LOS ANGELES, CA 90035	Occupation AGENT	11/26/97	$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	220.00	

E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, ROBERT W. 2128 NORTH BELL CHICAGO, IL 60647	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SOLTOFF, HOWARD M. 6619 BURDETTE ROAD BETHESDA, MD 20817	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07054	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	650.00	

SUBTOTAL of Receipts This Page (optional) ---->	$40.00
TOTAL This Period (last page this line number only) ---->	

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

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

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

A. Full Name, Mailing Address and Zip Code SPERRY, MARGARET 97 SESSIONS DRIVE HAMPDEN, MA 01036	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $37.50
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 412.50		
B. Full Name, Mailing Address and Zip Code SQUIRES, STEPHEN 325 SHARPE LANE ALPHARETTA, GA 30202	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 400.00		
C. Full Name, Mailing Address and Zip Code STAMANT, JEANNE M. 214 WOODBROOK TERRACE WEST SPRINGFIELD, MA 01089	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE DIRECTOR	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $91.67
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 908.35		
D. Full Name, Mailing Address and Zip Code STEGER, JOHN E. 1982 OAK KNOLL DRIVE WHITE BEAR LAKE, MN 55110	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 500.00		
E. Full Name, Mailing Address and Zip Code STEIG, JANET B. 6 BECKER FARM ROAD ROSELAND, NJ 07068	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
F. Full Name, Mailing Address and Zip Code STEPHENS, JOHN W. JR 459 MALL BOULEVARD, #71 SAVANNAH, GA 31416	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
G. Full Name, Mailing Address and Zip Code STIL, MARLO L. 8579 LORRAINE PRESTICK DRIVE La JOLLA, CA 92037	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
SUBTOTAL of Receipts This Page (optional) —>			$129.17
TOTAL This Period (last page this line number only) —>			

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

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

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

A. Full Name, Mailing Address and Zip Code ST. JEAN, RICHARD A. JR 20 DROHAN STREET HUNTINGTON, NY 11743 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code SUDDETH, STEVE M. 2106 N. 21ST ROAD ARLINGTON, VA 22201 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code SUNDBERG, DAVID C. 3320 DURADO CT. LINCOLN, NE 68520 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code SUTER, RICHARD 3 PERRIN ROAD BROOKLINE, MA 02146 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code TAFFS, THOMAS P. 1010 SANDY LANE DRIVE ALPHARETTA, GA 30202 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code TAYLOR, FRANKLIN J. 5062 RANCLATO AVE SHERMAN OAKS, CA 91403 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code TINDALL, WILLIAM L. 312 ARDSLEY ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 583.31	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —> - 0 -

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

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

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

A. Full Name, Mailing Address and Zip Code TOMCZAK, LAWRENCE M. 1025 BROCKLEY BOULEVARD TOLEDO, OH 73607 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 275.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and Zip Code TRAPANI, MICHAEL A. 1613 COTSWOLD CIRCLE SANDY, UT 84093 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code TYRRELL, GENE S. 1657 SOUTHPORT DRIVE RIVERSIDE, CA 92506 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 550.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $50.00
E. Full Name, Mailing Address and Zip Code VAN HOUTEN, JAMES A. 5229 E. FANFOL DRIVE PARADISE VALLEY, AZ 85020 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code VANDERVEEN, MICHAEL 249 REGAL COURT S.W. GRANDVILLE, MI 49418 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code VOLZ, LAURA 15 STONECRESS LANE GLASTONBURY, CT 06033 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation DIRECTOR IAB ADMINISTRATOR Aggregate Year-to-Date —>$ 227.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $22.73

SUBTOTAL of Receipts This Page (optional) ----->	$97.73
TOTAL This Period (last page this line number only) ----->	

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

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

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

A. Full Name, Mailing Address and Zip Code WADDINGTON, CRAIG 6 BRENDANS WAY GRANBY, CT 06035	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT & ACTUARY	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $28.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	396.63	
B. Full Name, Mailing Address and Zip Code WALCOTT, EUSTIS 297 ARDSLEY ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	
C. Full Name, Mailing Address and Zip Code WEAVER, JAMES L. 95 GAEWOOD TERRACE WHEELING, WV 26003	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	275.00	
D. Full Name, Mailing Address and Zip Code WEBSTER, JAMES M. JR 5912 CHARLESMEAD ROAD BALTIMORE, MD 21212	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	650.00	
E. Full Name, Mailing Address and Zip Code WENDLANDT, GARY E. 55 SCULLY ROAD SOMERS, CT 06071	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT & CI	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $166.66
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	1,833.26	
F. Full Name, Mailing Address and Zip Code WHEELER, THOMAS 288 PARK DRIVE SPRINGFIELD, MA 01105	Name of Employer Massachusetts Mutual Life Insurance Company Occupation CHAIRMAN & CEO	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	916.63	
G. Full Name, Mailing Address and Zip Code WHIPPLE, CHARLES J. 947 FROG HOLLOW TERRACE RYDAL, PA 19046	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	

SUBTOTAL of Receipts This Page (optional) ---->	$303.32
TOTAL This Period (last page this line number only) ---->	

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

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code WIENKEN, GARY 2850 MYRTLE DRIVE MECHANICSBURG, PA 17055 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code WILKINSON, THOMAS L. 4315 SOUTH 169TH CIRCLE OMAHA, NE 68135-2822 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 753.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code WILLARD, JOE 6009 SOUTH ATLANTA COURT TULSA, OK 74104 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code WILLIAMS, RICHARD 8514 139TH AVE, NE REDMOND, WA 98052 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 275.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
E. Full Name, Mailing Address and Zip Code WILSON, HAMLINE C. JR MILRIDGE ROAD SOMERS, CT 06071 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR MANAGING DIRECTOR Aggregate Year-to-Date —>$ 572.87	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
F. Full Name, Mailing Address and Zip Code WILSON, JOHN W. 2202 TANSLEY HOUSTON, TX 77005 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code WINNE, BRUCE 7 STONEGATE CIRCLE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 440.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00

SUBTOTAL of Receipts This Page (optional) —>	$123.33
TOTAL This Period (last page this line number only) —>	

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

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WINTHROP, KENNETH R. 7609 WEST 83RD STREET PLAYA DEL RAY, CA 90293	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WOLAK, WALTER W. 4 FISHER COURT FLEMINGTON, NJ 08822-2812	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
WOODMANSEE, RONALD I. 25 PICADILLY CIRCLE MARLTON, NJ 08053	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	275.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $35.00
WOODRUFF, FRANK E. JR. 17111 SKELTON PLACE DALLAS, TX 75248-1624	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	385.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WOODWARD, JAMES H. 2508 WRENHAVEN LANE SALT LAKE CITY, UTAH 84121	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $50.00
WRIGHT, HERBERT H. 555 BIRCH AVENUE WESTFIELD, NJ 07090	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	550.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period $25.00
WUNDERLICH, KARL A. 1338 CHERRY LANE NEENAH, WI 54956	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	275.00	

SUBTOTAL of Receipts This Page (optional) —> $135.00

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

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

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

PAGE 42 OF 42

FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
YOUNG, JOE E. 32 STONEY RIDGE ASHEVILLE, NC 28804	Occupation AGENT	11/26/97	$30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	330.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
YOUNG, SYLVIA C. 1610 ENGLAND AVE EVERETT, WA 98023	Occupation AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
ZUMMO, PETER 8 SOMERSET LANE SIMSBURY, CT 06070	Occupation REGIONAL VICE PRESIDENT		$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	369.62	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$		

SUBTOTAL of Receipts This Page (optional) ----->	$35.42
TOTAL This Period (last page this line number only) ----->	$5,468.44

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

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

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

A. Full Name, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Name of Employer Interest on Savings Account Occupation	Date (month, day, year) 11/30/97	Amount of Each Receipt this Period $15.43
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$ 603.20		
B. Full Name, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Name of Employer Interest on Money Market Account Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date —>$		
SUBTOTAL of Receipts This Page (optional)			$15.43
TOTAL This Period (last page this line number only)			$15.43

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

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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

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

A. Full Name, Mailing Address and Zip Code Fleet National Bank P.O. Box 5091 Hartford, CT 06102	Purpose of Disbursement Interest Payment Incurred on Loan Disbursement for: [ ] Primary [ ] General [X] Other (specify) NA	Date (month, day, year) 11/7/97	Amount of Each Disbursement this Period $42.50
B. Full Name, Mailing Address and Zip Code Fleet National Bank (IRS Depository Bank) P.O. Box 5091 Hartford, CT 06102	Purpose of Disbursement Federal Income Tax Payment Disbursement for: [ ] Primary [ ] General [X] Other (specify) NA	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Receipts This Page (optional)			$42.50
TOTAL This Period (last page this line number only)			$42.50

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

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ARMANDO FALCON FOR CONGRESS P.O. BOX 101018 SAN ANTONIO, TX 78201	CONTRIBUTION - HOUSE TX 20TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	$500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BROWNBACK FOR US SENATE 2805 S.W. 21ST STREET TOPEKA, KS 66604	CONTRIBUTION - SENATE KS - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/16/97	$1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CONGRESSMAN BRIAN BILBRAY RE-ELECTION COMMITTEE 1011 CAMINO DEL RIO, S. SUITE 330 SAN DIEGO, CA 92108	CONTRIBUTION - HOUSE CA 49TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	$1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ED BRYANT FOR CONGRESS COMMITTEE P.O. BOX 40175 WASHINGTON, DC 20016	CONTRIBUTION - HOUSE 7thTN - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/05/97	$500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JERRY KLECZKA 3288 SOUTH 9TH STREET MILWAUKEE, WI 53215	CONTRIBUTION - HOUSE 4th WI - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/03/97	$1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF MARK FOLEY 3517 SOUTH STREET NW WASHINGTON, DC 20007	CONTRIBUTION - HOUSE FL 16TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	$1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF SENATOR NICKLES P.O. BOX 21033 ALEXANDRIA, VA 22320-2033	CONTRIBUTION - SENATE OK - 11/98 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/25/97	$1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ROD GRAMS FOR U.S. SENATE P.O. BOX 1029, 2013 2nd AVE. N. ANOKA, MN 55303	CONTRIBUTION - SENATE MN - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/18/97	$1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SUSAN GOLDING FOR U.S. SENATE P.O. BOX 466 RANCHO SANTA FE, CA 92067	CONTRIBUTION - SENATE CA - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	$1,000.00

SUBTOTAL of Receipts This Page (optional) >	$8,000.00
TOTAL This Period (last page this line number only) >	$8,000.00

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

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

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Fleet Bank 777 Main Street, MSN 0250 Hartford, CT 06115 Election: ☒ Primary ☐ General ☐ Other (specify):	$15,000.00	- 0 -	$15,000.00

Terms: Date Incurred 10/20/97 Date Due 9/30/98 Interest Rate Base Rate %(apr) 8.25% ☐ Secured

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

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

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured

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

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

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

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

FE5AR135

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑ Hand Delivered	Date of Receipt 12/19/97
☐ First Class Mail	POSTMARKED
☐ Registerd/Certified Mail	POSTMARKED
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked _____ and/or Date of Receipt
☐ Electronic Filing	

J.A.Q. — PREPARER

12/19/97 — DATE PREPARED

(7/97)