

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Cam Cavasso For U.S. Senate

Mailing Address PO Box 44

City Waimanalo State HI Zip Code 96795

Purpose of Disbursement  
Contr. Cambell Cavasso (HI-??-R)

Candidate Name  
Cambell Cavasso

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
 President Other (specify) ▼

State: HI District

Transaction ID: D4454  
Date of Disbursement  
09 / 24 / 2004

Amount of Each Disbursement this Period  
2000.00

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Cam Cavasso For U.S. Senate

Mailing Address PO Box 44

City Waimanalo State HI Zip Code 96795

Purpose of Disbursement  
Contr. Cambell Cavasso (HI-??-R)

Candidate Name  
Cambell Cavasso

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
 President Other (specify) ▼

State: HI District

Transaction ID: D4455  
Date of Disbursement  
09 / 27 / 2004

Amount of Each Disbursement this Period  
3000.00

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Christopher Cox Congressional Committee

Mailing Address PO Box 8088 PMB-C

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contr.

Candidate Name  
Christopher Cox

Office Sought:  House Disbursement For: 2004  
 Senate Primary  General  
 President Other (specify) ▼

State: CA District 48

Transaction ID: D4452  
Date of Disbursement  
09 / 28 / 2004

Amount of Each Disbursement this Period  
2000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **7000.00**

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