

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Massachusetts Mutual Life Insurance Company Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00118943 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 / 01 / 2018 through 04 / 30 / 2018

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

Signature of Treasurer C., Bruce, , Mr., Frisbie [Electronically Filed] Date 08 / 16 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		98617.43
(b) Cash on Hand at Beginning of Reporting Period.....	112841.60	
(c) Total Receipts (from Line 19)	94672.72	400574.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	207514.32	499192.07
7. Total Disbursements (from Line 31).....	105788.78	397466.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101725.54	101725.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48793.39	261184.20
(ii) Unitemized	31555.78	118940.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	80349.17	380124.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	80349.17	380124.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1788.78	2794.09
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	12500.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	34.77	155.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	94672.72	400574.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94672.72	400574.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1788.78	2810.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1788.78	2810.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	104000.00	394500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	106.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	105788.78	397466.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105788.78	397466.53

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	80349.17	380124.81
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80349.17	380074.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1788.78	2810.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1788.78	2794.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	16.44

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Updated filing to correct beginning balances

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Walker, Tricia, M, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Ashley Cir

City Easthampton	State MA	Zip Code 01027-9711
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of Digital Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2018

Transaction ID : 77604828

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 530 Rockwell Circle

City Rock Hill	State SC	Zip Code 29730-8702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Finance Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2018

Transaction ID : 77608478

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 26 Conservation Rd

City Suffield	State CT	Zip Code 06078-2443
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Institutional Solutions
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : 77665485

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Langan, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 MANDY LN
 City CAMP HILL State PA Zip Code 17011-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2018
Transaction ID : 77676001
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Langan, Alexander, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 BRYCE RD
 City CAMP HILL State PA Zip Code 17011-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2018
Transaction ID : 77676002
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Daviau, Mark, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 CAPARDO DR
 City WHITESBORO State NY Zip Code 13492-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2018
Transaction ID : 77677085
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dahl, Melanie, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 FAIRVIEW AVE
 City HAVERTOWN State PA Zip Code 19083-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2018
Transaction ID : 77682827
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Canderozzi, Anthony, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 SWALLOW TAIL CT
 City JACKSON State NJ Zip Code 08527-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2018
Transaction ID : 77686235
 Amount of Each Receipt this Period 300.00
 Memo Item

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

Date of Receipt 04 / 24 / 2018
Transaction ID : 77686497
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 17 School House Ln

City Simsbury	State CT	Zip Code 06070-1979
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Sales & Distribution
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

Transaction ID : 77692209

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1209 Gatewood Dr

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Federal Gov Relations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

Transaction ID : 77692210

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 141 Cardinal Way

City Florence	State MA	Zip Code 01062-9201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President & Senior Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : 77728062

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Picone, Thomas J, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 ASCOT CIR
 City MOUNT KISCO State NY Zip Code 10549-4753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2018
Transaction ID : 77854403
 Amount of Each Receipt this Period
 312.50
 Memo Item

B. Van Order, Douglas, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 WOODGROVE WAY
 City ROSEVILLE State CA Zip Code 95661-4024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2018
Transaction ID : 77854404
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Olson, Carl, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2698 DERBY DR
 City SAN RAMON State CA Zip Code 94583-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2018
Transaction ID : 77857750
 Amount of Each Receipt this Period
 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1812.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gilley, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7169 CORNING RD
 City ZIONSVILLE State PA Zip Code 18092-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2018
Transaction ID : 77857756
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Garrah, Bernard, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2968 WATERFALL WAY
 City WESTLAKE State OH Zip Code 44145-6821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 02 / 2018
Transaction ID : 77857762
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Julian, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W5809 ROYAL TROON DR
 City MENASHA State WI Zip Code 54952-9712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 04 / 2018
Transaction ID : 77857780
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hamassian, Harutune, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24033 PARK GRANADA
 City CALABASAS State CA Zip Code 91302-2528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857804
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Bae, Yongja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7481 REGATTA WAY
 City FLOWERY BRANCH State GA Zip Code 30542-7705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857806
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Mulkey, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10910 WHISPER HOLLOW ST
 City SAN ANTONIO State TX Zip Code 78230-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857811
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Batty, Daniel, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 674 WHARTON BLVD
 City EXTON State PA Zip Code 19341-1189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857813
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Bancroft, Lea, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 MAIN ST
 City MOUNT MORRIS State NY Zip Code 14510-1235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857833
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. O'Brien, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4082 LILLY VUE CT
 City MARS State PA Zip Code 16046-3057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857834
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wheeler, John W, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1075 ASTER LANE
 City WEST CHICAGO State IL Zip Code 60185-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857842
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Lingelbach, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 JERRILYNN PL
 City ENCINITAS State CA Zip Code 92024-4757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857867
 Amount of Each Receipt this Period
 600.00
 Memo Item

C. Costello, John, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 BROOKS RD
 City MOORESTOWN State NJ Zip Code 08057-3857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857869
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tully, Sheryl, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7858 CARLISLE DR
 City HANOVER PARK State IL Zip Code 60133-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857870
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Hodson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6224 N 29TH ST
 City ARLINGTON State VA Zip Code 22207-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857871
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Scruggs, Frederick, T., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1113 BLUE HERON CIR
 City FOREST State VA Zip Code 24551-1993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857874
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hanasab, Farhad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1435 LOMA VISTA DR
 City BEVERLY HILLS State CA Zip Code 90210-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2018
Transaction ID : 77857875
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Rogan, John, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Auburn Rd
 City Franklin State MA Zip Code 02038-3456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2018
Transaction ID : 77858129
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Lyon, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3604 WESTBURY RD
 City MOUNTAIN BRK State AL Zip Code 35223-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2018
Transaction ID : 77858130
 Amount of Each Receipt this Period
 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Weinstock, Sidney, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1173 57TH ST
 City BROOKLYN State NY Zip Code 11219-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2018
Transaction ID : 77858133
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Rice, Robert, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 184 COURTS LN
 City LITTLE ROCK State AR Zip Code 72223-9018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 25 / 2018
Transaction ID : 77858134
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Rice, Rebecca, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 184 COURTS LN
 City LITTLE ROCK State AR Zip Code 72223-9018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 25 / 2018
Transaction ID : 77858135
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Silvestri, Joseph, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 POTOMAC CT
 City FREEHOLD State NJ Zip Code 07728-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 25 / 2018
Transaction ID : 77858138
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Blanco, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 STONEWALL LANE
 City FAIRFIELD State CT Zip Code 06824-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 25 / 2018
Transaction ID : 77858144
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Mirabito, David, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 679 FOREST AVE
 City FULTON State NY Zip Code 13069-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 24 / 2018
Transaction ID : 77858149
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dattilo, Marlene, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1132 CANOPY TRL
 City WEBSTER State NY Zip Code 14580-8579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2018
Transaction ID : 77858150
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Lustig, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 HERITAGE RD W
 City WILLIAMSVILLE State NY Zip Code 14221-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2018
Transaction ID : 77858182
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wietsma, Eric, H, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Valley View Dr
 City Wilbraham State MA Zip Code 01095-2363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of Retirement Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1120474559536
 Amount of Each Receipt this Period
 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1553.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Scanlon, Sue, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Judith Dr

City Manchester	State CT	Zip Code 06040-6517
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1120474959536

Amount of Each Receipt this Period
77.78

Memo Item

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

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

Mailing Address 9997 DELL RD

City EDEN PRAIRIE	State MN	Zip Code 55347-3524
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1135598759536

Amount of Each Receipt this Period
208.34

Memo Item

P/R Deduction (\$104.17 Semi-Monthly)

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

Mailing Address 61 Rainbow Trl

City South Windsor	State CT	Zip Code 06074-2953
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Risk Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1233812059536

Amount of Each Receipt this Period
76.94

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	363.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5619 CHALLISFORD LN

City CHARLOTTE	State NC	Zip Code 28226-2627
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1264218159536

Amount of Each Receipt this Period
269.24

Memo Item

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

B. GACEVICH, KENNETH, MI, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6515 GREENWAY BEND DR

City CHARLOTTE	State NC	Zip Code 28226-5561
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
508.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1264219259536

Amount of Each Receipt this Period
113.00

Memo Item

P/R Deduction (\$56.50 Bi-Weekly)

C. Wallace, Amanda, H, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Carriage Dr

City Tolland	State CT	Zip Code 06084-2910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Operations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1285750059536

Amount of Each Receipt this Period
50.00

Memo Item

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 172 Snell St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1285752359536

Amount of Each Receipt this Period
53.90

Memo Item

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

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

Mailing Address 65 Rosewood Dr

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

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP Chief Compliance Off & Dep Gen
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1285753959536

Amount of Each Receipt this Period
192.30

Memo Item

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

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

Mailing Address 49 MENDON RD

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1285754159536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 33 HILLSIDE RD

City NORTHAMPTON	State MA	Zip Code 01060-2119
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1334223459536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 150 N Beacon St

City Hartford	State CT	Zip Code 06105-2247
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Chief Comp Officer Inst. Funds
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1342766159536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 140 Colonial Ave

City North Andover	State MA	Zip Code 01845-6349
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1360837759536

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	515.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Goldman, Victor, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12030 N 62ND ST
 City SCOTTSDALE State AZ Zip Code 85254-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1368736159536
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. RYAN, PAULA, T, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 RIDGE RD
 City SIMSBURY State CT Zip Code 06070-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1391580659536
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. Vaccaro, John, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Anna Marie Ln
 City E Longmeadow State MA Zip Code 01028-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - MassMutual Financial Network
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1434639359536
 Amount of Each Receipt this Period
 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	423.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. COUTU, DAVID, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MELLISSA CIR
 City GREENVILLE State RI Zip Code 02828-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1479403859536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Putnam, Roger, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 The Glade
 City Simsbury State CT Zip Code 06070-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Insurance Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1479403959536
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Russell, Douglas, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Craigie St
 City Cambridge State MA Zip Code 02138-3470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director, Head of MassMutua
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR1500908559536
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	653.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, Cale, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 LONGWOOD DR
 City BATON ROUGE State LA Zip Code 70808-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR1500946659536
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. YOUNG, JOHN, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 LAMPERCOCK LN
 City LINCOLN State RI Zip Code 02865-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR1541043559536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. HERNANDEZ, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 SW 84TH AVENUE
 City MIAMI State FL Zip Code 33143-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.64

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR1541766159536
 Amount of Each Receipt this Period 66.66
 Memo Item
 P/R Deduction (\$33.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	505.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LEONARD, TARYN, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 MAGAZINE ST
 City CAMBRIDGE State MA Zip Code 02139-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.55

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1560527859536
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

B. Jaeggi, Rachel, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Hoffmann Rd
 City Canton State CT Zip Code 06019-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1564484359536
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Rasch, Kevin, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 890 Mount Eustis Road
 City Littleton State NH Zip Code 03561-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP & Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1569232359536
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	246.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DEBLOIS, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JAMESON DR
 City REHOBOTH State MA Zip Code 02769-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1581879959536
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. Valle-Yanez, Lorie, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Mountain Rd
 City West Hartford State CT Zip Code 06117-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Diversity & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1606911959536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BENOIT, George, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 JILLIAN WAY
 City WESTPORT State MA Zip Code 02790-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.77

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1619196059536
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	195.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 517 NW 156TH CIR

City EDMOND	State OK	Zip Code 73013-2087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1645265359536

Amount of Each Receipt this Period
66.66

Memo Item

P/R Deduction (\$33.33 Semi-Monthly)

B. Ferrero, Amy, L, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Stonehill Rd

City E Longmeadow	State MA	Zip Code 01028-1367
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Claims
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1663791259536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 44 Westwoods Dr

City Canton	State CT	Zip Code 06019-4500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President & Actuary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1717732359536

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	197.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHEAN, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 BONNIE BRAE RD
 City HINSDALE State IL Zip Code 60521-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1727302659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. STARK, Timothy, Darren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4402 POMONA RD
 City DALLAS State TX Zip Code 75209-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1728061459536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. Benson, Wendy, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 Allerton Commons Ln
 City Braintree State MA Zip Code 02184-8248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Vice President - Wealth Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR1728095759536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 243.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 46 Pinewood Dr

City Longmeadow	State MA	Zip Code 01106-1638
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1779022359536

Amount of Each Receipt this Period
76.92

Memo Item

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

B. Kennedy, John, F, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Andrew Dr

City Canton	State CT	Zip Code 06019-5001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Distribution Strategy
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1913873359536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 11 Mountain Spring Rd

City Farmington	State CT	Zip Code 06032-1612
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EVP & Chief Investment Officer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1929995859536

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2 Emerson Ln

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

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Senior Vice President - Compliance
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1934313159536

Amount of Each Receipt this Period
57.70

Memo Item

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

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

Mailing Address 1667 ARONA ST

City SAINT PAUL	State MN	Zip Code 55108-2351
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1934322559536

Amount of Each Receipt this Period
62.50

Memo Item

P/R Deduction (\$65.26 Semi-Monthly)

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

Mailing Address 2235 CASITAS WAY

City PALM SPRINGS	State CA	Zip Code 92264-8202
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
281.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1934331959536

Amount of Each Receipt this Period
121.06

Memo Item

P/R Deduction (\$60.53 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	241.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 28 Eastham Lane

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of Workplace Transformation
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1947062959536

Amount of Each Receipt this Period
53.84

Memo Item

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

B. ARRANTS, Berkely, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6036 POST OAK GREEN LN

City HOUSTON	State TX	Zip Code 77055-5500
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR1961263959536

Amount of Each Receipt this Period
125.00

Memo Item

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

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

Mailing Address 301 CHEROKEE RD

City LAKE FOREST	State IL	Zip Code 60045-3062
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2006647559536

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	255.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BOTNER, Ryan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 57TH AVE S
 City FARGO State ND Zip Code 58104-7215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2006660059536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Murphy, Richard, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Sewall Woods Rd
 City Melrose State MA Zip Code 02176-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Project Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2020232359536
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. HARTUNG, Bret, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 N DAMEN AVE
 City CHICAGO State IL Zip Code 60618-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2038720459536
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	258.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MCGEE, DANIEL, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10812 ALEXANDER MILL DR
 City CHARLOTTE State NC Zip Code 28277-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 04 / 30 / 2018
Transaction ID : PR204546659536
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

B. Parent, Rachel, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Pembroke Dr
 City Suffield State CT Zip Code 06078-2096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) CIO - Corporate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2052377659536
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

C. HENDERLONG, MICHAEL, E, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BEAVER CREEK CT
 City FAR HILLS State NJ Zip Code 07931-2594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2052379359536
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	303.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FLYNN, DANIEL, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7917 SKYE LOCHS DR
 City WAXHAW State NC Zip Code 28173-7493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2106071659536
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

B. Cove, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Blue Granite Drive
 City Holly Springs State NC Zip Code 27540-6453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.20

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2139277259536
 Amount of Each Receipt this Period 55.60
 Memo Item
 P/R Deduction (\$27.80 Bi-Weekly)

C. Greene, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 GREENFIELD LN
 City PAINESVILLE State OH Zip Code 44077-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2154013159536
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$0.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	191.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 479 CHESTNUT ST

City WABAN	State MA	Zip Code 02468-1204
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2166460259536

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 31 Penniman Ter

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2166461759536

Amount of Each Receipt this Period
47.62

Memo Item

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

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

Mailing Address 1170 ADAMS LN

City SOUTHLAKE	State TX	Zip Code 76092-8501
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
236.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2202061259536

Amount of Each Receipt this Period
52.64

Memo Item

P/R Deduction (\$26.32 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	369.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Acselrod, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Burr School Rd
 City Westport State CT Zip Code 06880-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of PCG Integration
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 318.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2202068959536
 Amount of Each Receipt this Period 73.50
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. LOPEZ, Freddy, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10070 CORBETT ST
 City LAS VEGAS State NV Zip Code 89149-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 235.28

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2204073859536
 Amount of Each Receipt this Period 68.63
 Memo Item
 P/R Deduction (\$35.30 Semi-Monthly)

C. Kochen, Neil, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Sunny Reach Dr
 City West Hartford State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY Occupation (for Individual) Vice President, Trust Co. Investments
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.30

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2244918859536
 Amount of Each Receipt this Period 133.40
 Memo Item
 P/R Deduction (\$66.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	275.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rutley, Jennifer, R, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Thornton Rd

City Needham	State MA	Zip Code 02492-4330
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of MMFA Strategic Research & D
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2345426559536

Amount of Each Receipt this Period
77.00

Memo Item

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

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

Mailing Address 16 Hawthorn Rd

City Amherst	State MA	Zip Code 01002-9710
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Financial Risk Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
964.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2345715759536

Amount of Each Receipt this Period
214.30

Memo Item

P/R Deduction (\$107.15 Bi-Weekly)

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

Mailing Address 15 Cortland Cir

City Lunenburg	State MA	Zip Code 01462-1494
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Solutions Architect
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR2348661059536

Amount of Each Receipt this Period
53.40

Memo Item

P/R Deduction (\$26.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	344.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lengyel, Daniel, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 ABBEY GLEN
 City FLOWER MOUND State TX Zip Code 75028-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.45

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2476377459536
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. THOMPSON, Shannon, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 STILLMERE CT
 City WINSTON SALEM State NC Zip Code 27101-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.57

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2476627959536
 Amount of Each Receipt this Period 19.15
 Memo Item
 P/R Deduction (\$19.15 Semi-Monthly)

C. Kaltenbach, Geoffrey, Lane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CALLE MATTIS
 City SAN CLEMENTE State CA Zip Code 92673-7050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.15

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2476690259536
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	352.55
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CUNNINGHAM, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4211 GROVE AVE
 City WESTERN SPRINGS State IL Zip Code 60558-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2476821459536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. GILL, Janice, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.70

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2476869059536
 Amount of Each Receipt this Period 49.02
 Memo Item
 P/R Deduction (\$49.02 Semi-Monthly)

C. Sherman, Renee, S, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Daria Dr
 City Bolton State CT Zip Code 06043-7800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Vice President - Wealth Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 331.65

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2478172359536
 Amount of Each Receipt this Period 73.70
 Memo Item
 P/R Deduction (\$36.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	206.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bargery, Brett, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3541 N JASPER MTN CIR
 City MESA State AZ Zip Code 85207-9130
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.15

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2478194759536
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

B. Nicolas, Gaetan, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 Raffaele Dr
 City Waltham State MA Zip Code 02452-0313
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President Sales Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2484673959536
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

c. GILL, Robert, Emmett, , SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR2490277659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	500.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LaPiana, Paul, A, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6615 Green Knoll Drive
 City Dallas State TX Zip Code 75230-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Sales and Distribution
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.30

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2505805859536
 Amount of Each Receipt this Period 333.40
 Memo Item
 P/R Deduction (\$166.70 Bi-Weekly)

B. CHANG, David, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 FERNCROFT CT
 City DANVILLE State CA Zip Code 94526-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 294.17

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR2507035059536
 Amount of Each Receipt this Period 85.82
 Memo Item
 P/R Deduction (\$44.15 Semi-Monthly)

C. MELTZER, Alan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S OCEAN BLVD APT 3K
 City BOCA RATON State FL Zip Code 33432-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR789845159536
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	835.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HEERDEGEN, Christopher, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6862 SECTION RD
 City OTTAWA LAKE State MI Zip Code 49267-9551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR789871359536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$58.35 Semi-Monthly)

B. SCHNEIDER, Corey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 STRATTON RD
 City SCARSDALE State NY Zip Code 10583-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2018
Transaction ID : PR789873259536
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

C. EPPY, Joseph, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 LAS OLAS WAY APT 4103
 City FORT LAUDERDALE State FL Zip Code 33301-2394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR789983159536
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	708.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. STARR, Mitchell, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 SW 4TH ST
 City PLANTATION State FL Zip Code 33324-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790035459536
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

B. DECOURSEY, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1467 MORNINGCREST CT
 City INDIANAPOLIS State IN Zip Code 46280-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790044859536
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

C. VANBENSCHOTEN, Richard, Pierce, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 5TH AVE APT 3A
 City NEW YORK State NY Zip Code 10065-4952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790069059536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ESTLER, Stephen, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2177 NE 63RD ST
 City FT LAUDERDALE State FL Zip Code 33308-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790109459536
 Amount of Each Receipt this Period 166.66
 Memo Item
 P/R Deduction (\$83.33 Semi-Monthly)

B. MCDONALD, Todd, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAGLE RIDGE DR
 City TROY State NY Zip Code 12180-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790131859536
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

C. BLAIS, ALAN, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SHADY DELL LN
 City SOMERS State CT Zip Code 06071-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790151859536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 345.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dickey, Andrew, C, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2934 E Crestview St
 City Springfield State MO Zip Code 65804-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director - Strategic Investme
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 692.55

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790159359536
 Amount of Each Receipt this Period 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

B. Noreen, Cliff, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Bent Tree Dr
 City E Longmeadow State MA Zip Code 01028-1365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director - Strategic Investme
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.44

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790184159536
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

C. Waddington, Craig, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Spring Meadow Dr
 City Granby State CT Zip Code 06035-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President & Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790184559536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	423.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 36 Farmington Ave

City Longmeadow	State MA	Zip Code 01106-1433
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Dir - Investments
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790188659536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 34 VERPLANK AVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790192659536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 13 Pittroff Ave

City South Hadley	State MA	Zip Code 01075-2203
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP-Reg Advisory Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790198559536

Amount of Each Receipt this Period
54.35

Memo Item

P/R Deduction (\$23.10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	185.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PHELAN, DONALD, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 HAMMERSMITH
 City AVON State CT Zip Code 06001-2915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790207859536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. Hoffman, Harvey, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Devonshire Ter
 City E Longmeadow State MA Zip Code 01028-3139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Operational and Strategic Risk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.99

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790231459536
 Amount of Each Receipt this Period 247.87
 Memo Item
 P/R Deduction (\$151.71 Bi-Weekly)

C. Deitelbaum, John, E, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Monticello Cir
 City Ellington State CT Zip Code 06029-8300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP & Deputy Gen Couns USIG Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1211.58

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790248259536
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	570.95
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 151 MCKENZIE DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790252059536

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Mailing Address 28 Canterbury Ln

City Feeding Hills	State MA	Zip Code 01030-1718
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Delivery Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790253259536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 124 Maximilian Dr

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

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

Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY	Occupation (for Individual) Vice President - Trust Company
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790254559536

Amount of Each Receipt this Period
150.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	253.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 432 LYON ST

City LUDLOW	State MA	Zip Code 01056-1133
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790260259536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 68 Holcomb St

City East Granby	State CT	Zip Code 06026-9531
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance & Regulat
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790260459536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 50 BARBER HILL RD

City BROAD BROOK	State CT	Zip Code 06016-9716
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790296059536

Amount of Each Receipt this Period
53.90

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	161.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3 RIDGEBURY RD

City AVON	State CT	Zip Code 06001-3825
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790301459536

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 134 FAIRVIEW TER

City S GLASTONBURY	State CT	Zip Code 06073-3304
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790304959536

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Delaney, Pamela, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Winterset Ln

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

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Procurement
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790320659536

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	423.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kinsey, Patricia, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Sunnyside Ter
 City Wilbraham State MA Zip Code 01095-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP - Strategic Initiatives & Data Inte
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 412.10

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR79032259536
 Amount of Each Receipt this Period 85.20
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. Kennedy, Rhae, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Briar Cliff Dr
 City Wilbraham State MA Zip Code 01095-1576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director - Investment Analys
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR790351859536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. Barnhart, Richard, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 344 Westchester Rd
 City Colchester State CT Zip Code 06415-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, Acctg Standards & Ind Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.55

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR790352059536
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	216.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bourgeois, Richard, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Echo Hill Rd
 City Wilbraham State MA Zip Code 01095-2663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Senior Vice President - Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 692.55

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR790352259536
 Amount of Each Receipt this Period 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

B. BUCKLEY, RICHARD, F, MR., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 CEDAR RDG
 City SOUTH HADLEY State MA Zip Code 01075-1795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.28

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR790352359536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. BRODERICK, ROBERT, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 ACADEMY DR
 City LONGMEADOW State MA Zip Code 01106-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.28

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR790353159536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	261.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Labun, Robert, G, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Wildflower Cir

City Westfield	State MA	Zip Code 01085-4590
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President, Investment Accounting
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790354559536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 12 Sherwood Ln

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790355459536

Amount of Each Receipt this Period
115.40

Memo Item

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

C. Crandall, Roger, W, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 Converse St Apt 13

City Longmeadow	State MA	Zip Code 01106-1755
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Chairman President & CEO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR790355959536

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	576.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 70 BROOKS RD

City LONGMEADOW	State MA	Zip Code 01106-2129
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790370159536

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 146 LONGHILL ST

City SPRINGFIELD	State MA	Zip Code 01108-1438
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790387659536

Amount of Each Receipt this Period
53.84

Memo Item

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

C. KOWALSKI, Ken, Croydon, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3620 WILLOW LAWN DR

City LYNCHBURG	State VA	Zip Code 24503-3022
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790397459536

Amount of Each Receipt this Period
83.34

Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	406.42
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MARTIN, Brian, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12217 CLEGHORN RD
 City COCKEYSVILLE State MD Zip Code 21030-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790404159536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. DAVIS, Jonathan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OVERLOOK RD
 City WESTPORT State CT Zip Code 06880-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790448759536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. SEGALL, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FAITH LN
 City ARDSLEY State NY Zip Code 10502-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790450359536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SEROTTE, Steven, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 VERNAL WAY
 City MILL VALLEY State CA Zip Code 94941-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790451659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. SHAUGHNESSY, T J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 RIVERWALK WAY
 City MANCHESTER State NH Zip Code 03101-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790463059536
 Amount of Each Receipt this Period 85.79
 Memo Item
 P/R Deduction (\$44.12 Semi-Monthly)

C. CORNETT, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 STEELMAN RD
 City PURVIS State MS Zip Code 39475-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.64

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790467759536
 Amount of Each Receipt this Period 66.66
 Memo Item
 P/R Deduction (\$33.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	235.79
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VESSELL, Jerry, Donald, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 CALLOWAY DR

City BRENTWOOD	State TN	Zip Code 37027-6539
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790470159536

Amount of Each Receipt this Period
83.34

Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

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

Mailing Address 17 WINTERBERRY RD

City DEEP RIVER	State CT	Zip Code 06417-2126
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790544559536

Amount of Each Receipt this Period
115.38

Memo Item

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

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

Mailing Address 20 ABBEY LN

City E LONGMEADOW	State MA	Zip Code 01028-3206
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790568559536

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	275.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KRAEZ, KATHLEEN, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 ASHFORD RD
 City LONGMEADOW State MA Zip Code 01106-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790579459536
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. TREVALION, DOUGLAS, M, MR., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 COVENTRY LN
 City AGAWAM State MA Zip Code 01001-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790590359536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROBERGE, ROGER, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 ROCKINGHAM CIR
 City EAST LONGMEADOW State MA Zip Code 01028-3197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790594559536
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Lacey, James, O, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Magnolia Ter

City Springfield	State MA	Zip Code 01108-2533
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Public Relations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790616259536

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Fawthrop, Roland, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Horseshoe Ln

City Somers	State CT	Zip Code 06071-2235
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Second VP & Actuary
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790658259536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 57 Middle Rd

City Ellington	State CT	Zip Code 06029-3615
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - GIC Operations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790677159536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BYERS, John, N.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 JACOBS MILL RD
 City LONG LAKE State MN Zip Code 55356-9320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790684859536
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. FEHRS, David, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 BUCKTHORN DR
 City BADEN State PA Zip Code 15005-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790708659536
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

C. WIGHT, Edward, Ira, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 KATESFORD RD
 City COCKEYSVILLE State MD Zip Code 21030-2246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790710959536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WAHL, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 TODMORDEN LN
 City ROSE VALLEY State PA Zip Code 19086-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.60

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790723359536
 Amount of Each Receipt this Period 89.30
 Memo Item
 P/R Deduction (\$43.65 Semi-Monthly)

B. THOMALLA, Kenneth, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 FOREST EDGE DR
 City PALOS PARK State IL Zip Code 60464-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790731159536
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

C. Morin, Vanessa, B, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Canterbury Cir
 City E Longmeadow State MA Zip Code 01028-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt 04 / 30 / 2018
Transaction ID : PR790790359536
 Amount of Each Receipt this Period 61.54
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	359.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Allen, David, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Winhall Ln

City Hartford	State CT	Zip Code 06105-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - DGC Dispute Resolution & Legal
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR790809759536

Amount of Each Receipt this Period
115.40

Memo Item

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

B. SHAUGHNESSY, Thomas, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 S ORANGE AVE # 74011

City BROKEN ARROW	State OK	Zip Code 74011-1191
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791185159536

Amount of Each Receipt this Period
83.34

Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

C. Taylor, Douglas, W, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 Northfield Road

City Longmeadow	State MA	Zip Code 01106-2144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Vice President & Appointed Actuary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791193759536

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	252.58
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GOETZ, Adam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 QUINCY LANE

City WEXFORD	State PA	Zip Code 15090-6836
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
216.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR791213159536

Amount of Each Receipt this Period
61.47

Memo Item

P/R Deduction (\$31.47 Semi-Monthly)

B. DEBOER, Bruce, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6839 RIDGEWOOD TRL

City TOLEDO	State OH	Zip Code 43617-1181
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR791215859536

Amount of Each Receipt this Period
68.63

Memo Item

P/R Deduction (\$35.30 Semi-Monthly)

C. WRIGHT, Darren, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6020 E CALLE DEL MEDIA

City SCOTTSDALE	State AZ	Zip Code 85251-3018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : PR791221259536

Amount of Each Receipt this Period
83.34

Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	213.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WOOD, Greg, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 E 26TH ST
 City TULSA State OK Zip Code 74114-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR791295759536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Lacomb, Kevin, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Christian Hill Rd
 City Higganum State CT Zip Code 06441-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, Tax Planning and Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR791326659536
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. Chicares, Elizabeth, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 Belle Woods Dr
 City Glastonbury State CT Zip Code 06033-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP - CFO & Chief Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018
Transaction ID : PR791351759536
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	329.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 41 MAYNARD RD

City NORTHAMPTON	State MA	Zip Code 01060-2809
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791365059536

Amount of Each Receipt this Period
115.40

Memo Item

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

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

Mailing Address 5419 GORHAM DR

City CHARLOTTE	State NC	Zip Code 28226-6411
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791511159536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 4920 HARDISON RD

City CHARLOTTE	State NC	Zip Code 28226-6418
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791511959536

Amount of Each Receipt this Period
384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	553.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 157 Fairway Xing

City Glastonbury	State CT	Zip Code 06033-1468
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL	Occupation (for Individual) Senior Managing Director - MMI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791513759536

Amount of Each Receipt this Period
77.00

Memo Item

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

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

Mailing Address 189 MAYFAIR RD

City MOORESVILLE	State NC	Zip Code 28117-6022
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791591459536

Amount of Each Receipt this Period
115.40

Memo Item

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

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

Mailing Address 197 Lynnwood Dr

City Longmeadow	State MA	Zip Code 01106-2013
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - HR Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791591659536

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	269.32
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 67 Pershing Rd

City Windsor Locks	State CT	Zip Code 06096-2122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791784459536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 185 COVENTRY LN

City LONGMEADOW	State MA	Zip Code 01106-1629
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791800259536

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 120 Creamery Hill Rd

City Granby	State CT	Zip Code 06035-1702
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Product & Marketing
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR791800459536

Amount of Each Receipt this Period
76.92

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ABOWD, Eric, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 WILBUR MAY PKWY APT 4504
 City RENO State NV Zip Code 89521-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR791913759536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Dias, Amy, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Cislak Dr
 City Ludlow State MA Zip Code 01056-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of HR Consulting & Talent Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 358.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR791926959536
 Amount of Each Receipt this Period 78.50
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Monroe Jr, Bill, F, MR., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 General Hobbs Rd
 City Jefferson State MA Zip Code 01522-1565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Vice President - MMLISI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 04 / 30 / 2018
Transaction ID : PR791969159536
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	238.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HOUSTON, LINDA, C, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 FOREST RD

City WEST HARTFORD	State CT	Zip Code 06119-1625
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR792038759536

Amount of Each Receipt this Period
53.90

Memo Item

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

B. O'Connor, Michael, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Twin Hill Rd

City Hubbardston	State MA	Zip Code 01452-1216
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR792107759536

Amount of Each Receipt this Period
384.60

Memo Item

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

C. Conlin, Ellen, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Wellesley Dr

City Longmeadow	State MA	Zip Code 01106-2833
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : PR792129559536

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	492.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GEORGE, Ian, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 CLEMSON DR
 City PITTSBURGH State PA Zip Code 15243-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR793621459536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Kaltenbach, Gregory, Linn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAND COURT
 City COTO DE CAZA State CA Zip Code 92679-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.77

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR793731559536
 Amount of Each Receipt this Period 119.06
 Memo Item
 P/R Deduction (\$59.53 Bi-Weekly)

C. PERME, Christopher, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11676 STATE ROUTE 88
 City GARRETTSVILLE State OH Zip Code 44231-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 30 / 2018**
Transaction ID : PR794455159536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	285.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. OCVIEJA, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N CANAL ST APT 3603
 City CHICAGO State IL Zip Code 60606-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR79465559536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. KATZ, Walter, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 RICHMOND AVE STE 200
 City HOUSTON State TX Zip Code 77006-5480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR795359659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. ROBERTSON, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 SHANES LN
 City WEATHERFORD State TX Zip Code 76087-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR795374459536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WIRTZ, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BRANDING IRON LN
 City ROLLING HILLS ESTATES State CA Zip Code 90274-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR796003959536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. WHITMORE, Edgar, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25471 PRADO DE ORO
 City CALABASAS State CA Zip Code 91302-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR796010159536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. ADAMS, Max, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 NE 27TH ST APT 1603
 City MIAMI State FL Zip Code 33137-5093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR796324659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PLANK, Joshua, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 TIMBERWOLF LN
 City ZIONSVILLE State IN Zip Code 46077-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2018
Transaction ID : PR811793659536
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Young, Jeanne, G, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Pondview Ln
 City Southwick State MA Zip Code 01077-9264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Corp Business Resou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 04 / 30 / 2018
Transaction ID : PR904834659536
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Belmore, Cindy, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Crystal Dr
 City Southwick State MA Zip Code 01077-9613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.37

Date of Receipt 04 / 30 / 2018
Transaction ID : PR932682159536
 Amount of Each Receipt this Period 53.86
 Memo Item
 P/R Deduction (\$26.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	214.20
TOTAL This Period (last page this line number only).....	48793.39

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MassMutual Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1295 State Street

City Springfield	State MA	Zip Code 01111
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2794.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2018

Transaction ID : 77858187

Amount of Each Receipt this Period
1788.78

Memo Item

Apr-18 Refund - Processing Fees

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1788.78
TOTAL This Period (last page this line number only).....▶	1788.78

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Hatch Election Committee Inc
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3986

City Washington	State DC	Zip Code 20027
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104752

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2018

Transaction ID : 77689778

Amount of Each Receipt this Period
5000.00

Memo Item

Refund of 18G contribution

B. Pat Meehan For Congress
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 S Providence Rd

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00466870

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2018

Transaction ID : 77854391

Amount of Each Receipt this Period
2500.00

Memo Item

Refund: 2018 U.S. General contribution

C. Common Values PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N WASHINGTON ST, SUITE 700

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00442368

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2018

Transaction ID : 77854393

Amount of Each Receipt this Period
5000.00

Memo Item

Refund of Contribution

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2018

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

FEC Identification Number

C	_____
---	-------

Transaction ID : 77854387

Amount of Each Disbursement this Period

_____	1277.28
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Mar-18 AMEX Processing Fees

Memo Item

Purpose of Disbursement
Mar-18 AMEX Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Chase PaymenTech

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2018

Mailing Address P.O. Box 29534

City
Phoenix

State
AZ

Zip Code
85038

FEC Identification Number

C	_____
---	-------

Transaction ID : 77854388

Amount of Each Disbursement this Period

_____	511.50
-------	--------

Apr-18 Chase PaymenTech Processing Fees

Memo Item

Purpose of Disbursement
Apr-18 Chase PaymenTech Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C	_____
---	-------

Amount of Each Disbursement this Period

-------	--

Memo Item

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

_____	1788.78
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TOTAL This Period (last page this line number only)..... ▶

_____	1788.78
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Industry Event: April 18, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number

C C00445379

Transaction ID : 77468566

Amount of Each Disbursement this Period

2500.00

Industry Event: April 18, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
Industry Event: April 18, 2018

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2018

FEC Identification Number

C C00311043

Transaction ID : 77468567

Amount of Each Disbursement this Period

2500.00

Industry Event: April 18, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Women2Women PAC

Mailing Address 2201 Wisconsin Ave., NW
Suite 320

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
2018 PAC-to-PAC Support

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2018

FEC Identification Number

C C00614958

Transaction ID : 77542647

Amount of Each Disbursement this Period

5000.00

2018 PAC-to-PAC Support

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andre Carson For Congress

Mailing Address P.O. Box 1863

City
Indianapolis

State
IN

Zip Code
46206

Purpose of Disbursement
Event: April, 2018

011

Category/
Type

Candidate Name

Carson, Andre, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	8

FEC Identification Number

C C00442921

Transaction ID : 77557842

Amount of Each Disbursement this Period

5000.00

Event: April, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding For Congress Inc.

Mailing Address PO Box 97187

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
2018 Candidate Contribution

011

Category/
Type

Candidate Name

Holding, George, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C C00499236

Transaction ID : 77558030

Amount of Each Disbursement this Period

5000.00

2018 Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave., SE - Ste. 2

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	8

FEC Identification Number

C C00536607

Transaction ID : 77558032

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alex Mooney For Congress

Mailing Address PO Box 1863

City
Martinsburg

State
WV

Zip Code
25402

Purpose of Disbursement
Event: April 12, 2018

011

Category/
Type

Candidate Name

Mooney, Alex, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	8

FEC Identification Number

C C00629949

Transaction ID : 77558034

Amount of Each Disbursement this Period

2500.00

Event: April 12, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Avenue

City
Jamaica

State
NY

Zip Code
11432

Purpose of Disbursement
ACLI Event: April 12, 2018

011

Category/
Type

Candidate Name

Meeks, Gregory, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	8

FEC Identification Number

C C00329375

Transaction ID : 77558035

Amount of Each Disbursement this Period

2500.00

ACLI Event: April 12, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City
Encinitas

State
CA

Zip Code
92024

Purpose of Disbursement
Event: April 13, 2018

011

Category/
Type

Candidate Name

Vargas, Juan, C., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	8

FEC Identification Number

C C00497321

Transaction ID : 77558036

Amount of Each Disbursement this Period

2500.00

Event: April 13, 2018

Memo Item

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

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

7	5	0	0	.	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement
Event: April 16, 2018

Category/
Type

Candidate Name
Wenstrup, Brad, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77558037

Amount of Each Disbursement this Period

Event: April 16, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Event: April 17, 2018

Category/
Type

Candidate Name
Fudge, Marcia, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 11

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77558038

Amount of Each Disbursement this Period

Event: April 17, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Together Holding our Majority (THOM PAC)

Mailing Address P.O. Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2018 PAC Contribution

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77558129

Amount of Each Disbursement this Period

2018 PAC Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement
Event: March 14, 2018

011

Candidate Name

Scalise, Steve, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

C C00394957

Transaction ID : 77560510

Amount of Each Disbursement this Period

3000.00

Event: March 14, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Eye of the Tiger PAC

Mailing Address 213 Ashby Street

City
Alexandria

State
VA

Zip Code
22305

Purpose of Disbursement
Event: March 14, 2018

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

C

Transaction ID : 77560511

Amount of Each Disbursement this Period

5000.00

Event: March 14, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Smucker for Congress

Mailing Address 548 Steel Way

City
Lancaster

State
PA

Zip Code
17601

Purpose of Disbursement
Event: April 12, 2018

011

Candidate Name

Smucker, Lloyd, K., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2018

FEC Identification Number

C C00599464

Transaction ID : 77560924

Amount of Each Disbursement this Period

2500.00

Event: April 12, 2018

Memo Item

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

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
2018 Candidate Contribution

011

Category/
Type

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	8

FEC Identification Number

C C00502179

Transaction ID : 77563954

Amount of Each Disbursement this Period

2500.00

2018 Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Schweikert For Congress

Mailing Address 8776 E Shea Blvd, Suite B3a-626

City
Scottsdale

State
AZ

Zip Code
85260

Purpose of Disbursement
ACLI Event: April 18, 2018

011

Category/
Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: AZ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C C00492413

Transaction ID : 77575692

Amount of Each Disbursement this Period

2500.00

ACLI Event: April 18, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam PAC

Mailing Address PO Box 1011

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
ACLI Event: April 19, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C

Transaction ID : 77575693

Amount of Each Disbursement this Period

2500.00

ACLI Event: April 19, 2018

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement
Event: April 25, 2018

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2018

FEC Identification Number

C C00573949

Transaction ID : 77575694

Amount of Each Disbursement this Period

2500.00

Event: April 25, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216

Purpose of Disbursement
ACLI Event: April 25, 2018

011

Category/
Type

Candidate Name

Moore, Gwendolynne, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2018

FEC Identification Number

C C00397505

Transaction ID : 77575696

Amount of Each Disbursement this Period

2500.00

ACLI Event: April 25, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Poliquin For Congress

Mailing Address PO Box 50

City
Oakland

State
ME

Zip Code
04963

Purpose of Disbursement
Event: April 25, 2018

011

Category/
Type

Candidate Name

Poliquin, Bruce, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2018

FEC Identification Number

C C00518654

Transaction ID : 77575787

Amount of Each Disbursement this Period

5000.00

Event: April 25, 2018

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Event: April 26, 2018

011

Category/
Type

Candidate Name

Sanchez, Linda, T., Rep.,

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2018

FEC Identification Number

C C00384057

Transaction ID : 77575879

Amount of Each Disbursement this Period

2500.00

Event: April 26, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Event: April 26, 2018

011

Category/
Type

Candidate Name

Sanchez, Linda, T., Rep.,

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2013
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2018

FEC Identification Number

C C00384057

Transaction ID : 77575880

Amount of Each Disbursement this Period

2500.00

Event: April 26, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City
Encinitas

State
CA

Zip Code
92024

Purpose of Disbursement
Industry Event: April 18, 2018

011

Category/
Type

Candidate Name

Vargas, Juan, C., Rep.,

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2018

FEC Identification Number

C C00497321

Transaction ID : 77580164

Amount of Each Disbursement this Period

3500.00

Industry Event: April 18, 2018

Memo Item

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

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

8500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement
ACLI Event: April 26, 2018

011

Category/
Type

Candidate Name

Smith, Jason, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	8

FEC Identification Number

C C00541862

Transaction ID : 77580165

Amount of Each Disbursement this Period

2500.00

ACLI Event: April 26, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Huizenga For Congress

Mailing Address PO Box 254

City
Zeeland

State
MI

Zip Code
49464

Purpose of Disbursement
Event: April 26m 2018

011

Category/
Type

Candidate Name

Huizenga, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: MI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	8

FEC Identification Number

C C00459297

Transaction ID : 77580213

Amount of Each Disbursement this Period

2500.00

Event: April 26m 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. The Upper Hand Fund

Mailing Address 402 A South Capitol St., SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Event: April 26, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	8

FEC Identification Number

C C00503151

Transaction ID : 77580214

Amount of Each Disbursement this Period

2500.00

Event: April 26, 2018

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. 4 MA PAC

Mailing Address P.O. Box 590464

City
Newton

State
MA

Zip Code
02459

Purpose of Disbursement
In-District Event- 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	7		2	0	1	8		

FEC Identification Number

C C00543504

Transaction ID : 77580221

Amount of Each Disbursement this Period

5000.00

In-District Event- 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Kustoff For Congress

Mailing Address 1661 Aaron Brenner Dr
Ste 300

City
Memphis

State
TN

Zip Code
38120

Purpose of Disbursement
In-District Event: April 3, 2018

011

Category/
Type

Candidate Name

Kustoff, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	3		2	0	1	8		

FEC Identification Number

C C00614826

Transaction ID : 77604381

Amount of Each Disbursement this Period

5000.00

In-District Event: April 3, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. The Hawkeye PAC

Mailing Address P.O. Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
2018 PAC Support

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	3		2	0	1	8		

FEC Identification Number

C C00379479

Transaction ID : 77854383

Amount of Each Disbursement this Period

2500.00

2018 PAC Support

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
AALU Event: April 29, 2018

Candidate Name
Crowley, Joseph, , Rep.,

Office Sought: House Senate President
Disbursement For: 2013
 Primary General Other (specify) ▼
State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	8

FEC Identification Number

C C00338954

Transaction ID : 77854384

Amount of Each Disbursement this Period

5000.00

AALU Event: April 29, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
ACLI Event: February 27, 2018

Candidate Name
Young, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)
State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

C C00545616

Transaction ID : 77854385

Amount of Each Disbursement this Period

2500.00

ACLI Event: February 27, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

104000.00