

**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
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y 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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		16423.00
(b) Cash on Hand at Beginning of Reporting Period.....	209294.99	
(c) Total Receipts (from Line 19)	53828.80	670257.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	263123.79	686680.91
7. Total Disbursements (from Line 31)	180540.41	604097.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82583.38	82583.38
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

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Page 3

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 09 / 01 / 2017

To:

 M M / D D / Y Y Y Y
 09 / 30 / 2017
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41681.12	458911.37
(ii) Unitemized	11846.72	207795.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	53527.84	666706.38
(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)	53527.84	666706.38
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).....	260.41	1785.86
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	40.55	265.67
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))	53828.80	670257.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53828.80	670257.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	260.41	5268.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	260.41	5268.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	180000.00	594000.00
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	280.00	4656.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	280.00	4656.76
29. Other Disbursements (Including Non-Federal Donations).....	0.00	172.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	180540.41	604097.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	180540.41	604097.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53527.84	666706.38
34. Total Contribution Refunds (from Line 28(d))	280.00	4656.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53247.84	662049.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	260.41	5268.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	260.41	1785.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	3482.91

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLACK DAVID S, DAVID, S., ,

Mailing Address 715 NE 1ST ST APT C

City

FORT LAUDERDALE

State

FL

Zip Code

33301-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518505

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLANK MICHAEL T, MICHAEL, T., ,

Mailing Address 3915 WIEUCA CT

City

MARIETTA

State

GA

Zip Code

30066-2290

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518506

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINSTON JOSHUA D, JOSHUA, D., ,

Mailing Address 13467 LAKE SHORE DR

City

HERNDON

State

VA

Zip Code

20171-3619

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518509

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1100.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 7 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROUCH, JAMES, B., , Jr.

Mailing Address 2529 PINEWAY DR

City
BURLINGTON

State
NC

Zip Code
27215-4439

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518511

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brune, Robert, , ,

Mailing Address 3838 N. Causeway Blvd

City
Metairie

State
LA

Zip Code
70002-8194

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518513

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reilly, JOSEPH, G., ,

Mailing Address 249 SHADYBROOK LN

City
PRINCETON

State
NJ

Zip Code
08540-4137

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518514

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PULITO, DARREN, , ,

Mailing Address 556 BARTRAM RD

City
MOORESTOWN

State
NJ

Zip Code
08057-1871

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 / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518515

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYS, MITCHELL, R., ,

Mailing Address 4939 MOUNTAIN LAUREL DR

City
LYNCHBURG

State
VA

Zip Code
24503-1972

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518517

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINSTOCK SIDNEY J, SIDNEY, J., ,

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

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 76518518

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3800.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, PETER, M., ,

Mailing Address 230 LITTLE ROUND TOP

City
BULVERDE

State
TX

Zip Code
78163-3400

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 ▼

40.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 76599445

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$40.00 This changes the YTD Total to \$40.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, T RAY, , ,

Mailing Address 6202 N SHERMAN DR

City
INDIANAPOLIS

State
IN

Zip Code
46220-4439

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 ▼

150.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 76599446

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$90.00 This changes the YTD Total to \$150.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALSTEAD, LESLIE, A., ,

Mailing Address 4511 MEREDITH CREEK DR

City
GLEN ALLEN

State
VA

Zip Code
23060-3421

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 ▼

25.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 76599447

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$25.00

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

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

0.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRANDA, TERESITA, , ,

Mailing Address 3 GREENWAY PLZ STE 1

City
HOUSTON

State
TX

Zip Code
77046-0395

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 ▼

12.50

Date of Receipt

09 / 01 / 2017

Transaction ID : 76599448

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$22.50 This changes the YTD Total to \$12.50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MITCHELL, PAUL, , ,

Mailing Address 328 GREYBULL DR

City
BEAR

State
DE

Zip Code
19701-2174

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 ▼

162.50

Date of Receipt

09 / 15 / 2017

Transaction ID : 76599449

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$77.50 This changes the YTD Total to \$162.50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIETSMA, Eric, H, MR.,

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1120474556261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

53.84

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCANLON, SUSAN, J, MS.,

Mailing Address 23 JUDITH DR

City
MANCHESTERState
CTZip Code
06040-6517FEC 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 ▼

777.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1120474956261

Amount of Each Receipt this Period

77.78

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROELLIG, Mark, , MR.,

Mailing Address 11 COBTAIL WAY

City
SIMSBURYState
CTZip Code
06070-2530FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1120475456261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, MEGAN, E, MS.,

Mailing Address 23 CIRCLE DR

City
ENFIELDState
CTZip Code
06082-2712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
STRATEGIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1135584456261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

512.38

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

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

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

FOR LINE NUMBER: PAGE 12 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TODD, ANDREW, W., ,

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 ▼

1775.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1135598756261

Amount of Each Receipt this Period

208.40

☐ Memo Item

P/R Deduction (\$124.04 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEN, RONG, , ,

Mailing Address 2275 BAYLEAF DR

City
SAN RAMON

State
CA

Zip Code
94582-5878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1155609756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, KELLY, A, MS.,

Mailing Address 9 BLUEBIRD DR

City
ENFIELD

State
CT

Zip Code
06082-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
TRAVEL MANAGEMENT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1156279256261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

264.16

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARMON, TIMOTHY, , MR.,

Mailing Address 61 RAINBOW TRL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VICE PRESIDENT - RISK MANAGEME

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1233812056261

Amount of Each Receipt this Period

76.94

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARTOL, WILLIAM, E, MR.,

Mailing Address 650 DEEP RIVER RD

City

COLCHESTER

State

CT

Zip Code

06415-1902

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1264213356261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCIACCA, ANTHONY, , MR.,

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 ▼

2692.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1264218156261

Amount of Each Receipt this Period

269.24

☐ Memo Item

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

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

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

376.94

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GACEVICH, KENNETH, MI, MR.,

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 ▼

1130.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1264219256261

Amount of Each Receipt this Period

113.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VELASTEGUI, JEFF, T., ,

Mailing Address 69 BANKSIDE DR

City
CENTERPORT

State
NY

Zip Code
11721-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1264259956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NISSEN, Neil, A., ,

Mailing Address 21522 48TH AVE

City
OAKLAND GARDENS

State
NY

Zip Code
11364-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1264265456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

163.00

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

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

FOR LINE NUMBER: PAGE 15 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLACE, AMANDA, H, MS.,

Mailing Address 60 CARRIAGE DR

City
TOLLAND

State
CT

Zip Code
06084-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1285750056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'DONNELL, ALETHEA, , MS.,

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 ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1285752356261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCIDO, BRADLEY, , MR.,

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1285753956261

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

296.20

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, JOHN, , MR.,

Mailing Address 49 MENDON RD

City
SUTTONState
MAZip Code
01590-1135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1285754156261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LONG, GEORGE, F., ,

Mailing Address 23711 LEGEND CRST

City
SAN ANTONIOState
TXZip Code
78260-2600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1315456456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOUDREAU, DEAN, T, MR.,

Mailing Address 6 CLIFFSIDE DR

City
WILBRAHAMState
MAZip Code
01095-1620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
SUPPLIER MANAGEMENT CONSULT/

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1322703656261

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

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

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

101.94

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REINKE, CHRISTOPHE, M., ,

Mailing Address 1616 TREMONT RD

City
COLUMBUS

State
OH

Zip Code
43212-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1334155156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUSH, ALISHA, L., ,

Mailing Address 16240 NEWOLF BLVD

City
NOBLESVILLE

State
IN

Zip Code
46060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1334160756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRINCE, JEFFREY, T, MR.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1334223456261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

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

126.92

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELLMAN, PHILIP, S, MR.,

Mailing Address 150 N BEACON ST

City
HARTFORD

State
CT

Zip Code
06105-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VP & CHIEF COMP OFFICER INST. FI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1342766156261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FANNING, MICH L, R, MR.,

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 ▼

3846.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1360837756261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RADDIN, DAVID, R., ,

Mailing Address 335 CASCADES CIR E

City
CLINTON

State
MS

Zip Code
39056-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

219.57

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1360864856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$13.61 Semi-Monthly)

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

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

463.44

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldman, Victor, B., ,

Mailing Address 12030 N 62ND ST

City
SCOTTSDALE

State
AZ

Zip Code
85254-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1368736156261

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. METKIFF, Christopher, J., ,

Mailing Address 1600 W 9TH ST

City
WILMINGTON

State
DE

Zip Code
19805-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1368758356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANN, JENNIFER, P., ,

Mailing Address 1151 W 14TH PL

City
CHICAGO

State
IL

Zip Code
60608-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1368759256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

242.30

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARRETT, HUGH, , MR.,

Mailing Address 58 PONDVIEW DR

City
SPRINGFIELD

State
MA

Zip Code
01118-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1386532056261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYAN, PAULA, T, MS.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1391580656261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRODIN, DAVID, , ,

Mailing Address 1391 VIEW DR

City
SAN LEANDRO

State
CA

Zip Code
94577-5336

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1417170856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

165.42

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

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

FOR LINE NUMBER: PAGE 21 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YVON, Jack, , MR.,

Mailing Address 11 WOODSIDE DR

City
WILBRAHAM

State
MA

Zip Code
01095-2741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP AGENCY FOCUS TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1434638356261

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VACCARO, JOHN, , MR.,

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 NE1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1539.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1434639356261

Amount of Each Receipt this Period

153.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELD, PHILLIP, , ,

Mailing Address 5010 MEADOWBROOK RD

City
BUFFALO

State
NY

Zip Code
14221-4214

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 ▼

218.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1434650256261

Amount of Each Receipt this Period

32.70

☐ Memo Item

P/R Deduction (\$13.08 Semi-Monthly)

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

220.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARGHELAME, ALI, , ,

Mailing Address 1410 S ELIZABETH ST

City
DENVERState
COZip Code
80210-2423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1434658556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COUTU, DAVID, J, MR.,

Mailing Address 1 MELLISSA CIR

City
GREENVILLEState
RIZip Code
02828-1025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1479403856261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PUTNAM, Roger, , MR.,

Mailing Address 8 THE GLADE

City
SIMSBURYState
CTZip Code
06070-1041FEC 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 ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1479403956261

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

294.22

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

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

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

FOR LINE NUMBER: PAGE 23 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OBERG, WILLIAM, D, MR.,

Mailing Address 99 POKANOKET LN

City
MARSHFIELD

State
MA

Zip Code
02050-8238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1479405056261

Amount of Each Receipt this Period

76.94

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CIRAVOLO, CHARLES, T., ,

Mailing Address 12 DARBY DR

City
HUNTINGTON STATION

State
NY

Zip Code
11746-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1479442856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOWMAN, LEE, , ,

Mailing Address 600 RIVER OAKS LN

City
CHARLOTTE

State
NC

Zip Code
28226-6877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1491599156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

126.94

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

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

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

FOR LINE NUMBER: PAGE 24 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENBERG, DAVID, F., ,

Mailing Address 6103 AQUA AVE APT 70

City
MIAMI BEACHState
FLZip Code
33141-5875FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1491604456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUEVARA, JOSEPH, V., ,

Mailing Address 1200 FRANCISCO ST

City
SAN FRANCISCOState
CAZip Code
94123-2380FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1491619856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSSELL, DOUGLAS, , MR.,

Mailing Address 4 CRAIGIE ST

City
CAMBRIDGEState
MAZip Code
02138-3470FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
SVP - STRATEGY AND CORP DEVEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1500908556261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

434.60

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

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

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

FOR LINE NUMBER: PAGE 25 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Cale, P., ,

Mailing Address 1956 LONGWOOD DR

City
BATON ROUGE

State
LA

Zip Code
70808-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1500946656261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, JOHN, M, MR.,

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 ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1541043556261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALL, THOMAS, , MR.,

Mailing Address 22 W ELM ST

City
HOPKINTON

State
MA

Zip Code
01748-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1541046456261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

476.94

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VIVIANO, MARK, , MR.,

Mailing Address 105 NORTHFIELD RD

City
LONGMEADOW

State
MA

Zip Code
01106-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP INVESTMENT OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1541058556261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, Michael, B., ,

Mailing Address 4909 DOVER CT NW

City
ALBUQUERQUE

State
NM

Zip Code
87114-5449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1541746756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTINEZ, MARGEE, D., ,

Mailing Address 1200 ALHAMBRA CIR

City
CORAL GABLES

State
FL

Zip Code
33134-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1541766456261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

105.20

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

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

FOR LINE NUMBER: PAGE 27 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWEENEY, BRIAN, S, MR.,

Mailing Address 67 CORNERSTONE DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1554644256261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUFF, WILLIAM, B., ,

Mailing Address 2617 E 3330 S

City

ST GEORGE

State

UT

Zip Code

84790-7291

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1554873656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$17.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, TARYN, , MS.,

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 ▼

539.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1560527856261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

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

101.98

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

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

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

FOR LINE NUMBER: PAGE 28 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PICKEN, TODD, , MR.,

Mailing Address 27 GREY OAK LN

City
WHATELY

State
MA

Zip Code
01093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
CORPORATE VICE PRESIDENT - TRE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1560539256261

Amount of Each Receipt this Period

30.80

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAEGGI, RACHEL, , MS.,

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 ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1564484356261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RASCH, KEVIN, , MR.,

Mailing Address 48 FOX DEN RD

City
WEST SIMSBURY

State
CT

Zip Code
06092-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VP & ASSISTANT GENERAL COUNSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1569232356261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

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

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

223.20

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAMICO, ROBERT, P., ,

Mailing Address 1259 FIVE MILE LINE RD

City
WEBSTER

State
NY

Zip Code
14580-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1581828156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEBLOIS, WILLIAM, , MR.,

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 ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1581879956261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLEN, KATHLEEN, MA, MS.,

Mailing Address 149 LINCOLN RD

City
LONGMEADOW

State
MA

Zip Code
01106-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1596856956261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

132.76

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEEKS, JOHN, , ,

Mailing Address 18 PALLADIO PARK

City
O FALLON

State
MO

Zip Code
63368-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1602263856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIKARAS, JOHN, , ,

Mailing Address 8516 W CLARA DR

City
NILES

State
IL

Zip Code
60714-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1602274256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VALLE-YANEZ, LORIE, , MS.,

Mailing Address 575 MOUNTAIN RD

City
WEST HARTFORD

State
CT

Zip Code
06117-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - DIVERSITY & INCI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1606911956261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

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

126.92

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

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

FOR LINE NUMBER: PAGE 31 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CWIKLA, THOMAS, , MR.,

Mailing Address 9 DEER MDW

City
TOLLANDState
CTZip Code
06084-3256FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1606916756261

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENOIT, GEORGE, , ,

Mailing Address 69 JILLIAN WAY

City
WESTPORTState
MAZip Code
02790-4231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1619196056261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARVAJAL, HUGO, X., ,

Mailing Address 79 RIDGEVIEW DR

City
WOODLAND PARKState
NJZip Code
07424-2719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1637415956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

106.70

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARABEDIAN, JIM, , ,

Mailing Address 1020 THACKERY LN

City
NAPERVILLE

State
IL

Zip Code
60564-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1637438356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESS, Van, M., ,

Mailing Address 555 35TH ST

City
MANHATTAN BEACH

State
CA

Zip Code
90266-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1637459656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRONAMRAJU, SRINIVAS, , MR.,

Mailing Address 28 ALLEN RIDGE DR

City
ELLINGTON

State
CT

Zip Code
06029-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SVP - ENTERPRISE INFORMATION RI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1645210256261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

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

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

190.40

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **HICKS, RYAN, C., ,**

Mailing Address 1350 ROYAL PARK BLVD

City
SOUTH PARK

State
PA

Zip Code
15129-8929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1645235156261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **MARTIN, TIMOTHY, , ,**

Mailing Address 7660 HOLCOMB RD

City
CLARKSTON

State
MI

Zip Code
48348-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1645259456261

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$17.04 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **GRIFFITH, Matthew, A., ,**

Mailing Address 517 NW 156TH CIR

City
EDMOND

State
OK

Zip Code
73013-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1645265356261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$33.27 Semi-Monthly)

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

120.90

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **STEMPEL, DENNIS, , MR.,**

Mailing Address 85 CHRISTOPHER LN

City
FEEDING HILLS

State
MA

Zip Code
01030-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SENIOR VICE PRESIDENT & GENERA/

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1651025556261

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **FERRERO, AMY, LY, MS.,**

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 ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1663791256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **ROSEN, PAUL, E., ,**

Mailing Address 124 ISLE OF VENICE DR

City
FORT LAUDERDALE

State
FL

Zip Code
33301-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1663824056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

101.94

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERRY, JONATHAN, S., ,

Mailing Address 15 BROAD ST APT 2826

City
NEW YORK

State
NY

Zip Code
10005-1991

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 ▼

300.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1663829356261

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOOP, KELLEN, B., ,

Mailing Address 24701 VIA PRADERA

City
CALABASAS

State
CA

Zip Code
91302-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1692472056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HETTIGER, John, S., ,

Mailing Address 12484 BURKE DR

City
CARMEL

State
IN

Zip Code
46032-7284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1692497556261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

100.10

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, BRYCE, L., ,

Mailing Address 6017 BLACK HEATH DR

City
FORT MILL

State
SC

Zip Code
29707-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.57

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1702297356261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.89 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUSSEFI, ANTHONY, W., ,

Mailing Address 7928 KIRKFIELD DR

City
NASHVILLE

State
TN

Zip Code
37211-4697

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1702300356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAVIS, Nicholas, S., ,

Mailing Address 3411 COLLIER CT

City
GLEN ALLEN

State
VA

Zip Code
23060-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1702316656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

100.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PUCKETT, RYAN, , ,

Mailing Address 4115 HICKORY ROCK DR

City
POWELL

State
OH

Zip Code
43065-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1702333856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FICHTER, ROBERT, , ,

Mailing Address 4277 HICKORY ROCK DR

City
POWELL

State
OH

Zip Code
43065-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1702333956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, RYAN, , ,

Mailing Address 468 SOUTHBURY LN

City
CHICO

State
CA

Zip Code
95973-8207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1709983456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, GREGORY, T., ,

Mailing Address 5901 N MERIDIAN ST

City
INDIANAPOLIS

State
IN

Zip Code
46208-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1710289856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ORZELL, JENNIFER, , MS.,

Mailing Address 44 WESTWOODS DR

City
CANTON

State
CT

Zip Code
06019-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1717732356261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORAN, Michael, F., ,

Mailing Address 9 W BROADWAY UNIT 60

City
BOSTON

State
MA

Zip Code
02127-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1717744856261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

168.62

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLAERBOUT, ADAM, G., ,

Mailing Address 7141 DICKINSON LN

City
INDIANAPOLIS

State
IN

Zip Code
46259-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1727248556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CREEDEN, WILLIAM, , ,

Mailing Address 701 ROYAL CT APT 302

City
CHARLOTTE

State
NC

Zip Code
28202-2751

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1727258456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERCY, JASON, , ,

Mailing Address 2535 E 26TH ST

City
TULSA

State
OK

Zip Code
74114-4413

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1727261156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

75.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. QUINN, EDWARD, O., ,

Mailing Address 17 AVON AVE

City
CUMBERLAND

State
RI

Zip Code
02864-1751

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 ▼

282.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1727277856261

Amount of Each Receipt this Period

20.85

☐ Memo Item

P/R Deduction (\$31.71 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANCOCK, DAWN, , ,

Mailing Address 17247 SANDY KNOLL DR

City
OLNEY

State
MD

Zip Code
20832-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1727286956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEAN, MICHAEL, J., ,

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 ▼

750.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1727302656261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.55 Semi-Monthly)

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

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

129.25

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOWNS, KEVIN, S., ,

Mailing Address 2777 CAPTAIN CT

City
DACULA

State
GA

Zip Code
30019-7840

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 ▼

312.75

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1728049556261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$33.28 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STARK, TIMOTHY, D., ,

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 ▼

750.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1728061456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.55 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAPLAN, BRIAN, , ,

Mailing Address 300 E 71ST ST APT 16K

City
NEW YORK

State
NY

Zip Code
10021-5242

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 ▼

425.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1728066556261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

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

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

175.10

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENSON, Wendy, , MS.,

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 INS.

Occupation (for Individual)
VICE PRESIDENT - WEALTH MANAGI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1728095756261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MICELI, JOSHUA, A., ,

Mailing Address 6835 E CAMELBACK RD

City
SCOTTSDALE

State
AZ

Zip Code
85251-3119

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 ▼

262.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1737080656261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$14.52 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAIR, BRADLEY, T., ,

Mailing Address 349 OLD PAYNE PL

City
SALTILLO

State
MS

Zip Code
38866-8753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1759864056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

131.12

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEECH, JOHNNY, , , Jr

Mailing Address 1107 CLAYTON AVE

City
TUPELO

State
MS

Zip Code
38804-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1762091556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOPEZ, BAVY, U., ,

Mailing Address 2060 ELIZA GLYNNE LN

City
KNOXVILLE

State
TN

Zip Code
37931-3681

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1762108056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CURRY, PIERS, L., , II

Mailing Address 8901 MAGNOLIA CHASE CIR

City
TAMPA

State
FL

Zip Code
33647-2220

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1762115056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STUCKEY, DOMENICA, S., ,

Mailing Address 6113 COUNTRYVIEW LN

City
RALEIGH

State
NC

Zip Code
27606-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1774172456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIFFITH, DONALD, , MR.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1779022356261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEST, JODIE, B., ,

Mailing Address 6024 CRESTRIDGE LN

City
SACHSE

State
TX

Zip Code
75048-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1779057956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

126.92

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUTHERFORD, KELLY, J, MS.,

Mailing Address 15 FIELD DR

City
SIMSBURY

State
CT

Zip Code
06070-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1824106356261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRRA, GERALD, M., ,

Mailing Address 2520 ROUND POINTE DR

City
HAVERSTRAW

State
NY

Zip Code
10927-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1824619756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POURI, Amir, J., ,

Mailing Address 15021 VENTURA BLVD

City
SHERMAN OAKS

State
CA

Zip Code
91403-2442

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1824621556261

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

76.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BAKER, BRIAN, E., ,**

Mailing Address 205 ARCHWAY CT

City
LYNCHBURG

State
VA

Zip Code
24502-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1828896256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **KROLL, DAVID, R., ,**

Mailing Address 5501 E GRANDVIEW RD

City
SCOTTSDALE

State
AZ

Zip Code
85254-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1828924856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **COBURN, CHRISTOPHER, , MR.,**

Mailing Address 21 BAYBERRY DR

City
EASTHAMPTON

State
MA

Zip Code
01027-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1841433156261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

88.50

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, DANE, , ,

Mailing Address 6 CONIFER CIR NE

City
ATLANTA

State
GA

Zip Code
30342-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1841462056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHIPPER, JEFFREY, S., ,

Mailing Address 527 LIBERTY DR

City
YARDLEY

State
PA

Zip Code
19067-4538

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 ▼

312.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1857099556261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$33.28 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JESTINGS, WENDY, L., ,

Mailing Address 2284 PORTERS POINT RD

City
COLCHESTER

State
VT

Zip Code
05446-9513

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 ▼

248.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1857124356261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$17.44 Semi-Monthly)

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

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

95.90

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULMAN, GABRIEL, , ,

Mailing Address 385 GRAND ST APT L14

City
NEW YORK

State
NY

Zip Code
10002-3968

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 ▼

300.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1869366256261

Amount of Each Receipt this Period

33.40

☐ Memo Item

P/R Deduction (\$16.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTS, PHILIP, , ,

Mailing Address 2552 N BOURBON ST

City
ORANGE

State
CA

Zip Code
92865-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1903660456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOERA, GENESIS, , ,

Mailing Address 15103 MAGNOLIABOUGH PL

City
CYPRESS

State
TX

Zip Code
77429-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1903661556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

83.40

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

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

FOR LINE NUMBER: PAGE 49 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNEDY, Jack, FR, MR.,

Mailing Address 51 ANDREW DR

City
CANTON

State
CT

Zip Code
06019-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - DISTRIBUTION S1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1913873356261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BREHART, PHILIP, AL, MR.,

Mailing Address 266 MOUNTAIN RD

City
WILBRAHAM

State
MA

Zip Code
01095-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1929626056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORBETT, Tim, TI, MR.,

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 ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1929995856261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

511.52

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'CONNELL, TIMOTHY, D., ,

Mailing Address 15 WEBSTER PL

City
NEWTOWN

State
CT

Zip Code
06470-1837

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 ▼

200.58

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1930041456261

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$17.38 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREDERICK, Christine, , MS.,

Mailing Address 2 EMERSON LN

City
GRANBY

State
CT

Zip Code
06035-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SENIOR VICE PRESIDENT - COMPLI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1934313156261

Amount of Each Receipt this Period

57.70

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSMITH, DANIEL, , ,

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 ▼

842.31

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1934322556261

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

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

195.20

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, ROBERT, J., , JR

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 ▼

433.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1934331956261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$66.62 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JALLAN, LALIT, , ,

Mailing Address 2114 CASTLEHEATH CT

City
KATY

State
TX

Zip Code
77450-6072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1934335856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEINHILBER, CARL, PA, MR.,

Mailing Address 158 CHARLES ST

City
TOLLAND

State
CT

Zip Code
06084-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1947062456261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

130.20

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLUE, DOMINIC, , MR.,

Mailing Address 28 EASTHAM LANE

City
LONGMEADOW

State
MA

Zip Code
01106-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SVP & DEPUTY GEN COUNS - CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1947062956261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REISEL, MICHAEL, J., ,

Mailing Address N71W31034 LOWER CLUB CIR W

City
HARTLAND

State
WI

Zip Code
53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1947076256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, MARC, A, MR.,

Mailing Address 119 WINTERWOOD

City
WINDSOR

State
CT

Zip Code
06095-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
INFORMATION RISK CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1950870356261

Amount of Each Receipt this Period

35.00

☐ Memo Item

P/R Deduction (\$17.50 Bi-Weekly)

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

113.84

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINDQUIST, JEREMY, , ,

Mailing Address 6 ELIJAH HILL LN

City
LONDONDERRYState
NHZip Code
03053-3958FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1950887156261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$34.56 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOUYEA, MICHAEL, , MR.,

Mailing Address 2 TIGGER LANE

City
SOUTH HADLEYState
MAZip Code
01075-3315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
AVP MASSMUTUAL WAY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1961247256261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAROCHE, BRIAN, J., ,

Mailing Address 2009 COMPASS CIR

City
VIRGINIA BCHState
VAZip Code
23451-1713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1961258956261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

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

138.50

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **ARRANTS, BERKELY, , ,**

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 ▼

762.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1961263956261

Amount of Each Receipt this Period

62.50

☐ Memo Item

P/R Deduction (\$135.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **CHICK, STEVEN, E., ,**

Mailing Address 124 ELM ST

City

WILLIAMSTOWN

State

MA

Zip Code

01267-2576

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1965200756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$35.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **ROBINETTE, CHRISTOPHER, , ,**

Mailing Address 201 HERBERT CT

City

BRENTWOOD

State

TN

Zip Code

37027-7653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

306.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR1980140956261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$34.52 Semi-Monthly)

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

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

129.20

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRYAN, KATHRYN, , ,

Mailing Address 29900 EMERY RD

City
CHAGRIN FALLS

State
OH

Zip Code
44022-1664

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 ▼

262.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1980143756261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$14.52 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEMIA, JOSEPH, J., ,

Mailing Address 505 W 37TH ST APT 12

City
NEW YORK

State
NY

Zip Code
10018-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR1993210556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOWLER, IAN, M, MR.,

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 ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2006647556261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

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

131.20

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUSSMAN, EVAN, S., ,

Mailing Address 3201 BIRD AVE

City
MIAMI

State
FL

Zip Code
33133-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2006650156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOTNER, RYAN, J., ,

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 ▼

750.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2006660056261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.55 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACH, JOSHUA, , ,

Mailing Address 101 28TH AVE NE

City
FARGO

State
ND

Zip Code
58102-1704

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 ▼

354.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2006660456261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$24.94 Semi-Monthly)

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

150.10

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: PAGE 57 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LACEY, Michael, P., ,

Mailing Address 4431 PERSHING AVE

City
DOWNERS GROVE

State
IL

Zip Code
60515-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2006677356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSHER, SCOTT, , ,

Mailing Address 2605 22ND AVE

City
MONROE

State
WI

Zip Code
53566-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2008481556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELITO, Michael, , ,

Mailing Address 7 S MADISON AVE

City
UPPER DARBY

State
PA

Zip Code
19082-2818

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2008483456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALEMANY ROJAS, TOMASZ, , ,

Mailing Address 145 GABLES BLVD

City
WESTON

State
FL

Zip Code
33326-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2008497856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOU, JACK, L., ,

Mailing Address 6010 CELEDON CRK

City

PLAYA VISTA

State

CA

Zip Code

90094-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2008505956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOPOLSKI, JOSEPH, R., ,

Mailing Address 10 LONG QUARTER RD

City

NEW FREEDOM

State

PA

Zip Code

17349-8343

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 ▼

210.56

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2011965256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.39 Semi-Monthly)

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 59 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELLETSKY, MARC, R, MR.,

Mailing Address 9 MOOSEHORN HILL RD

City
WEST GRANBY

State
CT

Zip Code
06090-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
ADVANCED MARKETS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2012004156261

Amount of Each Receipt this Period

30.80

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, WILLIAM, S., ,

Mailing Address 5100 FM 126

City
NOLAN

State
TX

Zip Code
79537-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2016623356261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENNIS, Richard, , ,

Mailing Address 3318 CRESWELL ST

City
PHILADELPHIA

State
PA

Zip Code
19129-1707

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2016632656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

105.80

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TABORDA, FAVIO, J., ,

Mailing Address 231 MENDOZA AVE

City
CORAL GABLES

State
FL

Zip Code
33134-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2016646456261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, SETH, M., ,

Mailing Address 1127 BALDWIN ST

City
MECHANICSBURG

State
PA

Zip Code
17055-3935

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 ▼

301.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2016658056261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$35.45 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURPHY, RICHARD, , MR.,

Mailing Address 67 SEWALL WOODS RD

City
MELROSE

State
MA

Zip Code
02176-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2020232356261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

141.70

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIORE, ANTHONY, , ,

Mailing Address 31314 E RUTLAND ST

City
BEVERLY HILLS

State
MI

Zip Code
48025-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2023714256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shanahan, Daniel, J., ,

Mailing Address 8412 NORMAN ESTATES WAY

City
RALEIGH

State
NC

Zip Code
27613-5963

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2023930756261

Amount of Each Receipt this Period

106.10

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PROVENZANO, Louise, , MS.,

Mailing Address 316 Wolcott Street

City
Bristol

State
CT

Zip Code
06010-6427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Massachusetts Mutual Life Insurance Co

Occupation (for Individual)
Change Agent Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030698656261

Amount of Each Receipt this Period

30.80

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

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

161.90

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONCEPCION, Luis, O, MR.,

Mailing Address 12 Hawks Ridge

City
AvonState
CTZip Code
06001-4417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP & Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030723156261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORRIS, RUSSELL, AR, MR.,

Mailing Address 21 GREAVES RD W

City

STAFFORD SPRINGS

State

CT

Zip Code

06076-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

AVP GROUP BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030740256261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABRAMOWICZ, William, T, MR.,

Mailing Address 723 Taft Road

City

Hinsdale

State

IL

Zip Code

60521-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030743256261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

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

107.76

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLYNN, Dennis, E, MR.,

Mailing Address 37 Daniel Ridge

City
Westfield

State
MA

Zip Code
01085-4151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

Product Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030750556261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGLERTH, Troy, K, MR.,

Mailing Address 7253 W Melinda Lane

City
Glendale

State
AZ

Zip Code
85308-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Mutual Life Insurance Co

Occupation (for Individual)

AVP Group Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030750756261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEDORA, ANDREW, J., ,

Mailing Address 65 WIMBLETON WAY

City
RED LION

State
PA

Zip Code
17356-8277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2030795856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

102.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZIMMER, WILLIAM, , ,

Mailing Address 2213 HAMRICK DR

City
RALEIGH

State
NC

Zip Code
27615-2512

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2038717656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARTUNG, BRET, A., ,

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 ▼

1075.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2038720456261

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$72.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYWARD, JUSTIN, , ,

Mailing Address 16 WESTON RD

City
WELLESLEY

State
MA

Zip Code
02482-6313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2041714656261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

191.70

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGEE, DANIEL, J, MR.,

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 ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2045466556261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, SEAN, S., ,

Mailing Address 18809 CHRISTINA AVE

City
CERRITOS

State
CA

Zip Code
90703-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2050563956261

Amount of Each Receipt this Period

17.80

☐ Memo Item

P/R Deduction (\$10.81 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARENT, RACHEL, AY, MS.,

Mailing Address 5 PEMBROKE DR

City
SUFFIELD

State
CT

Zip Code
06078-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - STRATEGIC DEVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1111.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2052377656261

Amount of Each Receipt this Period

111.12

☐ Memo Item

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

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

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

244.32

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERLONG, MICHAEL, E, MR.,

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 ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2052379356261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORGAN, ADAM, , ,

Mailing Address 4914 DOLLARD DR

City
RICHMOND

State
VA

Zip Code
23230-2417

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2076547256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORD, RUSSELL, , ,

Mailing Address 4636 N KENWOOD AVE

City
INDIANAPOLIS

State
IN

Zip Code
46208-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2076550156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

127.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, BRUCE, D., ,

Mailing Address 2654 FRANCES ST

City
BELLMOREState
NYZip Code
11710-5402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2090184756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TODD, Lisa, MA, MS.,

Mailing Address 945 E BROADWAY

City
BOSTONState
MAZip Code
02127-2324FEC 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 ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2106069756261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLYNN, DANIEL, L, MR.,

Mailing Address 7917 SKYE LOCHS DR

City
WAXHAWState
NCZip Code
28173-7493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1111.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2106071656261

Amount of Each Receipt this Period

111.12

☐ Memo Item

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

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

174.62

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNITKO, CLARK, , ,

Mailing Address 4910 EL DON DR

City
ROCKLINState
CAZip Code
95677-3385FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2119922056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRITT, SEARS, AN, MR.,

Mailing Address 18 CANTERBURY LN

City
GROTONState
MAZip Code
01450-4242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
VP - DATA ANALYTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2139274456261

Amount of Each Receipt this Period

27.80

☐ Memo Item

P/R Deduction (\$13.90 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COVE, David, , MR.,

Mailing Address 4043 BOWSER AVE

City
DALLASState
TXZip Code
75219-3710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
AVP AGENCY FOCUS TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2139277256261

Amount of Each Receipt this Period

55.60

☐ Memo Item

P/R Deduction (\$27.80 Bi-Weekly)

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

108.40

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLEN, CHARLES, , ,

Mailing Address 2503 HILLIARD RD

City
HENRICO

State
VA

Zip Code
23228-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2139325956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCRAY, WILLIAM, , ,

Mailing Address 230 FARM CT

City
ROSWELL

State
GA

Zip Code
30075-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2139328256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IORIO, Dominick, , ,

Mailing Address 41 HIGHLAND AVE

City
MONMOUTH BEACH

State
NJ

Zip Code
07750-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2139351056261

Amount of Each Receipt this Period

2500.00

☐ Memo Item

P/R Deduction (\$0.00 Semi-Monthly)

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

2550.00

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PIRONE, ERIC, P, MR.,

Mailing Address 56 LINDA VISTA AVE

City
BELVEDERE TIBURON

State
CA

Zip Code
94920-1957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2154001156261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOFFEE, MICHAEL, D., ,

Mailing Address 9237 REGENTS RD UNIT 114

City
LA JOLLA

State
CA

Zip Code
92037-9215

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 ▼

248.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2154017256261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$17.44 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROSS, Eric, , ,

Mailing Address 1761 VALLEJO ST

City
SAN FRANCISCO

State
CA

Zip Code
94123-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2154035256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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169.60

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'CONNOR, D MICHAEL, , MR.,

Mailing Address 27 HIGH GATE DR

City
AVON

State
CT

Zip Code
06001-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - DEFINED BENEFI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2159446056261

Amount of Each Receipt this Period

21.06

☐ Memo Item

P/R Deduction (\$10.53 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STOKESBARY, KEVIN, E., ,

Mailing Address 7133 SAINT ANDREWS LN SE

City

SNOQUALMIE

State

WA

Zip Code

98065-9092

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

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2159450556261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, SCOTT, DA, MR.,

Mailing Address 479 CHESTNUT ST

City

WABAN

State

MA

Zip Code

02468-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2166460256261

Amount of Each Receipt this Period

269.24

☐ Memo Item

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

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

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

340.30

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOLEY, Brian, , MR.,

Mailing Address 31 PENNIMAN TER

City
BRAINTREE

State
MA

Zip Code
02184-4121

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 ▼

476.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2166461756261

Amount of Each Receipt this Period

47.62

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALHOTRA, DEEPAK, , ,

Mailing Address 23 WARWICK ST

City
ISELIN

State
NJ

Zip Code
08830-1837

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2166470556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARNES, JAMES, E., ,

Mailing Address 2951 LADOGA AVE

City
LONG BEACH

State
CA

Zip Code
90815-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2166475056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

97.62

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keating, Mark, , ,

Mailing Address 201 FULTON ST W

City
GRAND RAPIDS

State
MI

Zip Code
49503-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2192477056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRENNER, GREGORY, W., ,

Mailing Address 2219 OAKLEAF DR

City
FRANKLIN

State
TN

Zip Code
37064-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2192491456261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$33.27 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LETTENBERGER, JASON, M., ,

Mailing Address 19760 BRENNER DR

City
BROOKFIELD

State
WI

Zip Code
53045-6093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2194363556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

141.70

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

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

FOR LINE NUMBER: PAGE 74 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCANDREWS, KEVIN, , ,

Mailing Address 13310 INDIAN CREEK RD

City
HOUSTONState
TXZip Code
77079-7139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2199812556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRINGER, DAVID, J, MR.,

Mailing Address 1170 ADAMS LN

City
SOUTHLAKEState
TXZip Code
76092-8501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2202061256261

Amount of Each Receipt this Period

52.64

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACSELROD, David, , MR.,

Mailing Address 12 BURR SCHOOL RD

City
WESTPORTState
CTZip Code
06880-3816FEC 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 ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2202068956261

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$35.00 Bi-Weekly)

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

147.64

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

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

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

FOR LINE NUMBER: PAGE 75 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOCHEN, NEIL, , MR.,

Mailing Address 93 SUNNY REACH DR

City
WEST HARTFORD

State
CT

Zip Code
06117-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSMUTUAL TRUST COMPANY

Occupation (for Individual)
VICE PRESIDENT, TRUST CO. INVES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2244918856261

Amount of Each Receipt this Period

133.40

☐ Memo Item

P/R Deduction (\$66.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AUDETTE, ERIC, J., ,

Mailing Address 2284 PORTERS POINT RD

City
COLCHESTER

State
VT

Zip Code
05446-9513

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 ▼

262.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2252946256261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$14.52 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAROSELSKIY, VADIM, , MR.,

Mailing Address 2204 THERRELL WAY

City
MCKINNEY

State
TX

Zip Code
75070-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2274876956261

Amount of Each Receipt this Period

23.40

☐ Memo Item

P/R Deduction (\$11.70 Bi-Weekly)

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

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

186.00

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

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

FOR LINE NUMBER: PAGE 76 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUNO, FRANK, , MR.,

Mailing Address 6130 DEERBROOK RD

City
OAK PARK

State
CA

Zip Code
91377-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2274879756261

Amount of Each Receipt this Period

26.70

☐ Memo Item

P/R Deduction (\$13.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DERHAM, CHRISTOPHER, M., ,

Mailing Address 58 PHEASANT DR

City
MIDDLETOWN

State
CT

Zip Code
06457-5172

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 ▼

229.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2274978656261

Amount of Each Receipt this Period

20.85

☐ Memo Item

P/R Deduction (\$49.96 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Silva, VINCENT, , ,

Mailing Address 1212 N WELLS ST

City
CHICAGO

State
IL

Zip Code
60610-5693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2274980756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

72.55

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: PAGE 77 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOKARZ, PAUL, W., ,

Mailing Address 600 N LAKE SHORE DR

City
CHICAGOState
ILZip Code
60611-5061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2274982856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOUCIE, DELPHINE, P, MS.,

Mailing Address 5 GREAT MDWS

City
WEST SIMSBURYState
CTZip Code
06092-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
AVP INVESTMENT PRODUCT CONSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2284793156261

Amount of Each Receipt this Period

53.86

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUTLEY, JENNIFER, RI, MS.,

Mailing Address 66 THORNTON RD

City
NEEDHAMState
MAZip Code
02492-4330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.Occupation (for Individual)
VP - TECHNOLOGY CREATIVE DESIG

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2345426556261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

155.86

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRASK, JEFFREY, AN, MR.,

Mailing Address 82 WELLAND RD

City
INDIAN ORCH

State
MA

Zip Code
01151-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
ENTERPRISE CONTINUITY PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2345712956261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$33.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUNTLEY, DAVID, , MR.,

Mailing Address 16 HAWTHORN RD

City
AMHERST

State
MA

Zip Code
01002-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - FINANCIAL RISK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2143.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2345715756261

Amount of Each Receipt this Period

214.30

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIEND, ERNEST, , MR.,

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 ▼

534.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2348661056261

Amount of Each Receipt this Period

53.40

☐ Memo Item

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

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

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

334.40

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

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

FOR LINE NUMBER: PAGE 79 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Untalasco, MYLENE, G., ,**

Mailing Address 600 E WEDDELL DR

City
SUNNYVALE

State
CA

Zip Code
94089-1721

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2413225856261**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BRIGOWATZ, Greg, A., ,**

Mailing Address 3847 CEDAR CREEK RD

City
SLINGER

State
WI

Zip Code
53086-9797

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2476332756261**

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **LENGYEL, Daniel, S., ,**

Mailing Address 5109 ABBEY GLEN DR

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 INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.50

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2476377456261**

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

275.05

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:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOFF, RICHARD, H., ,

Mailing Address 5159 CARMENTO DR

City
OAK PARK

State
CA

Zip Code
91377-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2476427156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UPCHURCH, ADRIENNE, E., ,

Mailing Address 4508 WESTWAY AVE

City
DALLAS

State
TX

Zip Code
75205-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2476490556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, CHRISTOPHER, J., ,

Mailing Address 24 WOOD DR

City
OYSTER BAY

State
NY

Zip Code
11771-3723

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

09 / 30 / 2017

Transaction ID : PR2476554056261

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

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

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

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUSSELL, MICHAEL, , ,

Mailing Address 5935 BRACE RD

City
CHARLOTTEState
NCZip Code
28211-4650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2476641456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singer, RICHARD, , ,

Mailing Address 2 SAGE TER

City
SCARSDALEState
NYZip Code
10583-2018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2476660656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BORGES, JOSE, J., ,

Mailing Address 25 PACIFICA VIA AMAN

City
TRUJILLO ALTOState
PRZip Code
00976FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2476688956261

Amount of Each Receipt this Period

90.90

☐ Memo Item

P/R Deduction (\$45.46 Semi-Monthly)

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

165.90

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Kaltenbach, Geoffrey, L., ,**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 INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2476690256261**

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **LEONARDO, ROBERT, , ,**Mailing Address **230 JULEP AVE**

City
OSWEGO

State
IL

Zip Code
60543-7705

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 ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2476727356261**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **HAMMAN, RYAN, , ,**Mailing Address **151 ANTLER CIR**

City
SAN ANTONIO

State
TX

Zip Code
78232-2259

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : **PR2476758756261**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

216.70

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

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

FOR LINE NUMBER: PAGE 83 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRAUN, Scott, E., ,

Mailing Address 2833 DANBURY AVE

City
HIGHLANDS RANCH

State
CO

Zip Code
80126-8060

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 ▼

228.45

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2476805056261

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$9.81 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUNNINGHAM, CHARLES, A., ,

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 ▼

750.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2476821456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.55 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILL, JANICE, L., ,

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 ▼

428.34

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2476869056261

Amount of Each Receipt this Period

94.94

☐ Memo Item

P/R Deduction (\$97.66 Semi-Monthly)

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

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

223.34

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

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

FOR LINE NUMBER: PAGE 84 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARLOR, JAMES, , ,

Mailing Address 5 NORTHCREST DR

City
NORTH GRANBY

State
CT

Zip Code
06060-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2476918056261

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giardina, CHARLES, J., ,

Mailing Address 41 SEVEN OAKS RD

City
MARRERO

State
LA

Zip Code
70072-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2477467656261

Amount of Each Receipt this Period

46.14

☐ Memo Item

P/R Deduction (\$23.07 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jarvis, PATRICK, R., ,

Mailing Address 360 W ILLINOIS ST

City
CHICAGO

State
IL

Zip Code
60654-5266

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2477675556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

321.14

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

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

FOR LINE NUMBER: PAGE 85 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **MULCAHY, WILLIAM, P., ,**

Mailing Address 3115 WHITEPINE CT

City
WAUKEE

State
IA

Zip Code
50263-8146

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2477732356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **SCALESE, FRANK, T., ,**

Mailing Address 83 SAGAMORE DR

City
PLAINVIEW

State
NY

Zip Code
11803-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478087356261

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Kurtz, Jeffrey, R., ,**

Mailing Address 33 S 9TH ST

City
COPLAY

State
PA

Zip Code
18037-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478100056261

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

191.70

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

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

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

FOR LINE NUMBER: PAGE 86 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Begun, Robert, , ,

Mailing Address 77 78TH ST

City
BROOKLYN

State
NY

Zip Code
11209-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478125656261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Favaloro, John, , ,

Mailing Address 2823 PROVIDENCE RD

City
CHARLOTTE

State
NC

Zip Code
28211-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478139956261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIGGINS, Tera, , ,

Mailing Address 1001 DEXTER CIR

City
BIRMINGHAM

State
AL

Zip Code
35242-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478151756261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

500.10

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: PAGE 87 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHERMAN, Renee, S., ,

Mailing Address 7781 CRYSTAL BROOK WAY

City
HANOVER

State
MD

Zip Code
21076-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478172356261

Amount of Each Receipt this Period

73.70

☐ Memo Item

P/R Deduction (\$36.85 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Terrazzino, Samuel, L., ,

Mailing Address 4995 OAKWOOD DR

City

NORTH TONAWANDA

State

NY

Zip Code

14120-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478172756261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAROONEY, Richard, J., ,

Mailing Address 2917 FAIRWAY DR

City

CHASKA

State

MN

Zip Code

55318-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478172856261

Amount of Each Receipt this Period

83.35

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

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

323.75

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

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

FOR LINE NUMBER: PAGE 88 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Bulvin, JEFFREY, , ,**

Mailing Address 3401 STILLHOUSE RD SE

City
ATLANTA

State
GA

Zip Code
30339-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478172956261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **HARRIS, B. Miles, M., ,**

Mailing Address 1941 DENALI LN

City
KELLER

State
TX

Zip Code
76248-9725

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
09 / 30 / 2017

Transaction ID : PR2478183856261

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BARGER, Brett, E., ,**

Mailing Address 3541 N JASPER MOUNTAIN 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 INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478194756261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

433.40

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

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

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

FOR LINE NUMBER: PAGE 89 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Starnes, James, , ,

Mailing Address 4411 CHATEAU CREEK WAY

City
SPRING

State
TX

Zip Code
77386-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478220356261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. des Groseilliers, Jennifer, A., ,

Mailing Address 318 ROLLWIND RD

City
GLENVIEW

State
IL

Zip Code
60025-5141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478278156261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schega, Richard, A., ,

Mailing Address 440 BELLE POINTE DR

City
MADISONVILLE

State
LA

Zip Code
70447-3161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR2478278456261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

500.10

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 90 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICOLAS, GAETAN, , MR.,

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 ▼

250.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2484673956261

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$125.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BACH, BRIAN, R., ,

Mailing Address 49 ROGERS AVE

City
MILFORD

State
CT

Zip Code
06460-6436

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 ▼

206.90

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2488155656261

Amount of Each Receipt this Period

42.90

☐ Memo Item

P/R Deduction (\$14.33 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILL, ROBERT, E., ,

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 BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.10

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2490277656261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$83.31 Semi-Monthly)

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

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

459.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hagenberg, Robert, J., ,

Mailing Address 11 ROSE TREE DR

City
GLEN MILLS

State
PA

Zip Code
19342-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1406.25

Date of Receipt

09 / 30 / 2017

Transaction ID : PR2493429356261

Amount of Each Receipt this Period

156.25

☐ Memo Item

P/R Deduction (\$156.25 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARGE, ABBE, F., ,

Mailing Address 11 BLANCHARD RD

City
GREENWICH

State
CT

Zip Code
06831-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789844056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELTZER, ALAN, L., ,

Mailing Address 2000 S OCEAN BLVD

City
BOCA RATON

State
FL

Zip Code
33432-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3661.15

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789845156261

Amount of Each Receipt this Period

446.50

☐ Memo Item

P/R Deduction (\$223.12 Semi-Monthly)

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

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

627.75

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINGERD, ANGELA, M., ,

Mailing Address 10297 STONE QUARRY RD

City
RIGA

State
MI

Zip Code
49276-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789850156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STARR, ANTHONY, R., ,

Mailing Address 2 PAISLEY CT

City

SAVANNAH

State

GA

Zip Code

31411-3078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789851356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTERBAUGH, BRET, J., ,

Mailing Address 207 FAIRFIELD DR

City

STATE COLLEGE

State

PA

Zip Code

16801-8244

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789858156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 93 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ERSTAD, B, H., , Jr.

Mailing Address 2510 S NANTUCKET WAY

City
BOISE

State
ID

Zip Code
83706-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789861656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAVASSO, CAMPBELL, , ,

Mailing Address 41-530 WAIKUPANAHA ST

City

WAIMANALO

State

HI

Zip Code

96795-1438

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 ▼

388.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789862856261

Amount of Each Receipt this Period

70.60

☐ Memo Item

P/R Deduction (\$35.28 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, CASSANDRA, L., ,

Mailing Address 3909 PATTY LN

City

BETHANY

State

OK

Zip Code

73008-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789865056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

120.60

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEERDEGEN, CHRISTOPHE, L., ,

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 ▼

740.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789871356261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$43.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHNEIDER, COREY, A., ,

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 ▼

3162.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789873256261

Amount of Each Receipt this Period

555.00

☐ Memo Item

P/R Deduction (\$312.10 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOT, DAVID, H., ,

Mailing Address 2500 HOLLYWOOD BLVD

City

HOLLYWOOD

State

FL

Zip Code

33020-6615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789881656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

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

688.40

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BECKER, DAVID, M., ,

Mailing Address 117 ROSE DR

City
PORT MATILDA

State
PA

Zip Code
16870-7535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789885656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FILOSA, DEANNA, , ,

Mailing Address 94 HOLST DR W

City
HUNTINGTON

State
NY

Zip Code
11743-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789886856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLSEN, DONALD, G., ,

Mailing Address 709 JEFFERSON ST

City
HANOVER

State
IL

Zip Code
61041-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789891856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

75.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **LEBOLD, EDWARD, J., ,**

Mailing Address 945 OAK TER

City
LAKE OSWEGO

State
OR

Zip Code
97034-4664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789897756261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **SUNTER, EDWARD, P., , Jr.**

Mailing Address 106 BROOKHAVEN DR

City
E LONGMEADOW

State
MA

Zip Code
01028-1409

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789898056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **GINNANE, F. James, J., ,**

Mailing Address 8570 GREENWAY CT

City
EAST AMHERST

State
NY

Zip Code
14051-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789903156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

91.70

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PICKETT, FRANCIS, J., ,

Mailing Address 6150 GRENADA AVE

City
CYPRESS

State
CA

Zip Code
90630-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789903256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$2.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, FORREST, E., ,

Mailing Address 1909 WOODSIDE LN

City
VIRGINIA BCH

State
VA

Zip Code
23454-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789904456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, FRANKLIN, J., , CLU, ChFC

Mailing Address 5062 RANCHITO AVE

City
SHERMAN OAKS

State
CA

Zip Code
91423-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789907656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

75.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINRICHS, IVAN, C., ,

Mailing Address 2418 LA MAISON DR

City
CHARLOTTE

State
NC

Zip Code
28226-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789935256261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JENSEN, JAMES, M., ,

Mailing Address 7903 COPELAND RD

City
ODESSA

State
FL

Zip Code
33556-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789937156261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINNEY, JAMES, I., , III

Mailing Address 2304 BUFFAPPLE CT

City
RICHMOND

State
VA

Zip Code
23233-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789947256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

116.70

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLEISHMAN, JANET, G., ,

Mailing Address 143 SOUNDVIEW CT

City
STAMFORD

State
CT

Zip Code
06902-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789955556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SKOOG, JOHN, C., ,

Mailing Address 4945 PINE LN

City
EAGAN

State
MN

Zip Code
55123-4911

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 ▼

354.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789968756261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$24.94 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AHRENS, JOHN, R., ,

Mailing Address 8661 MILLCREEK DR

City
EAST AMHERST

State
NY

Zip Code
14051-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789976456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$2.50 Semi-Monthly)

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

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

91.70

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEGEN, JOHN, R., ,

Mailing Address 1231 W 66TH ST

City
KANSAS CITY

State
MO

Zip Code
64113-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789976856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, JOHN, W., ,

Mailing Address 1321 VASSAR ST

City
HOUSTON

State
TX

Zip Code
77006-6029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789980056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EPPY, JOSEPH, F., ,

Mailing Address 333 LAS OLAS WAY

City
FORT LAUDERDALE

State
FL

Zip Code
33301-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1892.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR789983156261

Amount of Each Receipt this Period

237.50

☐ Memo Item

P/R Deduction (\$97.85 Semi-Monthly)

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

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

337.50

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murray, JOSEPH, W., ,

Mailing Address 134 ROLLING HILL RD

City
ELKINS PARK

State
PA

Zip Code
19027-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR789986156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELINKIE, LOUIS, , ,

Mailing Address 1711 CLOISTER DR

City
RICHMOND

State
VA

Zip Code
23238-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790009656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$0.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTBROOK, LYNN, B., , Jr.

Mailing Address 6412 E ONEIDA ST

City
WICHITA

State
KS

Zip Code
67206-1318

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 ▼

262.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790010456261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$14.52 Semi-Monthly)

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

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

79.20

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICHARDS, MARK, R., ,

Mailing Address 22600 SW MIAMI DR

City
TUALATIN

State
OR

Zip Code
97062-7363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790016556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERN, MATTHEW, L., ,

Mailing Address 1019 CHAMBERLEYNE WA

City
WAXHAW

State
NC

Zip Code
28173-7332

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 ▼

248.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790022656261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$17.44 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINE, MICHAEL, S., ,

Mailing Address 11 STILL HOLLOW RD

City
NEWBURGH

State
NY

Zip Code
12550-8836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790031856261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

95.90

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STARR, MITCHELL, B., ,

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 ▼

1775.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790035456261

Amount of Each Receipt this Period

208.40

☐ Memo Item

P/R Deduction (\$124.04 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOLAN, PATRICK, J., ,

Mailing Address 34 BERKELEY PL

City
GLEN ROCK

State
NJ

Zip Code
07452-1835

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 ▼

312.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790043756261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$33.28 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DECOURSEY, PAUL, A., ,

Mailing Address 4605 N MERIDIAN ST

City
INDIANAPOLIS

State
IN

Zip Code
46208-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790044856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

275.10

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERZOG, PAUL, H., ,

Mailing Address 900 HIGHLAND CT

City
GERMANTOWN HILLS

State
IL

Zip Code
61548-9056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790046256261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOANOU, PAUL, M., ,

Mailing Address 59 BRIARWOOD DR

City
WHEELING

State
WV

Zip Code
26003-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790047056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRAGUE, PHILIP, J., ,

Mailing Address 1308 SUNSET RDG

City
WATERTOWN

State
NY

Zip Code
13601-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790054756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARCHEFSKY, Richard, I., ,

Mailing Address 9839 PALMA VISTA WAY

City
BOCA RATON

State
FL

Zip Code
33428-3528

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 ▼

354.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790066956261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$24.94 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANBENSCHOTEN, RICHARD, P., ,

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 ▼

740.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790069056261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$43.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOMER, ROBERT, L., ,

Mailing Address 10751 WILSHIRE AVE NE

City
ALBUQUERQUE

State
NM

Zip Code
87122-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790081656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

175.10

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JEWELL, RODNEY, E., ,

Mailing Address 5420 DECATUR ST

City
OMAHA

State
NE

Zip Code
68104-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790090956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIDER, SCOTT, P., ,

Mailing Address 4888 MCGINNIS RD

City
DELAWARE

State
OH

Zip Code
43015-9132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790103656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ESTLER, STEPHEN, D., ,

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 ▼

1415.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790109456261

Amount of Each Receipt this Period

166.70

☐ Memo Item

P/R Deduction (\$100.27 Semi-Monthly)

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

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

216.70

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONKLIN, THOMAS, D., ,

Mailing Address 7391 E 111TH PL S

City
BIXBY

State
OK

Zip Code
74008-2138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790122156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDONALD, TODD, J., ,

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 ▼

1075.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790131856261

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$72.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCPHERSON, WILLIAM, G., ,

Mailing Address 1276 PARNELL AVE NE

City
LOWELL

State
MI

Zip Code
49331-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790135556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

175.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KING, WILLIAM, B., ,

Mailing Address 40 CALYPSO RD

City
MONETA

State
VA

Zip Code
24121-5391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790140856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, WILLIAM, H., ,

Mailing Address 265 BRUSH VALLEY RD

City

BOALSBURG

State

PA

Zip Code

16827-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790144556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLAIS, ALAN, L, MR.,

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790151856261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

103.84

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FROGAMENI, ANTHONY, D, MR.,

Mailing Address 31 COVENTRY LN

City
AGAWAM

State
MA

Zip Code
01001-3570

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP INVESTMENT OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790157056261

Amount of Each Receipt this Period

29.42

☐ Memo Item

P/R Deduction (\$14.71 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KULIG, ALAN, , MR.,

Mailing Address 3 WILDWOOD LN

City
WILBRAHAM

State
MA

Zip Code
01095-2660

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790158856261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKEY, ANDREW, C, MR.,

Mailing Address 2934 E CRESTVIEW ST

City
SPRINGFIELD

State
MO

Zip Code
65804-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
MANAGING DIRECTOR - STRATEGIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1539.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790159356261

Amount of Each Receipt this Period

153.90

☐ Memo Item

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

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

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

214.08

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRAST, BRIAN, J, MR.,

Mailing Address 47 ELLINGTON ST

City
LONGMEADOW

State
MA

Zip Code
01106-1429

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 ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790165956261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUBE, CAROL, A, MS.,

Mailing Address 80 CHILSON RD

City
WILBRAHAM

State
MA

Zip Code
01095-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790171656261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINNON, CHRISTOPHER, K, MR.,

Mailing Address 2415 MANHATTAN AVE

City
HERMOSA BEACH

State
CA

Zip Code
90254-2542

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 ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790183856261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

92.28

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOREEN, CLIFFORD, M, MR.,

Mailing Address 95 BENT TREE DR

City
E LONGMEADOW

State
MA

Zip Code
01028-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
MANAGING DIRECTOR - STRATEGIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790184156261

Amount of Each Receipt this Period

192.32

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WADDINGTON, Craig, , MR.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790184556261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ECHEVERRIA, DAVID, J, MR.,

Mailing Address 36 FARMINGTON AVE

City
LONGMEADOW

State
MA

Zip Code
01106-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
MANAGING DIR - INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790188656261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

323.08

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHARMBY, DAVID, D, MR.,

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 ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790192656261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINDMAN, DEAN, R, MR.,

Mailing Address 46 DWIGHT ST

City
BOSTON

State
MA

Zip Code
02118-3662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & SENIOR COUNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790206656261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHELAN, DONALD, J, MR.,

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 ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790207856261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

161.52

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, Brad, BR, MR.,

Mailing Address 50 DEVONSHIRE TER

City
E LONGMEADOW

State
MA

Zip Code
01028-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SVP - OPERATIONAL AND STRATEGI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790231456261

Amount of Each Receipt this Period

192.32

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEITELBAUM, JOHN, E, MR.,

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 L

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790248256261

Amount of Each Receipt this Period

269.24

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAILLIE, JOHN, R, MR.,

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 ▼

500.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790252056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

511.56

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALABRESE, JOSEPH, A, MR.,

Mailing Address 28 CANTERBURY LN

City
FEEDING HILLS

State
MA

Zip Code
01030-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790253256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROKOWSKI, JOSEPH, R, MR.,

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 COMPAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790254556261

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NASCIMENTO, JAMES, J, MR.,

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790260256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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257.68

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PUHALA, JAMES, P, MR., III

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 & F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790260456261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODOLAKIS, JAMES, M, MR.,

Mailing Address 26 EVERGREEN DR

City
E LONGMEADOW

State
MA

Zip Code
01028-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & SENIOR COUNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790260556261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, JEFFREY, T, MR.,

Mailing Address 28 DONAMOR LN

City
E LONGMEADOW

State
MA

Zip Code
01028-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSMUTUAL INTERNATIONAL

Occupation (for Individual)
MANAGING DIRECTOR - MMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790261656261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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138.44

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REEVE, KATHY, S, MS.,

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

City
EAST HAMPTON

State
CT

Zip Code
06424-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790272756261

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICKSON, Ken, M, MR.,

Mailing Address **7 CYPRESS LN**

City
WILBRAHAM

State
MA

Zip Code
01095-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - SALES RISK MAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790278556261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWAT, LISA, A, MS.,

Mailing Address **68 CHATHAM HILL RD**

City
SOUTH GLASTONBURY

State
CT

Zip Code
06073-3542

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 ▼

292.22

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790286656261

Amount of Each Receipt this Period

15.38

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

107.68

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ACKERMAN, MARK, , MR.,

Mailing Address 50 BARBER HILL RD

City
BROAD BROOKState
CTZip Code
06016-9716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790296056261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATCHARIAN, MATTHEW, P, MR.,

Mailing Address 3 RIDGEBURY RD

City
AVONState
CTZip Code
06001-3825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790301456261

Amount of Each Receipt this Period

269.24

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATELY, MICHAEL, H, MR.,

Mailing Address 134 FAIRVIEW TER

City
S GLASTONBURYState
CTZip Code
06073-3304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLCOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790304956261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

400.06

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUBOIS, MICHAEL, E, MR.,

Mailing Address 76 CLEARBROOK DR

City
SPRINGFIELD

State
MA

Zip Code
01118-1905

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790313356261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZAMMITTI, MICHAEL, E, MR.,

Mailing Address 57 VIRGINIA RAIL DR

City
MARLBOROUGH

State
CT

Zip Code
06447-1158

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790314756261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELANEY, PAMELA, J, MS.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790320656261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

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

138.44

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINSEY, PATRICIA, A, MS.,

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790322556261

Amount of Each Receipt this Period

93.40

☐ Memo Item

P/R Deduction (\$46.70 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, PHILLIP, J, MR.,

Mailing Address 63 WRIGHT ST

City
AGAWAM

State
MA

Zip Code
01001-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790330756261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERRIS, PETER, G, MR.,

Mailing Address 393 PINEWOOD DR

City
LONGMEADOW

State
MA

Zip Code
01106-1643

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 ▼

230.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790332956261

Amount of Each Receipt this Period

23.06

☐ Memo Item

P/R Deduction (\$11.53 Bi-Weekly)

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

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

147.22

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANBEAVER, PETER, C, MR.,

Mailing Address 8 VICTORIA LN

City
WILBRAHAM

State
MA

Zip Code
01095-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & ILLUSTRATION A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790333156261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNEDY, RHAEL, A, MS.,

Mailing Address 10 BRIAR CLIFF DR

City
WILBRAHAM

State
MA

Zip Code
01095-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
MANAGING DIRECTOR - INVESTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790351856261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARNHART, RICHARD, P, MR.,

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 RELA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

539.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790352056261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

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

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

161.58

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BOURGEOIS, RICHARD, D, MR.,**

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 ▼

1539.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790352256261

Amount of Each Receipt this Period

153.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BUCKLEY, RICHARD, F, MR., Jr.**

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 ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790352356261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BRODERICK, ROBERT, J, MR.,**

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 ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790353156261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

261.58

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LABUN, ROBERT, G, MR.,

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 ACC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790354556261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSENTHAL, ROBERT, S, MR.,

Mailing Address 12 SHERWOOD LN

City
AVON

State
CT

Zip Code
06001-3215

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 ▼

1154.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790355456261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRANDALL, ROGER, W, MR.,

Mailing Address 165 CONVERSE ST APT 13

City
LONGMEADOW

State
MA

Zip Code
01106-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

CHAIRMAN PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790355956261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

576.92

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, SUSAN, A, MS.,

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 ▼

2692.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790370156261

Amount of Each Receipt this Period

269.24

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COONEY, THOMAS, M, MR.,

Mailing Address 6 OAKLAND ST

City
WILBRAHAM

State
MA

Zip Code
01095-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
CUSTOMER SERVICE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790377356261

Amount of Each Receipt this Period

21.90

☐ Memo Item

P/R Deduction (\$10.95 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOLRIDGE, VICTOR, , MR.,

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 ▼

538.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790387656261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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344.98

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANKLIN, WILLIAM, D., ,

Mailing Address 5611 ENDERLY RD

City
BALTIMORE

State
MD

Zip Code
21212-2958

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790396856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOWALSKI, KEN, C., ,

Mailing Address 3620 WILLOW LAWN DR

City
LYNCHBURG

State
VA

Zip Code
24503-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790397456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$43.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TANAKA, WAYNE, Y., ,

Mailing Address 565 ALIHI PL

City
KAILUA

State
HI

Zip Code
96734-3914

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790398856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

133.40

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, BRIAN, W., ,

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 ▼

725.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790404156261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLIER, CHRISTOPHER, E., ,

Mailing Address 7162 REGIMENT DR

City
CINCINNATI

State
OH

Zip Code
45244-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790419056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNDET, SCOTT, M., ,

Mailing Address 14316 CLEARVIEW LN

City
URBANDALE

State
IA

Zip Code
50323-2083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790425456261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

158.40

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARCHER, MARK, A., ,

Mailing Address 6125 WESTMOOR RD

City
BLOOMFIELDState
MIZip Code
48301-1356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790427456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAPFOGEL OSTROFF, LISA, L., ,

Mailing Address 6908 WINTERWOOD LN

City
DALLASState
TXZip Code
75248-5157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790431256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Basehore, COREY, L., ,

Mailing Address 1785 ELIZA WAY

City
MECHANICSBURGState
PAZip Code
17050-1684FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790435056261

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$72.50 Semi-Monthly)

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

175.00

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOGAN, BRIAN, R., ,

Mailing Address 1787 WINTERHAVEN DR

City
MECHANICSBURG

State
PA

Zip Code
17055-5192

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790437056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, JONATHAN, S., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790448756261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENBERG, STEFAN, E., ,

Mailing Address 27 BAILIWICK RD

City
GREENWICH

State
CT

Zip Code
06831-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790448856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

183.40

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEGALL, ROBERT, J., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790450356261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARBUT, BRETT, M., ,

Mailing Address 33 FARMINGTON LN

City
MELVILLE

State
NY

Zip Code
11747-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790451356261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEROTTE, STEVEN, R., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790451656261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

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

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

208.50

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEBLANC, PETER, J., ,

Mailing Address 150 CARONDELET PLZ

City
SAINT LOUIS

State
MO

Zip Code
63105-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790454356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENNEN, WAYNE, J., ,

Mailing Address 2302 VISTA MOORA AVE

City
CHINO HILLS

State
CA

Zip Code
91709-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790459156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN GILDER, JUDY, D., ,

Mailing Address 6012 88TH PL

City
LUBBOCK

State
TX

Zip Code
79424-3699

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 ▼

243.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790462556261

Amount of Each Receipt this Period

17.10

☐ Memo Item

P/R Deduction (\$9.52 Semi-Monthly)

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

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

67.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAUGHNESSY, MICHAEL, E., ,

Mailing Address 7 WILLOW POND DR

City
GOFFSTOWNState
NHZip Code
03045-3105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : PR790462956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAUGHNESSY, T J, , ,

Mailing Address 133 RIVERWALK WAY

City
MANCHESTERState
NHZip Code
03101-2642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : PR790463056261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAMMERAAD, JEFFREY, W., ,

Mailing Address 2978 BROOKWIND DR

City
HOLLANDState
MIZip Code
49424-1683FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE AGENT

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
09	/	30	/	2017

Transaction ID : PR790466556261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

158.40

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORNETT, ROBERT, M., ,

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 ▼

600.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790467756261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$33.27 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VESSELL, JERRY, D., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790470156261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERDLER, ROBERT, C., ,

Mailing Address 222 W GLENDALE RD

City

WEBSTER GROVES

State

MO

Zip Code

63119-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790508856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

175.10

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OFFERDAHL, KAREN, R., ,

Mailing Address 1122 ELM ST APT 503

City
HONOLULU

State
HI

Zip Code
96814-2205

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 ▼

222.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790519156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$9.86 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RILEY, LAURA, E., ,

Mailing Address 389 COUNTY ROAD 537 W

City
COLTS NECK

State
NJ

Zip Code
07722-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790530956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELWELL, ROBERT, C., ,

Mailing Address 8 CALLE CANGREJO

City
SAN CLEMENTE

State
CA

Zip Code
92673-6839

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 ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790533956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$5.00 Semi-Monthly)

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VIOLA, JAMES, S, MR.,

Mailing Address 208 N FARMS RD

City
FLORENCE

State
MA

Zip Code
01062-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & SENIOR COUNSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790543956261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O GRADY, THOMAS, D., ,

Mailing Address 11301 SILVERSTONE DR

City
MECHANICSVILLE

State
VA

Zip Code
23116-5877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790544256261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUDECK, THOMAS, G, MR.,

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 ▼

1153.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790544556261

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

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

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

196.14

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAY, JONATHAN, R, MR.,

Mailing Address 152 MORNINGSIDE DR

City
LONGMEADOW

State
MA

Zip Code
01106-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790545456261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DULCHINOS, DEAN, , MR.,

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 ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790568556261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRAEZ, KATHLEEN, L, MS.,

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790579456261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

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

169.34

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TREVALLION, DOUGLAS, M, MR., II

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790590356261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERGE, ROGER, M, MR.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790594556261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHETTLE, ROBERT, M, MR.,

Mailing Address 65 KELSEY LN

City

GLASTONBURY

State

CT

Zip Code

06033-5040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790597156261

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

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192.30

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RATHBUN, GEORGE, F, MR., II

Mailing Address 127 TUNXIS ST

City
WINDSOR

State
CT

Zip Code
06095-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - LIFE STRATEGIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790604456261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACEY, JAMES, O, MR.,

Mailing Address 106 MAGNOLIA TER

City
SPRINGFIELD

State
MA

Zip Code
01108-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - PUBLIC RELATIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790616256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAASE, CRAIG, , MR.,

Mailing Address 2154 WINHALL RD

City
FORT MILL

State
SC

Zip Code
29715-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VP - RELATIONSHIP MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790623356261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

115.36

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPELTZ, JEROME, J, MR.,

Mailing Address 12 ROCK LN

City
GUILFORD

State
CT

Zip Code
06437-3531

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 ▼

307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790626256261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROMANO, DAVID, , MR.,

Mailing Address 128 RIMFIELD DR

City
SOUTH WINDSOR

State
CT

Zip Code
06074-1860

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 ▼

307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790636756261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAWTHROP, ROLAND, P, MR.,

Mailing Address 51 HORSESHOE LN

City
SOMERS

State
CT

Zip Code
06071-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SECOND VP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790658256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

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

115.36

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

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BHARDWAJ, RAKESH, , MR.,

Mailing Address 96 HORIZON LN

City
GLASTONBURY

State
CT

Zip Code
06033-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SECOND VP - SALES SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790661356261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORIN, Jeff, A, MR.,

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)
EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790661656261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GISH, TODD, M, MR.,

Mailing Address 57 MIDDLE RD

City
ELLINGTON

State
CT

Zip Code
06029-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - GIC OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790677156261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

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

130.76

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DESAI, SHEFALI, , MS.,

Mailing Address 24 MEADOWLARK DR

City
E LONGMEADOW

State
MA

Zip Code
01028-3172

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VP - SALES ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790683156261

Amount of Each Receipt this Period

22.24

☐ Memo Item

P/R Deduction (\$11.12 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BYERS, JOHN, N., ,

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 ▼

1012.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790684856261

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$85.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TETHER, JASON, M., ,

Mailing Address 1029 E FAIRVIEW LN

City
ROCHESTER HILLS

State
MI

Zip Code
48306-4123

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 ▼

333.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790687356261

Amount of Each Receipt this Period

41.70

☐ Memo Item

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

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

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

188.94

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARTHY, DANIEL, F., ,

Mailing Address 22 CORTLAND DR

City
TOLLAND

State
CT

Zip Code
06084-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790691056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LONG, YIN, , ,

Mailing Address 6 KAPPELMANN DR

City
GREEN BROOK

State
NJ

Zip Code
08812-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790702956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FEHRS, DAVID, S., ,

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 ▼

1775.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790708656261

Amount of Each Receipt this Period

208.40

☐ Memo Item

P/R Deduction (\$124.04 Semi-Monthly)

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

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

258.40

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARR, ALLEN, W., , JR

Mailing Address 427 RHODA DR

City
LANCASTER

State
PA

Zip Code
17601-3669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790708856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIGHT, EDWARD, I., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790710956261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, EDMOND, H., , III

Mailing Address 617 DALE DR

City
VIRGINIA BCH

State
VA

Zip Code
23452-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790712756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

158.40

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CODE, BRIAN, E., ,

Mailing Address 10029 ORANGE GROVE DR

City
TAMPA

State
FL

Zip Code
33618-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790721056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAHL, Michael, T., ,

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 ▼

566.95

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790723356261

Amount of Each Receipt this Period

66.70

☐ Memo Item

P/R Deduction (\$39.94 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GULLICKSON, PAUL, R., ,

Mailing Address 4210 E 59TH ST

City

DAVENPORT

State

IA

Zip Code

52807-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790728056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

116.70

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOLANO, ADAM, A., ,

Mailing Address 12 LIGHTHOUSE LN

City
THIRD LAKE

State
IL

Zip Code
60030-2638

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 ▼

215.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790729356261

Amount of Each Receipt this Period

15.99

☐ Memo Item

P/R Deduction (\$14.30 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMALLA, KENNETH, C., ,

Mailing Address 122 FOREST EDGE CT

City
PALOS PARK

State
IL

Zip Code
60464-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790731156261

Amount of Each Receipt this Period

208.40

☐ Memo Item

P/R Deduction (\$124.04 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PFAFF, DONOVAN, D., ,

Mailing Address 1101 RED TAIL DR

City
VERONA

State
WI

Zip Code
53593-7961

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790735756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

249.39

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OWENS, LILBURN, H., , JR

Mailing Address 734 HIGHLAND CIR

City
TUPELO

State
MS

Zip Code
38804-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790766356261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ECHEVARRIA, SYLENA, G, MS.,

Mailing Address 166 WOODBROOK TER

City
WEST SPRINGFIELD

State
MA

Zip Code
01089-4444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790779956261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORIN, Vanessa, B, MS.,

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 ▼

615.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790790356261

Amount of Each Receipt this Period

61.54

☐ Memo Item

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

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141.74

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZIELINSKI, GRETA, A, MS.,

Mailing Address 894 BERNIE AVE

City
W SPRINGFIELD

State
MA

Zip Code
01089-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
TAX CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790804656261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALLEN, DAVID, S, MR.,

Mailing Address 8 WINHALL LN

City
HARTFORD

State
CT

Zip Code
06105-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
SVP - DGC DISPUTE RESOLUTION &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790809756261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROUP, GINA, B, MS.,

Mailing Address 109 SOMERSBY WAY

City
FARMINGTON

State
CT

Zip Code
06032-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
GROUP UNDERWRITER CONSULTAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

154.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790809956261

Amount of Each Receipt this Period

15.40

☐ Memo Item

P/R Deduction (\$7.70 Bi-Weekly)

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

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

161.56

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PICCONE, SCOTT, , MR.,

Mailing Address 33 TROTWOOD DR

City
WEST HARTFORD

State
CT

Zip Code
06117-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790815856261

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENDE, STEPHEN, J., ,

Mailing Address 41 HAMILTON ST

City
PLATTSBURGH

State
NY

Zip Code
12901-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790846756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jarvis, HAROLD, F., ,

Mailing Address 190 MAIN ST

City
CHICHESTER

State
NH

Zip Code
03258-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR790849856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

88.46

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOLMAN, GARY, B., ,

Mailing Address 10523 INDIAN RIDGE DR

City
FORT WAYNE

State
IN

Zip Code
46814-9090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR790998656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHROEDER, MARY, J., ,

Mailing Address 4740 ALTA CANYADA RD

City
LA CANADA

State
CA

Zip Code
91011-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791115956261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAGLE, DAVID, L, MR.,

Mailing Address 7 HIGH MEADOW CIR

City
E LONGMEADOW

State
MA

Zip Code
01028-3171

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791148456261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

105.76

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'SHAUGHNESSY, JAMES, J, MR.,

Mailing Address 591 MAIN ST

City
CONCORD

State
MA

Zip Code
01742-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791165956261

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DILTS, MATTISON, A., ,

Mailing Address 8025 LAKE SHORE DR

City
GARY

State
IN

Zip Code
46403-1339

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 ▼

233.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791177456261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$20.36 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAUGHNESSY, THOMAS, E., ,

Mailing Address 355 LINDSTROM LN

City
MANCHESTER

State
NH

Zip Code
03104-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

683.90

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791185156261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$54.88 Semi-Monthly)

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

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

151.06

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, DOUGLAS, W, MR.,

Mailing Address 12 ERSKINE DR

City
LONGMEADOW

State
MA

Zip Code
01106-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT & APPOINTED ACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR791193756261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, ROBERT, C, MR.,

Mailing Address 5 DRURY LN

City
LONGMEADOW

State
MA

Zip Code
01106-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR791195556261

Amount of Each Receipt this Period

30.80

☐ Memo Item

P/R Deduction (\$15.40 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDBERG, ANDREW, M, MR.,

Mailing Address 172 CAPTAIN RD

City
LONGMEADOW

State
MA

Zip Code
01106-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.60

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR791207056261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

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

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

115.40

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOETZ, ADAM, , ,

Mailing Address 604 QUINCY LN

City
WEXFORD

State
PA

Zip Code
15090-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791213156261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEBOER, Bruce, A., ,

Mailing Address 6839 RIDGEWOOD TRL

City
TOLEDO

State
OH

Zip Code
43617-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791215856261

Amount of Each Receipt this Period

66.70

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, DARREN, J., ,

Mailing Address 6020 E CALLE DEL MEDIA

City
SCOTTSDALE

State
AZ

Zip Code
85251-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

744.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791221256261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$42.70 Semi-Monthly)

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

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

200.10

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STCLAIR, Mike, J, MR.,

Mailing Address 27 E RED BRIDGE LN

City
SOUTH HADLEY

State
MA

Zip Code
01075-2287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - SALES & DISTRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791235456261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLAYSON, MATTHEW, A., ,

Mailing Address 167 TOWER AVE

City
NEEDHAM HEIGHTS

State
MA

Zip Code
02494-1945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791248956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BIRD, JULIA, L., ,

Mailing Address 2273 E CONTINENTAL BLVD

City
SOUTHLAKE

State
TX

Zip Code
76092-9796

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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791255856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

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

152.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILKA, TERRENCE, , MR.,

Mailing Address 10 WOODS LN

City
SIMSBURY

State
CT

Zip Code
06070-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSMUTUAL TRUST COMPANY

Occupation (for Individual)
SECOND VP TRUST COMPANY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791279356261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOWD, CHRISTOPHER, P, MR.,

Mailing Address 35 SUNSET TER

City
WEST HARTFORD

State
CT

Zip Code
06107-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791281156261

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOD, GREG, P., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791295756261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

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

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

152.62

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TREMBLAY, PAULA, M, MS.,

Mailing Address 158 PINE HILL RD

City
TOLLAND

State
CT

Zip Code
06084-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791303156261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACOMB, KEVIN, , MR.,

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 ▼

539.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791326656261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASLAM, JOHN, H., ,

Mailing Address 125 GOETTE TRL

City
SAVANNAH

State
GA

Zip Code
31410-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791343056261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

126.36

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHICARES, ELIZABETH, W, MS.,

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 ▼

1923.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791351756261

Amount of Each Receipt this Period

192.32

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, JOHN, A., ,

Mailing Address 1 WILLOW RIDGE RD

City
BAYVILLE

State
NY

Zip Code
11709-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791354056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEFRANCIS, CHRISTOPHER, , MR.,

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 ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791365056261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

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

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

332.72

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRINKMAN, NATHAN, G., ,

Mailing Address 9217 EAGLEWOOD DR

City
VERONA

State
WI

Zip Code
53593-7803

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791379556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BALINT, WILLIAM, F., ,

Mailing Address 21 ELMCREST DR

City
CHICOPEE

State
MA

Zip Code
01013-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791395256261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILL, RYAN, M., ,

Mailing Address 1426 AUTUMNMIST DR

City
ALLEN

State
TX

Zip Code
75002-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791411656261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

116.70

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROCCIO, HOLLY, B., ,

Mailing Address 2101 MAPLE LEAF DR

City
PLANO

State
TX

Zip Code
75075-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791411756261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEHR, JAMES, M., ,

Mailing Address 17485 FRANCIS FARM PL

City
HAMILTON

State
VA

Zip Code
20158-3461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791423756261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROMAN, RICHARD, W., ,

Mailing Address 594 FAIRWAY DR

City
NOVATO

State
CA

Zip Code
94949-5837

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 ▼

212.50

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791435256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

125.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORRISON, RUSSELL, D, MR.,

Mailing Address 5419 GORHAM DR

City
CHARLOTTE

State
NC

Zip Code
28226-6411

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791511156261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINKE, THOMAS, M, MR.,

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 ▼

3846.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791511956261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GALLOP, MARK, , MR.,

Mailing Address 157 FAIRWAY XING

City
GLASTONBURY

State
CT

Zip Code
06033-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSMUTUAL INTERNATIONAL

Occupation (for Individual)
SENIOR MANAGING DIRECTOR - MM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791513756261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

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

515.44

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAMERON, JOHN, S., ,

Mailing Address 6559 CROSS FIELD LN

City
CHARLOTTE

State
NC

Zip Code
28226-7582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791531156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, KAREN, , MS.,

Mailing Address 5 DRURY LN

City
LONGMEADOW

State
MA

Zip Code
01106-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
STRATEGIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791541056261

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COSTA, CHERIE, A, MS.,

Mailing Address 467 SOUTHWEST ST

City
FEEDING HILLS

State
MA

Zip Code
01030-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791589056261

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

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

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

71.20

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, PAUL, , MR.,

Mailing Address 189 MAYFAIR RD

City
MOORESVILLE

State
NC

Zip Code
28117-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARINGS LLC

Occupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791591456261

Amount of Each Receipt this Period

115.40

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSTEIN, RICHARD, , MR.,

Mailing Address 197 LYNNWOOD DR

City
LONGMEADOW

State
MA

Zip Code
01106-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - HR OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791591656261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPERSTEIN, JOEL, W., ,

Mailing Address 708 WINDSWEPT LN

City
FRANKLIN LAKES

State
NJ

Zip Code
07417-1431

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 ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791610256261

Amount of Each Receipt this Period

12.50

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

204.82

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOUDREAU, LAWRENCE, , MR.,

Mailing Address 39 RIVERVIEW DR

City
SUFFIELD

State
CT

Zip Code
06078-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BARINGS LLC

Occupation (for Individual)

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791623456261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIKES, DONOVAN, C., ,

Mailing Address 25519 WILLARD PATH

City

SAN ANTONIO

State

TX

Zip Code

78261-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791766456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLOCK, MARY, S, MS.,

Mailing Address 67 PERSHING RD

City

WINDSOR LOCKS

State

CT

Zip Code

06096-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VP & ASSISTANT GENERAL COUNSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791784456261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

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

132.68

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ERWIN, ROBERT, , MR.,

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 ▼

538.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791800256261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILVANIC, Bill, , MR.,

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 ▼

769.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791800456261

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, STEVEN, A., ,

Mailing Address 10797 EAGLE CREST LN

City
PARKER

State
CO

Zip Code
80138-3070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791864256261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

155.76

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIM, JONGSIK, , ,

Mailing Address 4536 WILSHIRE BLVD

City
LOS ANGELES

State
CA

Zip Code
90010-3836

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 ▼

262.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791881856261

Amount of Each Receipt this Period

29.20

☐ Memo Item

P/R Deduction (\$14.52 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ABOWD, ERIC, S., ,

Mailing Address 40 CALLA LILY CT

City
RENO

State
NV

Zip Code
89511-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791913756261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAS, AMY, , MS.,

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR791926956261

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

192.60

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOWLING, FRANK, F., ,

Mailing Address 1130 SUNSET DR

City
GALLATIN

State
TN

Zip Code
37066-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791932956261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MONROEJR, WILLIAM, F, MR., Jr

Mailing Address 225 GENERAL HOBBS RD

City
JEFFERSON

State
MA

Zip Code
01522-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT - MMLISI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791969156261

Amount of Each Receipt this Period

76.94

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRIS, MAUREEN, , MS.,

Mailing Address 10 WOODLAND PL

City
LUDLOW

State
MA

Zip Code
01056-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR791969456261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

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

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

125.02

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONANT, JAMES, A., ,

Mailing Address 1120 UNIVERSITY DR NE

City
ATLANTA

State
GA

Zip Code
30306-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792024056261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOUSTON, LINDA, C, MS.,

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 ▼

539.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792038756261

Amount of Each Receipt this Period

53.90

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOUCHARD, JANINE, M., ,

Mailing Address 34 L ST

City
HULL

State
MA

Zip Code
02045-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792053356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

103.90

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIMPEL, COLIN, W., ,

Mailing Address 6201 WALHONDING RD

City
BETHESDA

State
MD

Zip Code
20816-2138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792055856261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, KEVIN, B, MR.,

Mailing Address 110 JOSEPH LN

City
SOUTH WINDSOR

State
CT

Zip Code
06074-1464

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 ▼

307.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792064156261

Amount of Each Receipt this Period

30.76

☐ Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOWDHRY, ASHISH, M., ,

Mailing Address 2 2ND ST APT 3306

City
JERSEY CITY

State
NJ

Zip Code
07302-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792081856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

105.76

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRATHER, KEVEN, P., ,

Mailing Address 10761 CLARK RD

City
CHARDON

State
OH

Zip Code
44024-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792086656261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RHO, SEAN, , ,

Mailing Address 1717 N VERDUGO RD

City
GLENDALE

State
CA

Zip Code
91208-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792090456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STARKS, MACARTHUR, , MR.,

Mailing Address 34 NOTTINGHAM DR

City
EAST LONGMEADOW

State
MA

Zip Code
01028-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792096556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAU, JONATHAN, D., ,

Mailing Address 275 ASPEN RD

City
BIRMINGHAM

State
MI

Zip Code
48009-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR792101356261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOMINGUE, MICHAEL, , ,

Mailing Address 107 SHELBURNE CIR

City
LAFAYETTE

State
LA

Zip Code
70508-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.95

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR792102856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.51 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'CONNOR, MICHAEL, , MR.,

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 ▼

3846.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR792107756261

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

459.60

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACWADE, LENORE, T, MS.,

Mailing Address 20 MOUNTAIN HILL RD

City

N GROSVENORDL

State

CT

Zip Code

06255-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

CONTINUOUS IMPROVEMENT CONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792119056261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAYSON, DOLFORD, , ,

Mailing Address 2081 HAVENVIEW CT

City

SNELLVILLE

State

GA

Zip Code

30078-7795

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792124356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLARD, THOMAS, , MR.,

Mailing Address 16 GRANDVIEW ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

DI CLAIM CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792128356261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Bi-Weekly)

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

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

73.08

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONLIN, ELLEN, S, MS.,

Mailing Address 20 WELLESLEY DR

City
LONGMEADOW

State
MA

Zip Code
01106-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VP & ASSISTANT GENERAL COUNSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792129556261

Amount of Each Receipt this Period

53.84

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIPNISS, Michael, S., ,

Mailing Address 115 WHITE COLUMNS DR

City
ALPHARETTA

State
GA

Zip Code
30004-3057

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 ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792446856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JOHN, J., ,

Mailing Address 13 WHIPPANY AVE

City
WARREN

State
NJ

Zip Code
07059-5774

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR792501456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

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

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

162.24

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERRANTE, PAUL, D., ,

Mailing Address 648 SHORE ACRES DR

City
MAMARONECK

State
NY

Zip Code
10543-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792549056261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNY, BRENDAN, J., ,

Mailing Address 500 E 77TH ST APT 52

City
NEW YORK

State
NY

Zip Code
10162-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792549756261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROLNICK, RUSSELL, J., ,

Mailing Address 8 TALL PINES CT

City
WEST NYACK

State
NY

Zip Code
10994-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.30

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792728156261

Amount of Each Receipt this Period

41.70

☐ Memo Item

P/R Deduction (\$20.77 Semi-Monthly)

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

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

141.70

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARGE, BRIAN, C., ,

Mailing Address 141 WOLFPIT AVE

City
NORWALK

State
CT

Zip Code
06851-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR792732656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KATES, DAVID, S., ,

Mailing Address 88 MIDDLE RD

City
SANDS POINT

State
NY

Zip Code
11050-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR793060556261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRASNIPOL, STEVEN, E., ,

Mailing Address 820 ARBORETUM DR

City
WILMINGTON

State
NC

Zip Code
28405-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR793194156261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

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

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

100.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SELIGMAN, STEPHEN, M., ,

Mailing Address 520 COLONIAL AVE

City
WESTFIELD

State
NJ

Zip Code
07090-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793285756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLISH, GLEN, R., ,

Mailing Address 22261 HOLLYHOCK TRL

City

BOCA RATON

State

FL

Zip Code

33433-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793450556261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maletteri, Michael, J., ,

Mailing Address 1273 WELLS ST

City

LAKE OSWEGO

State

OR

Zip Code

97034-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793567756261

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

308.40

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEORGE, IAN, R., ,

Mailing Address 600 CLEMSON DR

City
PITTSBURGH

State
PA

Zip Code
15243-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793621456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$48.35 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GERDELMANN, MARK, J., ,

Mailing Address 206 COVENTRY RD

City
CHALFONT

State
PA

Zip Code
18914-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793654756261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kaltenbach, Gregory, L., ,

Mailing Address 1 RAND CT

City
COTO DE CAZA

State
CA

Zip Code
92679-5148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1165.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR793731556261

Amount of Each Receipt this Period

119.06

☐ Memo Item

P/R Deduction (\$59.53 Bi-Weekly)

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

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

227.46

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COHN, SETH, M., ,

Mailing Address 247 UNDERWOOD DR

City
ATLANTA

State
GA

Zip Code
30328-2942

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 ▼

388.30

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR794231456261

Amount of Each Receipt this Period

70.60

☐ Memo Item

P/R Deduction (\$35.28 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALFFY, AMIE, L., ,

Mailing Address 20138 ENNIS DR

City
STRONGSVILLE

State
OH

Zip Code
44149-0992

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR794427856261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DORMAN, MARK, J., ,

Mailing Address 3980 FAIRWAY DR

City
MEDINA

State
OH

Zip Code
44256-7847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR794449356261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

145.60

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERME, CHRISTOPHER, A., ,

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 ▼

725.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR794455156261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OCWIEJA, JOHN, F., ,

Mailing Address 300 N CANAL ST STE 3

City
CHICAGO

State
IL

Zip Code
60606-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR794655556261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENS, DAVID, R., ,

Mailing Address 209 79TH ST UNIT B

City
VIRGINIA BCH

State
VA

Zip Code
23451-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795338756261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

216.80

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KATZ, WALTER, E., ,

Mailing Address 4414 BREAKWOOD DR

City
HOUSTON

State
TX

Zip Code
77096-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795359656261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$49.88 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, Shad, S., ,

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 ▼

725.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795374456261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, GREGORY, B., ,

Mailing Address 6223 PONDEROSA WAY

City
PARKER

State
CO

Zip Code
80134-5623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795765556261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

216.80

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MU, CATHY, , ,

Mailing Address 3273 WITHERS AVE

City
LAFAYETTE

State
CA

Zip Code
94549-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795843456261

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$12.50 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FURSTNER, Eric, C., ,

Mailing Address 3003 OAK RD # 250

City
WALNUT CREEK

State
CA

Zip Code
94597-4541

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 ▼

200.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR795969856261

Amount of Each Receipt this Period

133.40

☐ Memo Item

P/R Deduction (\$66.64 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRTZ, EDWARD, J., ,

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 ▼

720.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR796003956261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$47.54 Semi-Monthly)

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

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

241.80

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITMORE, EDGAR, F., ,

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 ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR796010156261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEARNS, CRAIG, E., ,

Mailing Address 136 HENRY ST

City
FAIRFIELD

State
CT

Zip Code
06824-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR796044656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ADAMS, MAX, A., ,

Mailing Address 16232 NW 79TH AVE

City
MIAMI LAKES

State
FL

Zip Code
33016-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR796324656261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$46.54 Semi-Monthly)

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

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

216.80

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARRON, PATRICK, , MR.,

Mailing Address 35 SOVEREIGN DR

City
FLANDERS

State
NJ

Zip Code
07836-0230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR796416256261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOWILL, WILLIAM, F, MR.,

Mailing Address 44 ZENITH LN

City
GLASTONBURY

State
CT

Zip Code
06033-2827

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 ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR796591456261

Amount of Each Receipt this Period

23.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILGRAM, ARKADY, , ,

Mailing Address 1391 OAK TRAIL ST

City
NEWBURY PARK

State
CA

Zip Code
91320-5918

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 ▼

342.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR796666656261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$46.55 Semi-Monthly)

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

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

96.16

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, DAVID, R., , III

Mailing Address 4794 BORDAGES RD

City
BEAUMONT

State
TX

Zip Code
77705-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR796717256261

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIRSCHBERG, MICHAEL, , MR.,

Mailing Address 122 PASADENA PL

City
HAWTHORNE

State
NJ

Zip Code
07506-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR811444956261

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JANCO, PAUL, , MR.,

Mailing Address 335 CEDAR LN

City
NEW HARTFORD

State
CT

Zip Code
06057-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
Sales Desk Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

497.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR811451356261

Amount of Each Receipt this Period

49.70

☐ Memo Item

P/R Deduction (\$24.85 Bi-Weekly)

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

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

138.20

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)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITNEY, MADISON, P, MR.,

Mailing Address 16 CARRIAGE LN

City
ESSEX

State
CT

Zip Code
06426-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)

VP - RELATIONSHIP MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR811455156261

Amount of Each Receipt this Period

23.10

☐ Memo Item

P/R Deduction (\$11.55 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLANK, JOSHUA, R., ,

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 ▼

750.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR811793656261

Amount of Each Receipt this Period

83.40

☐ Memo Item

P/R Deduction (\$41.55 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ECKART, SCOTT, W., ,

Mailing Address 4559 SUNFLOWER CT

City

ZIONSVILLE

State

IN

Zip Code

46077-8118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR811820956261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

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

156.50

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, JEANNE, G, MS.,

Mailing Address 10 PONDVIEW LN

City
SOUTHWICK

State
MA

Zip Code
01077-9264

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
VICE PRESIDENT-CORPORATE ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

09 / 30 / 2017

Transaction ID : PR904834656261

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZUBER, LEE, M, MR.,

Mailing Address 5 ANDREW CIR

City
HAMPDEN

State
MA

Zip Code
01036-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS MUTUAL LIFE INS.

Occupation (for Individual)
AVP AGENCY FOCUS TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.20

Date of Receipt

09 / 30 / 2017

Transaction ID : PR904835456261

Amount of Each Receipt this Period

35.72

☐ Memo Item

P/R Deduction (\$17.86 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELMORE, CINDY, , MS.,

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 ▼

538.60

Date of Receipt

09 / 30 / 2017

Transaction ID : PR932682156261

Amount of Each Receipt this Period

53.86

☐ Memo Item

P/R Deduction (\$26.93 Bi-Weekly)

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

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

166.58

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDY, Jason, R., ,

Mailing Address 614 OLD HOLLOW CT

City
CLOVER

State
SC

Zip Code
29710-6305

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 ▼

214.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR934745456261

Amount of Each Receipt this Period

28.50

☐ Memo Item

P/R Deduction (\$14.21 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COCORES, Christopher, C., ,

Mailing Address 9 HUNT PL

City

MECHANICSBURG

State

PA

Zip Code

17050-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : PR934761056261

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$108.32 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

278.50

41681.12

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MassMutual Political Action Committee

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 ▼

1785.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 76596690

Amount of Each Receipt this Period

260.41

☐ Memo Item

Aug-Sept Refund of Operating Expenditures

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

260.41

260.41

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

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MassMutual Federal Credit Union

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 ▼

265.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 76587805

Amount of Each Receipt this Period

40.55

☐ Memo Item

Sept-17 Interest - Money Market Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

40.55

40.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Mailing Address P.O. Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
Sept-17 AMEX Processing Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76596115

Amount of Each Disbursement this Period

97.33

Sept-17 AMEX Processing Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase PaymenTech

Mailing Address P.O. Box 29534

City
PhoenixState
AZZip Code
85038Purpose of Disbursement
Sept-17 Chase PaymenTech Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76596211

Amount of Each Disbursement this Period

163.08

Sept-17 Chase PaymenTech Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

260.41

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

260.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Sean Patrick Maloney For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

Mailing Address PO Box 270

City
NewburghState
NYZip Code
12550Purpose of Disbursement
Event: Sept. 27, 2017

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: NY

District: 18

FEC Identification Number

C C00512426

Transaction ID : 76236867

Amount of Each Disbursement this Period

2500.00

Event: Sept. 27, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Structured Finance PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

Mailing Address c/o SFIG - Suite 625
1775 Pennsylvania Ave., NWCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
2018 PAC Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

FEC Identification Number

C

Transaction ID : 76236868

Amount of Each Disbursement this Period

2500.00

2018 PAC Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

Mailing Address PO Box 97187

City
RaleighState
NCZip Code
27624Purpose of Disbursement
2017 Candidate Contribution (Luncheon Series)

011

Category/
Type

Candidate Name

Holding, George, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: NC

District: 02

FEC Identification Number

C C00499236

Transaction ID : 76236869

Amount of Each Disbursement this Period

5000.00

2017 Candidate Contribution
(Luncheon Series)☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Lahood For Congress

Mailing Address P.O. Box 10735

City
PeoriaState
ILZip Code
61612Purpose of Disbursement
ACLI Event: Sept. 13, 2017

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	7		

FEC Identification Number

C C00575050

Transaction ID : 76236870

Amount of Each Disbursement this Period

1500.00

ACLI Event: Sept. 13, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roger Williams For U S Congress Committee

Mailing Address P.O. Box 91061

City
AustinState
TXZip Code
78709Purpose of Disbursement
PFS Event: Sept. 26, 2017

011

Category/
Type

Candidate Name

Williams, Roger, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	7		

FEC Identification Number

C C00498121

Transaction ID : 76236871

Amount of Each Disbursement this Period

3000.00

PFS Event: Sept. 26, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Kennedy For Congress

Mailing Address PO Box 590464

City
NewtonState
MAZip Code
02459Purpose of Disbursement
In-District Event: Sept. 28, 2017

011

Category/
Type

Candidate Name

Kennedy, Joseph, P., Rep., III

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	7		

FEC Identification Number

C C00512970

Transaction ID : 76245416

Amount of Each Disbursement this Period

2500.00

In-District Event: Sept. 28, 2017

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

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
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<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
NewtonState
MAZip Code
02459Purpose of Disbursement
In-District Event: Sept. 28, 2017

011

Category/
Type

Candidate Name

4 MA PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

FEC Identification Number

C C00543504**Transaction ID : 76245418**

Amount of Each Disbursement this Period

2500.00

In-District Event: Sept. 28, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trey For Congress

Mailing Address PO Box 421

City
JeffersonvilleState
INZip Code
47130Purpose of Disbursement
In-District Event: Sept. 19, 2017

011

Category/
Type

Candidate Name

Hollingsworth, Trey, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

FEC Identification Number

C C00590463**Transaction ID : 76321692**

Amount of Each Disbursement this Period

2500.00

In-District Event: Sept. 19, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City
ShirleyState
NYZip Code
11967Purpose of Disbursement
2017 Candidate Contribution

011

Category/
Type

Candidate Name

Zeldin, Lee, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

FEC Identification Number

C C00552547**Transaction ID : 76322316**

Amount of Each Disbursement this Period

2500.00

2017 Candidate Contribution

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 209

<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. Insured Retirement Institute PACMailing Address 1100 Vermont Avenue, NW
10th FloorCity
WashingtonState
DCZip Code
20005Purpose of Disbursement
2017 IRI PAC Support

011

Category/
Type

Candidate Name

Insured Retirement Institute PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00490474

Transaction ID : 76327735

Amount of Each Disbursement this Period

5000.00

2017 IRI PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Terri PACMailing Address 499 S Capitol Street SW
Suite 404City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 PAC Support

011

Category/
Type

Candidate Name

Terri PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00525030

Transaction ID : 76330085

Amount of Each Disbursement this Period

2500.00

2017 PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West ChesterState
PAZip Code
19381Purpose of Disbursement
Events: 3Q17

011

Category/
Type

Candidate Name

Costello, Ryan, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

C C00554899

Transaction ID : 76359243

Amount of Each Disbursement this Period

5000.00

Events: 3Q17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City
ColumbiaState
SCZip Code
29211Purpose of Disbursement
AALU Event: Sept. 26, 2017

011

Category/
Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

FEC Identification Number

C C00255562**Transaction ID : 76359251**

Amount of Each Disbursement this Period

2500.00

AALU Event: Sept. 26, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patriots Leading A Majority PAC

Mailing Address 402 A South Capitol Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 PAC Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

FEC Identification Number

C**Transaction ID : 76362656**

Amount of Each Disbursement this Period

5000.00

2017 PAC Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center DriveCity
Eden PrairieState
MNZip Code
55344Purpose of Disbursement
2017 ACLI Event

011

Category/
Type

Candidate Name

Paulsen, Erik, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

FEC Identification Number

C C00439661**Transaction ID : 76367683**

Amount of Each Disbursement this Period

5000.00

2017 ACLI Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 209

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address PO Box 70098

City
Myrtle BeachState
SCZip Code
29572Purpose of Disbursement
Event: May 24, 2017

011

Category/
Type

Candidate Name

Rice, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

FEC Identification Number

C C00506048

Transaction ID : 76367744

Amount of Each Disbursement this Period

5000.00

Event: May 24, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Cochran

Mailing Address PO Box 7183

City
TupeloState
MSZip Code
38802Purpose of Disbursement
2017 Candidate Contribution

011

Category/
Type

Candidate Name

Cochran, Thad, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

FEC Identification Number

C C00091892

Transaction ID : 76367768

Amount of Each Disbursement this Period

2500.00

2017 Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Senate Victory Fund PAC

Mailing Address P.O. Box 7274

City
TupeloState
MSZip Code
38802Purpose of Disbursement
2017 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 M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

FEC Identification Number

C

Transaction ID : 76367769

Amount of Each Disbursement this Period

2500.00

2017 PAC Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ICE PAC

Mailing Address PO BOX 752

City
Long LakeState
MNZip Code
55356Purpose of Disbursement
Event: Sept. 13, 2017

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76367824

Amount of Each Disbursement this Period

2500.00

Event: Sept. 13, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City
RiverdaleState
GAZip Code
30296Purpose of Disbursement
2017 Candidate Contribution

011

Category/
Type

Candidate Name

Scott, David, Albert, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify)

State: GA

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00369801

Transaction ID : 76372892

Amount of Each Disbursement this Period

2500.00

2017 Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brave PACMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 PAC Support

011

Category/
Type

Candidate Name

Brave PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00430579

Transaction ID : 76372894

Amount of Each Disbursement this Period

5000.00

2017 PAC Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Ted Budd For Congress

Mailing Address PO Box 97127

City
RaleighState
NCZip Code
27624Purpose of Disbursement
Event: Sept. 28, 2017

011

Category/
Type

Candidate Name

Budd, Theodore, P., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00614776

Transaction ID : 76373228

Amount of Each Disbursement this Period

2500.00

Event: Sept. 28, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Russell For Congress

Mailing Address PO Box 95023

City
Oklahoma CityState
OKZip Code
73143Purpose of Disbursement
2017 Candidate Support

011

Category/
Type

Candidate Name

Russell, Steve, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00558510

Transaction ID : 76373245

Amount of Each Disbursement this Period

2500.00

2017 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTI PAC

Mailing Address P.O. Box 312

City
Sioux FallsState
SDZip Code
57101Purpose of Disbursement
Event: Sept. 26, 2017

011

Category/
Type

Candidate Name

KRISTI PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

FEC Identification Number

C C00493809

Transaction ID : 76373794

Amount of Each Disbursement this Period

2500.00

Event: Sept. 26, 2017

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 195 OF 209

<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. Kristi For Congress

Mailing Address PO Box 852

City
Sioux FallsState
SDZip Code
57101Purpose of Disbursement
2017 Candidate Support

011

Category/
Type

Candidate Name

Noem, Kristi, Lynn, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

FEC Identification Number

C C00476853

Transaction ID : 76374529

Amount of Each Disbursement this Period

5000.00

2017 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

City
MadisonState
WIZip Code
53701Purpose of Disbursement
D&H Event: Oct. 12, 2017

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 M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

FEC Identification Number

C C00502179

Transaction ID : 76383028

Amount of Each Disbursement this Period

2500.00

D&H Event: Oct. 12, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pioneer PACMailing Address 701 8th Street, NW
Suite 500City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Void - Uncleared Disbursement

011

Category/
Type

Candidate Name

Pioneer PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

FEC Identification Number

C C00325357

Transaction ID : 76383036

Amount of Each Disbursement this Period

- 2500.00

Void - Uncleared Disbursement

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Carolyn's PAC

Mailing Address 24 East 93rd Street - Suite 1B

City
New YorkState
NYZip Code
10128Purpose of Disbursement
ACLI/NAIFA Event: Sept. 27, 2017

011

Category/
Type

Candidate Name

Carolyn's PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

FEC Identification Number

C C00341990

Transaction ID : 76383150

Amount of Each Disbursement this Period

2500.00

ACLI/NAIFA Event: Sept. 27, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Poliquin For Congress

Mailing Address PO Box 50

City
OaklandState
MEZip Code
04963Purpose of Disbursement
Event: Oct. 10, 2017

011

Category/
Type

Candidate Name

Poliquin, Bruce, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00518654

Transaction ID : 76383151

Amount of Each Disbursement this Period

3000.00

Event: Oct. 10, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Making Business Excel PACMailing Address 1020 N. Fairfax Street
Suite 201City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Event: Oct. 4, 2017

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76383214

Amount of Each Disbursement this Period

5000.00

Event: Oct. 4, 2017

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Mailing Address 410 1st St Se
Suite 310City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Event: Oct. 4, 2017

011

Category/
Type

Candidate Name

Sanchez, Linda, T., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 38

FEC Identification Number

C C00384057

Transaction ID : 76383779

Amount of Each Disbursement this Period

2500.00

Event: Oct. 4, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

Mailing Address PO Box 159

City
BelmontState
MAZip Code
02478Purpose of Disbursement
In-District Event: Oct-17

011

Category/
Type

Candidate Name

Clark, Katherine, M, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 05

FEC Identification Number

C C00541888

Transaction ID : 76384128

Amount of Each Disbursement this Period

1000.00

In-District Event: Oct-17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

Mailing Address PO Box 159

City
BelmontState
MAZip Code
02478Purpose of Disbursement
In-District Event: Oct-17

011

Category/
Type

Candidate Name

Clark, Katherine, M, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 05

FEC Identification Number

C C00541888

Transaction ID : 76384189

Amount of Each Disbursement this Period

2500.00

In-District Event: Oct-17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Strange For Senate

Mailing Address PO Box 3670

City
MontgomeryState
ALZip Code
36109Purpose of Disbursement
2017 Candidate Support

011

Category/
Type

Candidate Name

Strange, Luther, , , III

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	7		

FEC Identification Number

C C00629451**Transaction ID : 76385333**

Amount of Each Disbursement this Period

2500.00

2017 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City
OlympiaState
WAZip Code
98507Purpose of Disbursement
ICI Event: 12/13/17

011

Category/
Type

Candidate Name

Heck, Denny, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: WA

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00472159**Transaction ID : 76386665**

Amount of Each Disbursement this Period

2500.00

ICI Event: 12/13/17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HECK PAC

Mailing Address 119 First Ave., South - Ste. 320

City
SeattleState
WAZip Code
98104Purpose of Disbursement
ICI Event: 12/13/17

011

Category/
Type

Candidate Name

HECK PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	7		

FEC Identification Number

C C00548792**Transaction ID : 76386666**

Amount of Each Disbursement this Period

2500.00

ICI Event: 12/13/17

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. First State PAC

Mailing Address P.O. Box 3006

City
WilmingtonState
DEZip Code
19804Purpose of Disbursement
ICI Event: Nov. 7, 2017

011

Category/
Type

Candidate Name

First State PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00363648**Transaction ID : 76386715**

Amount of Each Disbursement this Period

2500.00

ICI Event: Nov. 7, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City
GallatinState
TNZip Code
37066Purpose of Disbursement
2017 Candidate Contribution

011

Category/
Type

Candidate Name

Black, Diane, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00472878**Transaction ID : 76387559**

Amount of Each Disbursement this Period

5000.00

2017 Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little RockState
ARZip Code
72217Purpose of Disbursement
2017 Candidate Contribution

011

Category/
Type

Candidate Name

Hill, French, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00551275**Transaction ID : 76387560**

Amount of Each Disbursement this Period

2500.00

2017 Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Synergy PAC

Mailing Address 6849 Old Dominion Drive, Suite 222

City
McLeanState
VAZip Code
22101Purpose of Disbursement
2017 PAC Support

011

Category/
Type

Candidate Name

Synergy PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00409623

Transaction ID : 76387564

Amount of Each Disbursement this Period

5000.00

2017 PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW PAC

Mailing Address P.O. Box 7480

City
VisaliaState
CAZip Code
93290Purpose of Disbursement
2017 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76393455

Amount of Each Disbursement this Period

5000.00

2017 PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Devin Nunes for Congress

Mailing Address PO BOX 891

City
PriexleyState
CAZip Code
93256Purpose of Disbursement
2017 Candidate Support

011

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 21

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76393456

Amount of Each Disbursement this Period

2500.00

2017 Candidate Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Event: Sept. 27, 2017

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

FEC Identification Number

C C00528414

Transaction ID : 76394742

Amount of Each Disbursement this Period

3000.00

Event: Sept. 27, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City
CollingswoodState
NJZip Code
08108Purpose of Disbursement
Event: Oct. 4, 2017

011

Category/
Type

Candidate Name

Norcross, Donald, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify)

State: NJ

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

FEC Identification Number

C C00558320

Transaction ID : 76395458

Amount of Each Disbursement this Period

2500.00

Event: Oct. 4, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City
ElmhurstState
NYZip Code
11373Purpose of Disbursement
Event: Nov. 3, 2017

011

Category/
Type

Candidate Name

Crowley, Joseph, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

FEC Identification Number

C C00338954

Transaction ID : 76395459

Amount of Each Disbursement this Period

2500.00

Event: Nov. 3, 2017

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City
University HeightsState
OHZip Code
44118Purpose of Disbursement
Event: Sept. 27, 2017

011

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5				2	0	1	7

FEC Identification Number

C C00454694**Transaction ID : 76395490**

Amount of Each Disbursement this Period

2500.00

Event: Sept. 27, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Event: Oct. 3, 2017

011

Category/
Type

Candidate Name

Cleaver, Emanuel, , Rep., II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6				2	0	1	7

FEC Identification Number

C C00395848**Transaction ID : 76395555**

Amount of Each Disbursement this Period

5000.00

Event: Oct. 3, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354City
Miami GardensState
FLZip Code
33169Purpose of Disbursement
Event: Sep. 8, 2017

011

Category/
Type

Candidate Name

Wilson, Frederica, S., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	5				2	0	1	7

FEC Identification Number

C C00460055**Transaction ID : 76401010**

Amount of Each Disbursement this Period

3500.00

Event: Sep. 8, 2017

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Keystone America PAC

Mailing Address PO BOX 58746

City
PHILADELPHIAState
PAZip Code
19102Purpose of Disbursement
2017 PAC Support

011

Category/
Type

Candidate Name

Keystone America PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00439992

Transaction ID : 76404139

Amount of Each Disbursement this Period

1500.00

2017 PAC Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress

Mailing Address 4916 Thoroughbred Ln

City
BrentwoodState
TNZip Code
37027Purpose of Disbursement
2017 Candidate Support

011

Category/
Type

Candidate Name

Blackburn, Marsha, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00376939

Transaction ID : 76404242

Amount of Each Disbursement this Period

2500.00

2017 Candidate Support

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City
DublinState
OHZip Code
43017Purpose of Disbursement
Event:

011

Category/
Type

Candidate Name

Portman, Rob, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2017

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00458463

Transaction ID : 76404699

Amount of Each Disbursement this Period

2500.00

Event:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Hatch Election Committee Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

Mailing Address PO Box 3986

FEC Identification Number

C C00104752**Transaction ID : 76404771**

Amount of Each Disbursement this Period

5000.00

BGR Event: Sept. 25, 2017

☐ Memo ItemCity
WashingtonState
DCZip Code
20027Purpose of Disbursement
BGR Event: Sept. 25, 2017

011

Category/
Type

Candidate Name

Hatch, Orrin, Grant, Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: UT

District:

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	7		

Mailing Address 8331 LITTLE HARBOR DRIVE

FEC Identification Number

C C00440032**Transaction ID : 76404852**

Amount of Each Disbursement this Period

2500.00

Event: June 14, 2017

☐ Memo ItemCity
CincinnatiState
OHZip Code
45244-2768Purpose of Disbursement
Event: June 14, 2017

011

Category/
Type

Candidate Name

Promoting Our Republican Team PAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. The Upper Hand Fund

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	7		

Mailing Address 402 A South Capitol St., SE

FEC Identification Number

C C00503151**Transaction ID : 76405273**

Amount of Each Disbursement this Period

5000.00

Event: July 18, 2017

☐ Memo ItemCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Event: July 18, 2017

011

Category/
Type

Candidate Name

The Upper Hand Fund

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

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 PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 209

<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. McHenry For Congress

Mailing Address PO Box 2165

City
GastoniaState
NCZip Code
28053Purpose of Disbursement
ACLI Event

011

Candidate Name

McHenry, Patrick, Timothy, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	5						2	0	1	7

FEC Identification Number

C C00393629**Transaction ID : 76406835**

Amount of Each Disbursement this Period

5000.00

ACLI Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City
HartfordState
CTZip Code
06126Purpose of Disbursement
Event: Sept. 13, 2017

011

Candidate Name

Larson, John, B., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	9						2	0	1	7

FEC Identification Number

C C00330142**Transaction ID : 76414179**

Amount of Each Disbursement this Period

3000.00

Event: Sept. 13, 2017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRIGO PAC

Mailing Address P.O. Box 1355

City
AlexandriaState
VAZip Code
22313Purpose of Disbursement
2017 PAC Support

011

Candidate Name

DIRIGO PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	9						2	0	1	7

FEC Identification Number

C C00391797**Transaction ID : 76414692**

Amount of Each Disbursement this Period

5000.00

2017 PAC Support

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. HellerHighwater PAC

Mailing Address P.O. Box 370672

City
Las VegasState
NVZip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

HellerHighwater PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

C C00471607**Transaction ID : 76588002**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HellerHighwater PAC

Mailing Address P.O. Box 370672

City
Las VegasState
NVZip Code
89137Purpose of Disbursement
Void - HellerHighwater PAC

011

Category/
Type

Candidate Name

HellerHighwater PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

C C00471607**Transaction ID : 76588003**

Amount of Each Disbursement this Period

- 2500.00

Void - HellerHighwater PAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Women2Women PACMailing Address 2201 Wisconsin Ave., NW
Suite 320City
WashingtonState
DCZip Code
20007Purpose of Disbursement
Void - Women2Women PAC

011

Category/
Type

Candidate Name

Women2Women PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C C00614958**Transaction ID : 76588006**

Amount of Each Disbursement this Period

- 2500.00

Void - Women2Women PAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Women2Women PACMailing Address 2201 Wisconsin Ave., NW
Suite 320City
WashingtonState
DCZip Code
20007Purpose of Disbursement
2017 W2W Contribution

011

Category/
Type

Candidate Name

Women2Women PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C C00614958

Transaction ID : 76588007

Amount of Each Disbursement this Period

5000.00

2017 W2W Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter Norbeck Leadership PAC

Mailing Address 22 Rio Vista Lane

City
RichmondState
VAZip Code
23226Purpose of Disbursement
Void - Uncleared 2016 Disbursement

011

Category/
Type

Candidate Name

Peter Norbeck Leadership PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00571976

Transaction ID : 76597282

Amount of Each Disbursement this Period

- 2000.00

Void - Uncleared 2016
Disbursement☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Narragansett Bay PAC

Mailing Address P.O. Box 8628

City
CranstonState
RIZip Code
02920Purpose of Disbursement
Void - Uncleared 2016 Disbursement

011

Category/
Type

Candidate Name

Narragansett Bay PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

C C00403592

Transaction ID : 76597283

Amount of Each Disbursement this Period

- 2500.00

Void - Uncleared 2016
Disbursement☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

500.00

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

180000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MITCHELL, PAUL, , ,

Mailing Address 328 GREYBULL DR

City
BEARState
DEZip Code
19701-2174Purpose of Disbursement
Partial Refund - ACH Correction

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

FEC Identification Number

C

Transaction ID : 76323465

Amount of Each Disbursement this Period

77.50

Partial Refund - ACH Correction

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PHILLIPS, T RAY, , ,

Mailing Address 6202 N SHERMAN DR

City
INDIANAPOLISState
INZip Code
46220-4439Purpose of Disbursement
NSF - Aug-17 ACH

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2017

FEC Identification Number

C

Transaction ID : 76596872

Amount of Each Disbursement this Period

90.00

NSF - Aug-17 ACH

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEWIS, PETER, M., ,

Mailing Address 230 LITTLE ROUND TOP

City
BULVERDEState
TXZip Code
78163-3400Purpose of Disbursement
NSF - Aug-17 ACH

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2017

FEC Identification Number

C

Transaction ID : 76596874

Amount of Each Disbursement this Period

40.00

NSF - Aug-17 ACH

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

207.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HALSTEAD, LESLIE, A., ,

Mailing Address 4511 MEREDITH CREEK DR

City
GLEN ALLENState
VAZip Code
23060-3421Purpose of Disbursement
NSF - Aug-17 ACH

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76596900

Amount of Each Disbursement this Period

50.00

NSF - Aug-17 ACH

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIRANDA, TERESITA, , ,

Mailing Address 3 GREENWAY PLZ STE 1

City
HOUSTONState
TXZip Code
77046-0395Purpose of Disbursement
NSF - Aug-17 ACH

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 76596905

Amount of Each Disbursement this Period

22.50

NSF - Aug-17 ACH

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

72.50

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

280.00