Image# 201710209075850320					PAGE 1 / 209
FEC AN	EPORT OF RE ND DISBURSE Other Than An Authoriz		S		Office Use Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typin over the lines.	ng, type	12FE4M	5
Massachusetts Mutual Lif	e Insurance Company	Political Ac		mittee	
ADDRESS (number and street)	295 State Street				
Check if different than previously reported. (ACC)	↓			MA	01111-0001
2. FEC IDENTIFICATION NUMB	ER ▼ CITY▲		S		ZIP CODE
C C00118943	3. IS THI REPO	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	IEW N) <b>OR</b>	AM (A)	ENDED
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> </ul>	(b) Monthly Report Due On: (c) 12-Day RE-Election Report for the:	J (EN		Sep 2	
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M = M /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G	à)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election on	M = M /	D D /	Y Y Y Y Y	in the State of
5. Covering Period 09	01 / Y Y Y Y 01 2017	through	M M 09	/ D D / 30	2017
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my k C., Bruce, , Mr., Frisbie	nowledge and b	pelief it is true	e, correct and	complete.
Signature of Treasurer	, Mr., Frisbie	[Electronically	<i>Filed]</i> Da	ate 10	/ D D / Y Y Y Y 20 / 2017
NOTE: Submission of false, erroneous	, or incomplete information may	v subject the pers	son signing thi	is Report to th	e penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

10/20/2017 11 : 46

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Massachusetts Mutual Life Insurance Company Political Action Committee

R	eport Covering the Period: From:	9 / D D / Y Y Y Y 9 01 2017 To	b: 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		16423.00
	(b) Cash on Hand at Beginning of Reporting Period	209294.99	
	(c) Total Receipts (from Line 19)	53828.80	670257.91
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### Massachusetts Mutual Life Insurance Company Political Action Committee

R	eport Covering the Period: From: 09	/         D         /         Y	M = M         /         D = D         /         Y = Y = Y         Y           09         30         2017         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
	<ul> <li>(c) Other Political Committees (such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	53527.84	666706.38
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	260.41	1785.86
17	to Federal Candidates and Other Political Committees	0.00	1500.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	40.55	265.67
	(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

Page 3

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 5268.77 Expenditures ..... 260.41 (c) Total Operating Expenditures 5268.77 (add 21(a)(i), (a)(ii), and (b)) 260.41 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 594000.00 180000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 4656.76 280.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 280.00 4656.76 29. Other Disbursements (Including Non-Federal Donations)..... 172.00 0.00 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 Total Federal Election Activity (add (C) 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

COLUMN A

**Total This Period** 

FEC Form 3X	(Rev. 05/2016)
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### **III. Net Contributions/ Operating Expenditures**

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

					53527.84
	-7	-		7	
					280.00
4	-	1	1	-	200.00
1					53247.84
4	-7			- 7	33247.04
					260.41
4	-7			-7	200.41
					260.41
 4	7			-7	200.41
1					0.00
	-7-			-7-	3.00

000700.00						10
666706.38	-7		-7-		<u> </u>	1
4656.76						- Г
4030.70	-					1
662049.62						- Г
	-7		-1			- 5
5268.77						- [
	-7	-	7	-		- 5
1785.86						- [
	-7		-7		_	- 5
3482.91						- Г
	-7-		 -7-			- L

#### COLUMN B Calendar Year-to-Date

Page 5

# SCHEDULE A (FEC Form 3X) MIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middle POLLACK DAVID S, DAVID, S., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 715 NE 1ST ST APT C			09 / D D / Y Y Y Y 09 01 2017						
City FORT LAUDERDALE	State FL	Zip Code 33301-1683	Transaction ID : 76518505         Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
Full Name of Individual (Last, First, Middle B. BLANK MICHAEL T, MICHAEL,	Date of Receipt								
Mailing Address 3915 WIEUCA CT	09 01 2017								
City MARIETTA	State GA	Zip Code 30066-2290	Transaction ID : 76518506 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s l								
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WINSTON JOSHUA D, JOSHUA, D., ,								
Mailing Address 13467 LAKE SHORE DR			09 01 2017						
City HERNDON	State VA	Zip Code 20171-3619	Transaction ID : 76518509 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		300.00						
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
SUBTOTAL of Receipts This Page (optional)		· ·	1100.00						

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FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	۹ ۲	11b 14	11c	12 16	17				
	ny information copied from such Reports and S for commercial purposes, other than using the						solicitin		utions				
$\square$	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Comm	ittee	e							
Α.	Full Name of Individual (Last, First, Middle Init CROUCH, JAMES, B., , Jr.	tial) or Full O	rganization Name	Date	of R	leceipt							
	Mailing Address 2529 PINEWAY DR			0		/ D 01	D / Y	2017	Y				
	City BURLINGTON	State NC	Zip Code 27215-4439				765185 Receipt tl	<b>11</b> his Period	d				
	FEC ID number of contributing federal political committee.	С						300	.00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Mem	io Item							
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary     General       Other (specify) ▼		300.00										
	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name										
В.	Brune, Robert, , ,			Date	of R	leceipt							
	Mailing Address 3838 N. Causeway Blvd						09 01 2017						
	City Metairie	State LA	Zip Code 70002-8194				7651851	13 his Period	4				
	FEC ID number of contributing federal political committee.	С						250	_				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Mem	io Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary     General       Other (specify) ▼												
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Reilly, JOSEPH, G., ,	tial) or Full O	rganization Name	Date	of P	eceipt							
	Mailing Address 249 SHADYBROOK LN			0		/ D 01		2017	Y				
	City PRINCETON	State NJ	Zip Code 08540-4137				: <b>765185</b> Receipt th	14 his Period	4				
	FEC ID number of contributing federal political committee.	С				,		500					
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		Merr	no Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
s	UBTOTAL of Receipts This Page (optional)		•			9	9	1050	.00				
т	OTAL This Period (last page this line number of	only)											

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	ance Co	mpany Political Action	Committee						
Α.	Full Name of Individual (Last, First, Middle Initi PULITO, DARREN, , ,	al) or Full O	organization Name	Date of Receipt						
	Mailing Address 556 BARTRAM RD			09 01 2017						
	City	State	Zip Code	Transaction ID : 76518515						
	MOORESTOWN	NJ	08057-1871	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
	Receipt For:		Year-to-Date V	_						
	Primary General	Ayyreyale								
	Other (specify) ▼	L	300.00							
в.	Full Name of Individual (Last, First, Middle Initi MAYS, MITCHELL, R., ,	al) or Full O	organization Name	Date of Receipt						
	Mailing Address 4939 MOUNTAIN LAUREL DR			09 01 / Y Y Y Y 2017						
	City	State	Zip Code	Transaction ID : 76518517						
	LYNCHBURG	VA	24503-1972	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		2500.00						
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	-						
	Primary General Other (specify) ▼		2500.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi WEINSTOCK SIDNEY J, SIDNEY		organization Name	Date of Receipt						
	Mailing Address 1173 57TH ST			09 01 YYYY 2017						
	City	State	Zip Code	Transaction ID : 76518518						
	BROOKLYN	NY	11219-4522	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		1000.00							
⊢	UBTOTAL of Receipts This Page (optional)			3800.00						
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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions the to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Ir	nsurance Co	ompany Political Action	1 Committee								
Full Name of Individual (Last, First, Middle A. LEWIS, PETER, M., ,	e Initial) or Full C	Drganization Name									
A. LEWIS, PETER, M., , Mailing Address 230 LITTLE ROUND TOP	)		Date of Receipt								
	Maining Address 230 LITTLE ROUND TOP										
City	State TX	Zip Code	Transaction ID : 76599445								
BULVERDE		78163-3400	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		0.00								
Name of Employer (for Individual)	Occ	cupation (for Individual)	X Memo Item								
SELF	INS	SURANCE AGENT									
Receipt For:	Aggregate	Year-to-Date <b>V</b>	Refund(s) on Schedule B Totaling \$40.00 This chan								
Other (specify) ▼		40.00	the YTD Total to \$40.00								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	Drganization Name	Data of Develop								
B. PHILLIPS, T RAY, , , Mailing Address 6202 N SHERMAN DR	Date of Receipt										
Maning Address 6202 N SHERMAN DR											
City	State	Zip Code	Transaction ID : 76599446								
INDIANAPOLIS	IN	46220-4439	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		0.00								
Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		, 150.00	Refund(s) on Schedule B Totaling \$90.00 This chan the YTD Total to \$150.00								
Full Name of Individual (Last, First, Middle C. HALSTEAD, LESLIE, A., ,	e Initial) or Full C	Drganization Name	Date of Receipt								
Mailing Address 4511 MEREDITH CREEK	C DR		09 / 01 / 2017								
City	State	Zip Code	Transaction ID : 76599447								
GLEN ALLEN	VA	23060-3421	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		0.00								
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For:	I	Year-to-Date V	-								
Primary General Other (specify)		25.00	Refund(s) on Schedule B Totaling \$50.00 This chan the YTD Total to \$25.00								
SUBTOTAL of Receipts This Page (optional	)		0.00								
TOTAL This Period (last page this line num	ber only)										

FEC Schedule A (Form 3X) Rev. 06/2016

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ITE	MIZED RECEIPTS		for each category of the	(check only of 11a	ne) 11b	11	с П	12		
			Detailed Summary Page	13	14	15	5	16	17	
	nformation copied from such Reports and State r commercial purposes, other than using the na									
\	AME OF COMMITTEE (In Full) Assachusetts Mutual Life Insura	ince Cor	mpany Political Action (	Committee	;					
	III Name of Individual (Last, First, Middle Initial MIRANDA, TERESITA, , ,	Date of Receipt								
M	ailing Address 3 GREENWAY PLZ STE 1	09 01 / Y Y Y Y 09 01 2017								
Ci		State	Zip Code	Transact	ion ID :	: 7659	9448			
H	OUSTON	ТХ	77046-0395	Amount of	Each F	Receip	ot this Pe	eriod		
	EC ID number of contributing deral political committee.	С					,	0.0	0	
Na	ame of Employer (for Individual)	Occu	pation (for Individual)	× Memo	o Item					
	ELF	INSU	IRANCE AGENT							
Re	eceipt For: Primary General	Aggregate Y	lear-to-Date ▼		<b>.</b> .			•		
-	Other (specify) V		12.50	Refund(s) o the YTD Tot			Totaling	\$22.	50 This change	
	II Name of Individual (Last, First, Middle Initial)	Date of Receipt								
	ailing Address 328 GREYBULL DR	09 15 2017								
Ci	ty	State	Zip Code	Transaction ID : 76599449						
В	EAR	DE	19701-2174	Amount of				əriod		
	EC ID number of contributing deral political committee.		0.00							
	ame of Employer (for Individual) ELF		pation (for Individual) JRANCE AGENT	Memo Item						
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 162.50	Refund(s) on Schedule B Totaling \$77.50 the YTD Total to \$162.50					50 This change	
	III Name of Individual (Last, First, Middle Initial) VIETSMA, Eric, H, MR.,	) or Full Org	ganization Name	Date of Re	eceipt					
_	ailing Address 3 VALLEY VIEW DR		M M /	30		Y Y 20'	17 <sup>°</sup>	Y		
Ci	ty /ILBRAHAM	State MA	Zip Code 01095-2363	Transact					l	
			01033 2303	_ Amount of	Each F	Receip	ot this Pe	eriod		
	EC ID number of contributing deral political committee.			y		y	53.8	i4		
М	ame of Employer (for Individual) ASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual) D OF RETIREMENT OPERATIONS		o Item					
Re	eceipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 538.40	P/R Deducti	ion (\$26	3.92 Bi	i-Weekly	)		
SUE	STOTAL of Receipts This Page (optional)		•		, ,		,	53.8	4	
тот	AL This Period (last page this line number onl	y)	•				<b>y</b>			

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Company Political Action (	Committee
Full Name of Individual (Last, First, Middle Initial SCANLON, SUSAN, J, MS.,         Mailing Address 23 JUDITH DR         City         MANCHESTER         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MASSACHUSETTS MUTUAL LIFE INS.         Receipt For:         Primary       General         Other (specify) ▼	Al) or Full Organization Name         State CT       Zip Code 06040-6517         C         Occupation (for Individual) VICE PRESIDENT - COMPLIANCE         Aggregate Year-to-Date ▼	Date of Receipt 09 / 2017 Transaction ID : PR1120474956261 Amount of Each Receipt this Period 777.78 Memo Item P/R Deduction (\$38.89 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initia <b>B.</b> ROELLIG, Mark, , MR., Mailing Address 11 COBTAIL WAY City SIMSBURY FEC ID number of contributing federal political committee.	State Zip Code CT 06070-2530	Date of Receipt 09 / 30 / 2017 Transaction ID : PR1120475456261 Amount of Each Receipt this Period 384.60
Name of Employer (for Individual)         MASSACHUSETTS MUTUAL LIFE INS.         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) HEAD OF TECHNOLOGY & ADMINIS <sup>®</sup> Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)
C. Full Name of Individual (Last, First, Middle Initia WILLIAMS, MEGAN, E, MS., Mailing Address 23 CIRCLE DR	al) or Full Organization Name	Date of Receipt
City ENFIELD FEC ID number of contributing federal political committee.	State CT     Zip Code 06082-2712       C	Transaction ID : PR1135584456261         Amount of Each Receipt this Period         50.00
Name of Employer (for Individual)         MASSACHUSETTS MUTUAL LIFE INS.         Receipt For:         Primary       General         Other (specify)	Occupation (for Individual) STRATEGIC CONSULTANT Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		512.38

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1						
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ar	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Fu	 II)								
Aassachusetts Mutua	al Life Insurance Co	mpany Political Action	Committee						
Full Name of Individual (Last, F TODD, ANDREW, W., ,	irst, Middle Initial) or Full Or	rganization Name	Date of Receipt						
Mailing Address 9997 DELL RD	)		09 30 / Y Y Y Y 2017						
City EDEN PRAIRIE	State MN	Zip Code 55347-3524	Transaction ID : PR1135598756261           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		208.40						
Name of Employer (for Individu	,	upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1775.60	P/R Deduction (\$124.04 Semi-Monthly)						
Full Name of Individual (Last, F B. SHEN, RONG, , ,	irst, Middle Initial) or Full Or	rganization Name	Date of Receipt						
Mailing Address 2275 BAYLEA	- DR		09 / D D / Y Y Y Y Y 2017						
City	State	Zip Code	Transaction ID : PR1155609756261						
SAN RAMON	CA	94582-5878	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individu SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ , 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
Full Name of Individual (Last, F C. TAYLOR, KELLY, A, N		rganization Name	Date of Receipt						
Mailing Address 9 BLUEBIRD [			09 / D D / Y Y Y Y 2017						
City ENFIELD	State CT	Zip Code 06082-5703	Transaction ID : PR1156279256261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.76						
Name of Employer (for Individu MASSACHUSETTS MUTUAL L	,	Ipation (for Individual) VEL MANAGEMENT DIRECTOR	Memo Item						
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)						
SUBTOTAL of Receipts This Pag	je (optional)	•	264.16						
TOTAL This Period (last page thi	s line number only)								

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FOR LINE NUMBER:

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17			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per address of any political committee	rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee						
Α.	Full Name of Individual (Last, First, Middle Initi CARMON, TIMOTHY, , MR.,	al) or Full O	Organization Name	Date of Receipt						
	Mailing Address 61 RAINBOW TRL			09 / D D / Y Y Y Y 09 30 2017						
	City SOUTH WINDSOR	State CT	Zip Code 06074-2953	Transaction ID : PR1233812056261           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.94						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - RISK MANAGEMI	E Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.40	P/R Deduction (\$38.47 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initi BARTOL, WILLIAM, E, MR.,	al) or Full O	Organization Name	Date of Receipt						
	Mailing Address 650 DEEP RIVER RD			09 / 0 - 0 / Y - Y - Y - Y 09 30 / 2017						
	City	State	Zip Code	Transaction ID : PR1264213356261						
	COLCHESTER	СТ	06415-1902	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.76						
	Name of Employer (for Individual) BARINGS LLC		cupation (for Individual) CE PRESIDENT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307,60	P/R Deduction (\$15.38 Bi-Weekly)						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi SCIACCA, ANTHONY, , MR.,	al) or Full O	Organization Name	Date of Receipt						
	Mailing Address 5619 CHALLISFORD LN			09 / D D / Y Y Y Y 09 30 2017						
	City CHARLOTTE	State NC	Zip Code 28226-2627	Transaction ID : PR1264218156261						
	FEC ID number of contributing		20220-2027	Amount of Each Receipt this Period						
	federal political committee.	С		269.24						
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2692.40	P/R Deduction (\$134.62 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		►	376.94						
Т	OTAL This Period (last page this line number o	nly)	•							

# Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
11			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c		12 16	<b>1</b>	17
	ny information copied from such Reports and S for commercial purposes, other than using the							soliciting		ntributi	ions	
	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Co	mmitt	ee						
Α.	Full Name of Individual (Last, First, Middle Ini GACEVICH, KENNETH, MI, MR.,	tial) or Full O	rganization Name		Date o	f Re	ceipt					
	Mailing Address 6515 GREENWAY BEND DR			09 30 2017								
	City CHARLOTTE	State NC	Zip Code 28226-5561	_	Transaction ID : PR1264219256261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С								113.0	0	]
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR		М	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1130.00		P/R Ded	uctio	on (\$56.	50 Bi-W	'eekly	()		
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>3.</b> VELASTEGUI, JEFF, T., ,					f Re	ceipt					
	Mailing Address 69 BANKSIDE DR						D D 30	/ Y		)17	Y	
	City	State	Zip Code					PR1264				
	CENTERPORT	NY	11721-1738	_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			25.00							
	Name of Employer (for Individual) SELF	Occ INS	Memo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary     General       Other (specify) ▼		225.00		P/R Deduction (\$12.50 Semi-Monthly)							
— c.	Full Name of Individual (Last, First, Middle Ini NISSEN, Neil, A., ,	tial) or Full O	rganization Name		Date o	f Re	ceipt					
	Mailing Address 21522 48TH AVE				м м 09	/	30	/ Y		)17	Y	
	City	State	Zip Code		Trans	sacti	ion ID :	PR1264	12654	15626	1	
	OAKLAND GARDENS	NY	11364-1314	_	Amoun	t of	Each R	eceipt th	his P	'eriod		
	FEC ID number of contributing federal political committee.	С					y	y	_	25.0	00	
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT				emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate		P/R Dec	luctio	on (\$12.	.50 Sem	i-Mor	nthly)			
s	UBTOTAL of Receipts This Page (optional)		•••••	I	[.		9	,		163.0	0	]

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

FEC Schedule A (Form 3X) Rev. 06/2016

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			Use separate schedule(s)	(check onl	y one)	L					
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	11c	12 16	17			
Any information c or for commercial	opied from such Reports and S purposes, other than using the	tatements may name and ac	y not be sold or used by any pe ddress of any political committee	rson for the	purpose of	soliciting	contribu	tions			
	MMITTEE (In Full) Isetts Mutual Life Insu	rance Co	mpany Political Action	Committ	<b>ee</b>						
				Johnnitt							
	ndividual (Last, First, Middle Init AMANDA, H, MS.,	ial) or Full Or	ganization Name	Date o	f Receipt						
	s 60 CARRIAGE DR			M M 09	/ D D 30	/ Y	үүү 2017	Ŷ			
City TOLLAND		State CT	Zip Code 06084-2910		action ID : t of Each Re						
FEC ID number federal politica	er of contributing I committee.	С					50.	00			
MASSACHUSE	oyer (for Individual) ETTS MUTUAL LIFE INS.		pation (for Individual) PRESIDENT - OPERATIONS	M	emo Item						
Receipt For: Primary Other (s	General Decify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Ded	luction (\$25.	00 Bi-We	ekly)				
	ndividual (Last, First, Middle Init _L, ALETHEA, , MS.,	ial) or Full Or	ganization Name	Date of	f Receint						
Mailing Addres	\$ 172 SNELL ST			Date of Receipt							
City		State	Zip Code		Transaction ID : PR1285752356261						
AMHERST		MA	01002-2556	Amount of Each Receipt this Period							
FEC ID numbe federal politica	er of contributing I committee.	C Occupation (for Individual) AVP COMPLIANCE			53.90						
	oyer (for Individual) ETTS MUTUAL LIFE INS.				Memo Item						
Receipt For: Primary	General	Aggregate `	Year-to-Date ▼	P/R Deduction (\$26.95 Bi-Weekly)							
Other (s	Jeeny) V		, 539.00								
<b>c</b> . LUCIDO,	ndividual (Last, First, Middle Init BRADLEY, , MR.,	ial) or Full Or	ganization Name	Date of	f Receipt						
Mailing Addres	<sup>S</sup> 65 ROSEWOOD DR			м м 09	/ D D 30	/ Y	2017	Y			
City SUFFIELD		State CT	Zip Code 06078-2014		saction ID : t of Each Re						
	er of contributing I committee.	С				, soeipt till	192.				
MASSACHUS	oyer (for Individual) ETTS MUTUAL LIFE INS.		pation (for Individual) CHIEF COMPLIANCE OFF & DEI		emo Item						
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 1923.00	P/R Dec	luction (\$96.	15 Bi-We	eekly)				
SUBTOTAL of F	Receipts This Page (optional)		▶			,	296.	20			
TOTAL This Per	iod (last page this line number o	only)			-	-					

# SCHEDULE A (FEC Form 3X) MIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the	<b>४</b> 11a │ 11b │ 11c │ 12				
		Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports an or for commercial purposes, other than using			rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	Committee						
Full Name of Individual (Last, First, Middle PHILLIPS, JOHN, , MR.,	e Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 49 MENDON RD			09 30 2017				
City SUTTON	State MA	Zip Code	Transaction ID : PR1285754156261				
	IMA	01590-1135	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		53.84				
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) E PRESIDENT	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	-				
Primary General Other (specify) ▼		538.40	P/R Deduction (\$26.92 Bi-Weekly)				
Full Name of Individual (Last, First, Middle LONG, GEORGE, F., ,							
Mailing Address 23711 LEGEND CRST	09 30 2017						
City	State	Zip Code	Transaction ID : PR1315456456261				
SAN ANTONIO	TX	78260-2600	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)				
Full Name of Individual (Last, First, Middle BOUDREAU, DEAN, T, MR.,	e Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 6 CLIFFSIDE DR			09 30 2017				
City	State	Zip Code	Transaction ID : PR1322703656261				
WILBRAHAM	MA	01095-1620	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		23.10				
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) PPLIER MANAGEMENT CONSULT	Memo Item				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 231.00	P/R Deduction (\$11.55 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)	, 		101.94				

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pound any pound any political committee	erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee					
Α.	Full Name of Individual (Last, First, Middle Initia REINKE, CHRISTOPHE, M., ,	al) or Full C	rganization Name	Date of Receipt					
Mailing Address 1616 TREMONT RD				09 / D D / Y Y Y Y 2017					
	City COLUMBUS	State OH	Zip Code 43212-1127	Transaction ID : PR1334155156261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				25.00					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
в.	Full Name of Individual (Last, First, Middle Initia BUSH, ALISHA, L., ,	Date of Receipt							
	Mailing Address 16240 NEWOLF BLVD			09 30 2017					
	City	State	Zip Code	Transaction ID : PR1334160756261					
	NOBLESVILLE FEC ID number of contributing federal political committee.		46060	Amount of Each Receipt this Period					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
с.	Full Name of Individual (Last, First, Middle Initia PRINCE, JEFFREY, T, MR.,	al) or Full C	rganization Name	Date of Receipt					
	Mailing Address 33 HILLSIDE RD			09 / D D / Y Y Y Y 2017					
	City NORTHAMPTON	State MA	Zip Code 01060-2119	Transaction ID : PR1334223456261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			126.92					
Т	OTAL This Period (last page this line number o	nly)	•						

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171			Use separate schedule(s)	(check on	ily or	ne)			-	
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	F	11b	11c 15		2 16	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pe ddress of any political committee	rson for the	e pur ontrib	pose of :	soliciting	g cont	ributic	ons
$\overline{\}$	NAME OF COMMITTEE (In Full)	_		_						
$ \rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee					
V	Full Name of Individual (Last, First, Middle Init	ial) or Full O	ganization Name							
Α.	WELLMAN, PHILIP, S, MR.,	,		Date o	of Re	eceipt				
	Mailing Address 150 N BEACON ST			09	/	D D 30	/ Y	y 201	ү ү 17	
	City HARTFORD	State CT	Zip Code 06105-2247			ion ID : I				
			06105-2247	Amour	nt of	Each Re	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С							53.84	ł
	Name of Employer (for Individual)	Occu	pation (for Individual)	N	/lemo	Item				
	MASSACHUSETTS MUTUAL LIFE INS.	VP 8	CHIEF COMP OFFICER INST.	=1						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		538.40	P/R Dec	ducti	on (\$26.9	92 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name							
Β.	FANNING, MICH L, R, MR.,	,	•	Date o	of Re	eceipt				
	Mailing Address 140 COLONIAL AVE		09 30 / Y Y Y Y 2017							
	City	State	Zip Code			on ID : F				
	NORTH ANDOVER	MA	01845-6349	Amour	nt of	Each Re	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	C			384.60					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) - MASSMUTUAL U.S.	N	/lemo	tem				
	Receipt For:	Aggregate	Year-to-Date ▼	_	1					
	Primary General			P/R Dec	ductio	on (\$192	.30 Bi-W	/eekly	')	
	Other (specify) <b>v</b>		, 3846.00							
C.	Full Name of Individual (Last, First, Middle Init RADDIN, DAVID, R., ,	ial) or Full Oi	rganization Name	Date o	of Re	eceipt				
	Mailing Address 335 CASCADES CIR E			M	/		/ Y	Y 201		
	City	State	Zip Code	09		30	004260	201 201		
	City CLINTON	MS	39056-6109			ion ID : I				
				Arnour		Each Re	eceipt tr	lis Pel	rioa	_
	FEC ID number of contributing federal political committee.	С				<u>,</u>	y y		25.00	)
	Name of Employer (for Individual)	Occi	pation (for Individual)	N	/lemo	b Item				
	SELF	INSL	JRANCE BROKER	_						
	Receipt For:	Aggregate	Year-to-Date 🔻			(0.1.0.)				
	Other (specify)		219.57	P/R De	ducti	on (\$13.6	51 Semi	-Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)		•••••			, .		4	163.44	
Т	OTAL This Period (last page this line number of	only)	•••••					_	-	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Massachusetts Mutual	Life Insurance Co	mpany Political Actior	Committee						
Full Name of Individual (Last, Firs <b>A.</b> Goldman, Victor, B., ,	t, Middle Initial) or Full Or	rganization Name	Date of Receipt						
Mailing Address 12030 N 62ND S			09 / D D / Y Y Y Y 2017						
City SCOTTSDALE	State AZ	Zip Code 85254-4953	Transaction ID : PR1368736156261           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		192.30						
Name of Employer (for Individual) SELF		upation (for Individual) IERAL INSURANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.00	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, Firs B. METKIFF, Christopher, J.,		rganization Name	Date of Receipt						
Mailing Address 1600 W 9TH ST	<u>·</u>		M M M       /       D D       /       2017         Transaction ID : PR1368758356261         Amount of Each Receipt this Period						
City WILMINGTON	State DE	Zip Code 19805-5302							
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
Full Name of Individual (Last, Firs MANN, JENNIFER, P., ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1151 W 14TH PL	1		09 / D D / Y Y Y Y 09 30 2017						
City CHICAGO	State IL	Zip Code 60608-2845	Transaction ID : PR1368759256261           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
SUBTOTAL of Receipts This Page	(optional)		242.30						
TOTAL This Period (last page this li	ine number only)								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements ma	l ay not be sold or used by any p ddress of any political committe	13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Massachusetts Mutual Life Ir	nsurance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middle A. BARRETT, HUGH, , MR.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 58 PONDVIEW DR			09 30 / Y Y Y Y 2017						
City SPRINGFIELD	State MA	Zip Code 01118-1145	Transaction ID : PR1386532056261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.50						
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) 9 GOVERNMENT RELATIONS	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. RYAN, PAULA, T, MS.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4 RIDGE RD			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID : PR1391580656261						
SIMSBURY	СТ	06070-2134	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. GRODIN, DAVID, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1391 VIEW DR			09 / D D / Y Y Y Y 30 / 2017						
City SAN LEANDRO	State CA	Zip Code 94577-5336	Transaction ID : PR1417170856261           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)						
SUBTOTAL of Receipts This Page (optiona	)		165.42						
TOTAL This Period (last page this line num	ber only)								

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111				ategory of the ummary Page	×	11a 13		11b 14	11c	12	17		
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ly not be sold ddress of any	l or used by any per political committee	erson f to so	or the	pur ntrib	pose of	f soliciting	g contribu	itions		
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	ance Co	mpany P	olitical Action	Con	nmitt	ee						
A.	Full Name of Individual (Last, First, Middle Initi YVON, Jack, , MR.,	al) or Full O	rganization Na	ame		Date of	f Re	eceipt					
	Mailing Address 11 WOODSIDE DR	1-				м м 09	/	D 30		ү ү 2017	Y		
	City WILBRAHAM	State MA	Zip Code 01095-2							63835626 nis Period			
	FEC ID number of contributing federal political committee.	С				_		-		33.	40		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for In AGENCY FC	,		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	334.00	P	/R Ded	ucti	on (\$16	6.70 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initi VACCARO, JOHN, , MR.,	al) or Full O	rganization N	ame	[	Date of	f Re	eceipt					
Mailing Address 18 ANNA MARIE LN							M         M         /         D         J         Y						
	City E LONGMEADOW	StateZip CodeMA01028-3018				Transaction ID : PR1434639356261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				153.90					.90		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - MASSMUTUAL FINANCIAL NET			=	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1539.00				P/R Deduction (\$76.95 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initi HELD, PHILLIP, , ,	al) or Full O	rganization Na	ame		Date of	f Re	eceipt					
	Mailing Address 5010 MEADOWBROOK RD	Chata	Zin Oada			м м 09		30		2017			
	City BUFFALO	State NY	Zip Code 14221-4							65025626 nis Period			
	FEC ID number of contributing federal political committee.	С						,	9	32.	70		
	Name of Employer (for Individual) SELF		Occupation (for Individual) NSURANCE AGENT				Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	218.27	P	/R Ded	lucti	on (\$13	3.08 Semi	-Monthly)			
s	UBTOTAL of Receipts This Page (optional)							,		220.	00		
т	OTAL This Period (last page this line number of	nly)		••••••				-					

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       Image: Mark 11a       11a       11b       11c       12       13       14       15       16       17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	prson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	Committee		
Α.		al) or Full Or	rganization Name	Date of Receipt
	Mailing Address 1410 S ELIZABETH ST	Ototo	Zin Oode	09 / D D / Y Y Y Y 09 30 2017
	City DENVER	State CO	Zip Code 80210-2423	Transaction ID : PR1434658556261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		pation (for Individual) JRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
в.	Full Name of Individual (Last, First, Middle Initia COUTU, DAVID, J, MR.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1 MELLISSA CIR			09 / D D / Y Y Y Y 2017
	City GREENVILLE	State RI	Zip Code 02828-1025	Transaction ID : PR1479403856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) BARINGS LLC		ipation (for Individual) IAGING DIRECTOR	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia PUTNAM, Roger, , MR.,	al) or Full Or	rganization Name	Date of Receipt
	Mailing Address 8 THE GLADE			09 30 Y Y Y Y 2017
	City SIMSBURY	State CT	Zip Code 06070-1041	Transaction ID : PR1479403956261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual) - INSURANCE OPERATIONS	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1923.00	P/R Deduction (\$96.15 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			294.22
Т	OTAL This Period (last page this line number o	nly)	····· •	

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	<i>.</i>	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12 16	17		
Any information copied from such Repo or for commercial purposes, other than	rts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committed	erson for the	purpose of sc	bliciting c	ontributi	ions		
NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insurance Company Political Action (								
Full Name of Individual (Last, First, M OBERG, WILLIAM, D, MR.,	Aiddle Initial) or Full O	rganization Name	Date of	Receipt					
Mailing Address 99 POKANOKET LN			09						
City MARSHFIELD	State MA	Zip Code 02050-8238		action ID : PF of Each Rec			I		
FEC ID number of contributing federal political committee.	C					76.9	94		
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Me	emo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.40	P/R Deduction (\$38.47 Bi-Weekly)						
Full Name of Individual (Last, First, N B. CIRAVOLO, CHARLES, T., ,		rganization Name	Date of	Receipt					
Mailing Address 12 DARBY DR			09 / D D / Y Y Y 2017						
City	State	Zip Code	Transa	action ID : PF	R147944	2856261			
HUNTINGTON STATION	NY	11746-4707	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dedu	uction (\$12.50	) Semi-M	onthly)			
Full Name of Individual (Last, First, M C. BOWMAN, LEE, , ,	Aiddle Initial) or Full O	rganization Name	Date of	Receipt					
Mailing Address 600 RIVER OAKS L			M M 09	/ D D 30		2017	Y		
City CHARLOTTE	State NC	Zip Code 28226-6877		of Each Rec			1		
FEC ID number of contributing federal political committee.	С			, Laon 1100	J	25.0	)0		
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Me	emo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Ded	uction (\$12.50	) Semi-M	onthly)			
SUBTOTAL of Receipts This Page (op	tional)			, , ,	5	126.9	4		
TOTAL This Period (last page this line	number only)		· L.						

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any per address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action (	Committee
Α.	Full Name of Individual (Last, First, Middle Initi GREENBERG, DAVID, F., , Mailing Address 6103 AQUA AVE APT 70	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	09 30 2017
	MIAMI BEACH	FL	33141-5875	Transaction ID : PR1491604456261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				25.00
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT	Memo Item
Receipt For:       Agg         Primary       General         Other (specify) ▼			Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
в.	Full Name of Individual (Last, First, Middle Initi GUEVARA, JOSEPH, V., ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1200 FRANCISCO ST			09 30 / Y Y Y Y 2017
	City SAN FRANCISCO	StateZip CodeCA94123-2380		Transaction ID : PR1491619856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
с.	Full Name of Individual (Last, First, Middle Initi RUSSELL, DOUGLAS, , MR.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4 CRAIGIE ST			M M / D D / Y Y Y Y 09 30 2017
	City CAMBRIDGE	State MA	Zip Code 02138-3470	Transaction ID : PR1500908556261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
MASSACHUSETTS MUTUAL LIFE INS. S			upation (for Individual) P - STRATEGY AND CORP DEVEL	Memo Item
			Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	434.60
Т	OTAL This Period (last page this line number o	nly)	•	

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	n Committee					
Full Name of Individual (Last, First, Mid A. Smith, Cale, P., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1956 LONGWOOD DR			09 30 / Y Y Y Y 2017					
City BATON ROUGE	State LA	Zip Code 70808-1247	Transaction ID : PR1500946656261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mid B. YOUNG, JOHN, M, MR.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7 LAMPERCOCK LN			09 30 2017					
City LINCOLN	State RI	Zip Code 02865-4201	Transaction ID : PR1541043556261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		53.84					
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)					
Full Name of Individual (Last, First, Mid C. WALL, THOMAS, , MR.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 22 W ELM ST	1		09 / D D / Y Y Y Y Y 2017					
City HOPKINTON	State MA	Zip Code 01748-2103	Transaction ID : PR1541046456261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		38.50					
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) ERNAL WHOLESALER	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		476.94					
TOTAL This Period (last page this line nu	mber only)							

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\mathbf{X}$ 11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee			
Α.	Full Name of Individual (Last, First, Middle Initia VIVIANO, MARK, , MR., Mailing Address 105 NORTHFIELD RD	al) or Full O	Organization Name	Date of Receipt			
	City	State	Zip Code	09 30 2017 Transaction ID : PR1541058556261			
	LONGMEADOW	MA	01106-2143	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.50			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P INVESTMENT OPERATIONS	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)			
В.	Full Name of Individual (Last, First, Middle Initia GORDON, Michael, B., ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 4909 DOVER CT NW			09 30 2017			
	City ALBUQUERQUE	State NM	Zip Code 87114-5449	Transaction ID : PR1541746756261 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)			
с.	Full Name of Individual (Last, First, Middle Initia MARTINEZ, MARGEE, D., ,	al) or Full O	organization Name	Date of Receipt			
	Mailing Address 1200 ALHAMBRA CIR			09 30 2017			
	City CORAL GABLES	State FL	Zip Code 33134-3532	Transaction ID : PR1541766456261 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		41.70			
SELF			upation (for Individual) URANCE AGENT	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)			
s	UBTOTAL of Receipts This Page (optional)		•	105.20			
Т	OTAL This Period (last page this line number of	nly)	•				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIFIS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17					
Any information copied from such R or for commercial purposes, other th	leports and Statements ma nan using the name and a	y not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)			0					
ightarrow Massachusetts Mutual	Life Insurance Co	mpany Political Action	Committee					
Full Name of Individual (Last, Fir A. SWEENEY, BRIAN, S, MR.,		rganization Name	Date of Receipt					
Mailing Address 67 CORNERST			09 / D D / Y Y Y Y 2017					
City SOUTH WINDSOR	State CT	Zip Code 06074-2373	Transaction ID : PR1554644256261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		23.08					
Name of Employer (for Individual MASSACHUSETTS MUTUAL LIF		pation (for Individual) IONAL SALES MANAGER	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)					
Full Name of Individual (Last, Fir B. HUFF, WILLIAM, B., ,	st, Middle Initial) or Full Or	rganization Name	Date of Receipt					
Mailing Address 2617 E 3330 S			09 30 2017					
City ST GEORGE	State UT	Zip Code 84790-7291	Transaction ID : PR1554873656261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individua SELF	,	ipation (for Individual) JRANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 212,50	P/R Deduction (\$17.50 Semi-Monthly)					
Full Name of Individual (Last, Fir LEONARD, TARYN, , N		rganization Name	Date of Receipt					
Mailing Address 49 MAGAZINE S			09 / D D / Y Y Y Y Y 09 30 2017					
City CAMBRIDGE	State MA	Zip Code 02139-3909	Transaction ID : PR1560527856261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		53.90					
Name of Employer (for Individual BARINGS LLC	,	pation (for Individual) AGING DIRECTOR	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 539.00	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) DEAEIDTA

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
11			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1	17				
	y information copied from such Reports and Si for commercial purposes, other than using the								
$\setminus$	NAME OF COMMITTEE (In Full)	-							
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action C	Committee					
<u>к</u>	Full Name of Individual (Last, First, Middle Init PICKEN, TODD, , MR.,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 27 GREY OAK LN			09 30 2017					
	City	State	Zip Code	Transaction ID : PR1560539256261					
	WHATELY	MA	01093	_ Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.80					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) RPORATE VICE PRESIDENT - TRE	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼	_ · · ·	308.00	P/R Deduction (\$15.40 Bi-Weekly)					
			4						
В.	Full Name of Individual (Last, First, Middle Init JAEGGI, RACHEL, , MS.,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 29 HOFFMANN RD			09 30 2017					
	City	State	Zip Code	Transaction ID : PR1564484356261					
	CANTON	СТ	06019-2151	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		77.00					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - OPERATIONS	Memo Item					
	Receipt For:		Year-to-Date ▼	-					
	Primary General	riggrogato		P/R Deduction (\$38.50 Bi-Weekly)					
	Other (specify) <b>v</b>	L	, 770.00						
C.	Full Name of Individual (Last, First, Middle Init RASCH, KEVIN, , MR.,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 48 FOX DEN RD			09 / 09 / 2017					
	City WEST SIMSBURY	State CT	Zip Code 06092-2217	Transaction ID : PR1569232356261					
			00092-2217	Amount of Each Receipt this Period	_				
	FEC ID number of contributing federal political committee.	C		115.40					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) & ASSISTANT GENERAL COUNSE	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V	1					
	Other (specify)		1154.00	P/R Deduction (\$57.70 Bi-Weekly)					
⊢	UBTOTAL of Receipts This Page (optional)			223.20	]				
1 '	and this i chou has page this line number (	····y/······	•••••••••••••••••••••••••••••••••••••••						

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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)					
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	17		
Any information copied from such Report or for commercial purposes, other than	orts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committe	erson for th	e pur	pose of	soliciting	, contribu	tions		
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual L	ife Insurance Co	mpany Political Action	Commi	ttee	•					
Full Name of Individual (Last, First, DAMICO, ROBERT, P., ,	Middle Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 1259 FIVE MILE LI			09		D D 30	/ Y	ү ү 2017	Y		
City WEBSTER	State NY	Zip Code 14580-2545					32815626 is Period			
FEC ID number of contributing federal political committee.	C						25.	00		
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	educti	ion (\$12.	50 Semi-	Monthly)			
Full Name of Individual (Last, First, B. DEBLOIS, WILLIAM, , MR.,	Middle Initial) or Full O				eceipt					
Mailing Address 11 JAMESON DR					09 / D D / Y Y Y Y Y 2017					
City	State	Zip Code	Trar	nsact	ion ID :	PR15818	37995626	1		
REHOBOTH	MA	MA 02769-2039 C Occupation (for Individual) MANAGING DIRECTOR			Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C				77.00					
Name of Employer (for Individual) BARINGS LLC					Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	P/R De	educti	on (\$38.	50 Bi-We	ekly)			
Full Name of Individual (Last, First, C. ALLEN, KATHLEEN, MA,		rganization Name	Date	of Re	eceipt					
Mailing Address 149 LINCOLN RD			M 09		30	/ Y	2017	Y		
City LONGMEADOW	State MA	Zip Code 01106-2641					85695626 is Period			
FEC ID number of contributing federal political committee.	C				y i	, ,	30.	76		
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE I		upation (for Individual) HR		Memo	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.60	P/R De	educti	ion (\$15.	.38 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (or	ptional)			_	9	,	132.	76		
TOTAL This Period (last page this line	e number only)		· L.							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
IILIVIIZED REVEITIO		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ir	nsurance Co	mpany Political Actior	Committee					
Full Name of Individual (Last, First, Middle A. WEEKS, JOHN, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 18 PALLADIO PARK			09 / D D / Y Y Y Y 30 2017					
City O FALLON	State MO	Zip Code 63368-8510	Transaction ID : PR1602263856261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
Full Name of Individual (Last, First, Middle B. SIKARAS, JOHN, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 8516 W CLARA DR		7.0.1	M         M         /         D         D         /         Y					
City NILES	State IL	Zip Code 60714-2308	Transaction ID : PR1602274256261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
Full Name of Individual (Last, First, Middle C. VALLE-YANEZ, LORIE, , MS.,		rganization Name	Date of Receipt					
Mailing Address 575 MOUNTAIN RD			M M / D D / Y Y Y Y 09 30 2017					
City WEST HARTFORD	State CT	Zip Code 06117-1842	Transaction ID : PR1606911956261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - DIVERSITY & IN	ICI Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  769.20	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	l)		126.92					
TOTAL This Period (last page this line num	ber only)							

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ITEMIZED RECEIPTS		(check only one)							
			for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c 15	12	17
Any or f	v information copied from such Reports and St. or commercial purposes, other than using the	atements ma	y not be sold or used by any p ddress of any political committee	erson for the	purp	ose of s	oliciting	contribut	tions
1	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	tee				
<b>A</b> .	Full Name of Individual (Last, First, Middle Initi CWIKLA, THOMAS, , MR.,	al) or Full Oi	ganization Name	Date o	of Re	ceipt			
-	Mailing Address 9 DEER MDW			M 09		30	I L	ү ү 2017	
	City TOLLAND	State CT	Zip Code 06084-3256					91675626 is Period	1
	FEC ID number of contributing ederal political committee.	С				,	-9	40.0	00
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual) ERNAL WHOLESALER		/lemo	Item			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Dec	ductic	on (\$20.0	0 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initi BENOIT, GEORGE, , ,	al) or Full Oi	ganization Name	Date o	of Re	ceipt			
-	Mailing Address 69 JILLIAN WAY			09	/	D D D 30	/ Y	2017	Y
	City WESTPORT	State MA	Zip Code 02790-4231					9605626	1
ŀ	FEC ID number of contributing rederal political committee.	Occupation (for Individual) INSURANCE AGENT			Amount of Each Receipt this Period				
	Name of Employer (for Individual) SELF				Memo Item				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.30	P/R Dec	Juctio	on (\$20.7	7 Semi-	Monthly)	
	Full Name of Individual (Last, First, Middle Initi CARVAJAL, HUGO, X., ,	al) or Full O	ganization Name	Date o	of Re	ceipt			
-	Mailing Address 79 RIDGEVIEW DR	1		M 09	/	D D D 30	/ Y	2017 <sup>Y</sup>	Y
	City WOODLAND PARK	State NJ	Zip Code 07424-2719			-		41595626 is Period	1
	FEC ID number of contributing ederal political committee.	С				y	y	25.0	00
-	Name of Employer (for Individual) SELF		pation (for Individual) JRANCE AGENT		/lemo	Item			
ľ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Dee	ductio	on (\$12.5	0 Semi	-Monthly)	
รเ	JBTOTAL of Receipts This Page (optional)				-	,	9	106.7	70
тс	TAL This Period (last page this line number o	nly)	••••••	• L_		7			

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17	ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	★ 11a	11b	11c	12		17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	A not be sold or used by any per ddress of any political committee	rson for the	purpose of	soliciting	contrib	utions ittee.	17	
	NAME OF COMMITTEE (In Full)									
$\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committ	ee					
Α.	Full Name of Individual (Last, First, Middle Init GARABEDIAN, JIM, , ,	ial) or Full O	rganization Name	Date o	f Receipt					
	Mailing Address 1020 THACKERY LN			M M 09	09 30 2017					
	City NAPERVILLE	State IL	Zip Code 60564-3143		saction ID : t of Each R					
	FEC ID number of contributing federal political committee.	С				· ·	25	5.00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	м	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
В.	Full Name of Individual (Last, First, Middle Init HESS, Van, M., ,	ial) or Full O	rganization Name	Date o	f Receipt					
	Mailing Address 555 35TH ST		09 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	City	State	Trans	action ID :	PR16374	596562	61			
	MANHATTAN BEACH	CA	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			50.00					
	Name of Employer (for Individual) SELF	Occi INS	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	P/R Ded	P/R Deduction (\$30.00 Semi-Monthly)					
с.	Full Name of Individual (Last, First, Middle Init DRONAMRAJU, SRINIVAS, , MR		rganization Name	Date o	f Receipt					
	Mailing Address 28 ALLEN RIDGE DR			M M 09	/ D D 30	) / Y	2017 <sup>°</sup>	Y		
	City ELLINGTON	State CT	Zip Code 06029-3666		saction ID : t of Each R					
	FEC ID number of contributing federal political committee.	С			, , ,	,		5.40		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) - ENTERPRISE INFORMATION R		emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1154.00	P/R Deduction (\$57.70 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•		. , .	.,	190	).40		
т	OTAL This Period (last page this line number of	only)	•							

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12					
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	ng the hame and a							
Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committee					
Full Name of Individual (Last, First, Mide HICKS, RYAN, C., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1350 ROYAL PARK BL			09 30 2017					
City SOUTH PARK	State PA	Zip Code 15129-8929	Transaction ID : PR1645235156261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		41.70					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)					
Full Name of Individual (Last, First, Mide B. MARTIN, TIMOTHY, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7660 HOLCOMB RD			09 / D D / Y Y Y Y 30 2017					
City CLARKSTON	State MI	Zip Code 48348-4344	Transaction ID : PR1645259456261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		12.50					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 202.28	P/R Deduction (\$17.04 Semi-Monthly)					
Full Name of Individual (Last, First, Mide C. GRIFFITH, Matthew, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 517 NW 156TH CIR			09 / 09 / 2017					
City EDMOND	State OK	Zip Code 73013-2087	Transaction ID : PR1645265356261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		66.70					
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.30	P/R Deduction (\$33.27 Semi-Monthly)					
SUBTOTAL of Receipts This Page (option	al)		120.90					
TOTAL This Period (last page this line nu	mber only)							

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ITEMIZED RECEIPTS				(check only one)					
11			for each category of the Detailed Summary Page	¥ 11a 13	11b	11c	12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	A point be sold or used by any pers address of any political committee to	on for the	purpose of	soliciting	contribut	tions	
$\setminus$	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insu	Committee							
Α.	Full Name of Individual (Last, First, Middle Initi STEMPEL, DENNIS, , MR.,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 85 CHRISTOPHER LN			м м 09	/ D 30		y y 2017	Y	
	City FEEDING HILLS	State MA	Zip Code 01030-2616		action ID : t of Each F			1	
	FEC ID number of contributing federal political committee.	С				1 - 92-	23.	10	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) NIOR VICE PRESIDENT & GENER#	M	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	P/R Ded	uction (\$11	.55 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initi FERRERO, AMY, LY, MS.,	ial) or Full O	organization Name	Date of	Receipt				
	Mailing Address 42 STONEHILL RD		Zip Code	09 30 / Y Y Y Y 2017					
	City E LONGMEADOW	State MA	Transaction ID : PR1663791256261 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	53.84						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occi VIC	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initi ROSEN, PAUL, E., ,	ial) or Full O	organization Name	Date of	Receipt				
	Mailing Address 124 ISLE OF VENICE DR	1		09	/ D 30		2017	Y	
	City FORT LAUDERDALE	State FL	Zip Code 33301-1427		action ID : t of Each F			1	
	FEC ID number of contributing federal political committee.	С			25.00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE BROKER	M	emo Item				
Receipt For:       Aggrega         Primary       General         Other (specify)			Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
s	UBTOTAL of Receipts This Page (optional)						101.9	94	
Т	OTAL This Period (last page this line number of	only)	•						

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IT.			Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 11a 13		11b 14	11c 15	12	Г	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\square$	NAME OF COMMITTEE (In Full)												
$\rangle$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	tee								
Α.	Full Name of Individual (Last, First, Middle Initi PERRY, JONATHAN, S., ,	irst, Middle Initial) or Full Organization Name				Date of Receipt							
	Mailing Address 15 BROAD ST APT 2826					09 30 / Y Y Y Y 2017							
	City NEW YORK	State NY	Zip Code 10005-1991			i <b>on ID : I</b> Each Re							
	FEC ID number of contributing federal political committee.	C				33.40							
	Name of Employer (for Individual) SELF	Occu INS	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.60	P/R Deduction (\$16.54 Semi-Monthly)									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DOOP, KELLEN, B., ,					ceipt							
	Mailing Address 24701 VIA PRADERA					09 / D D / Y Y Y Y 2017							
	City CALABASAS	State CA	Zip Code 91302-1470			on ID : F							
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period										
	Name of Employer (for Individual) SELF	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$12.50 Semi-Monthly)										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HETTIGER, John, S., ,					ceipt							
	Mailing Address 12484 BURKE DR				09 / 09 / Y Y Y Y 09 / 30 / 2017								
	City CARMEL	State IN	Zip Code 46032-7284	Transaction ID : PR169249755           Amount of Each Receipt this Personal Content of Each Receipt the Person									
	FEC ID number of contributing federal political committee.						41.70						
	Name of Employer (for Individual) SELF	rer (for Individual) Occupation (for Individual) INSURANCE AGENT				Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$20.77 Semi-Monthly)										
s	UBTOTAL of Receipts This Page (optional)					,	,	10	00.10				
т	OTAL This Period (last page this line number o	nly)	•			_			-				

FEC Schedule A (Form 3X) Rev. 06/2016

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			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	<b>_</b>			
Ar	y information copied from such Reports and Si	tatements ma	Ay not be sold or used by any pe	rson for the	purpose of	15 soliciting	contribu	17 tions			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit cor	ntributions fr	rom such	committ	ee.			
	NAME OF COMMITTEE (In Full)	ronoo ()-	mony Dolitical Action	Com:++	~~						
$\square$	Massachusetts Mutual Life Insu			Committe	ee						
Α.	Full Name of Individual (Last, First, Middle Init MILLER, BRYCE, L., ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name LER. BRYCE, L.,									
/ 31	Mailing Address 6017 BLACK HEATH DR				Date of Receipt						
	City	09 30 2017									
	City FORT MILL	State SC	Zip Code 29707-2534	Transaction ID : PR17022973 Amount of Each Receipt this Pe				1			
	FEC ID number of contributing federal political committee.	C					50.	00			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.57	P/R Deduction (\$25.89 Semi-Monthly)							
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name YOUSSEFI, ANTHONY, W., ,				Receipt						
	Mailing Address 7928 KIRKFIELD DR	09 30 2017									
	City	State	Zip Code	Trans	action ID : I	PR17023	0035626	1			
	NASHVILLE	TN	37211-4697	Amount	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			-	25.	00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Semi-Monthly)							
	Other (specify) V	L	212,50								
<u></u> с.	Full Name of Individual (Last, First, Middle Init CHAVIS, Nicholas, S., ,	Date of	Receipt								
	Mailing Address 3411 COLLIER CT	м м 09	/ D D 30	/ Y	2017	Y					
	City GLEN ALLEN	State VA	Zip Code 23060-2500		action ID :			1			
	FEC ID number of contributing	C					25.	00			
	federal political committee.	C			y	. y	20.	00			
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	M	emo Item						
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify)		225.00	P/R Ded	uction (\$12.	50 Semi-	Monthly)				
s	UBTOTAL of Receipts This Page (optional)		•	<u>ا</u>	, , , ,	5	100.0	00			

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11	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	×			11b	11c	12		17	
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any pe	erson fo	13 or the	pur	14 pose of	soliciting	g contrib	outions	17
		e name and a		to son			utions i	TOTT SUC	n comm	mee.	
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	urance Co	mpany Political Action	Com	mitt	ee					
Α.	Full Name of Individual (Last, First, Middle In PUCKETT, RYAN, , ,	itial) or Full C	rganization Name	D	ate o	f Re	eceipt				
	Mailing Address 4115 HICKORY ROCK DR			09 / D D / Y Y Y Y 09 30 2017							
	City POWELL	State OH	Zip Code 43065-7330	Transaction ID : PR1702333856261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		М	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	R Ded	luctio	on (\$12.	.50 Semi	i-Monthly	()		
В.	Full Name of Individual (Last, First, Middle In FICHTER, ROBERT, , , Mailing Address 4277 HICKORY ROCK DR	itial) or Full C	rganization Name	_	ate o	f Re	·			V	
		State	Zin Codo		м м 09	/	30	/ Y	2017	Y	
	City POWELL	State OH	Zip Code 43065-7334						3339562 nis Peric	-	
	FEC ID number of contributing federal political committee.	С			inioun					5.00	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/I	R Ded	uctio	on (\$12.	50 Semi	-Monthly	·)	
с.	Full Name of Individual (Last, First, Middle In THOMAS, RYAN, , ,	itial) or Full C	rganization Name		ate o	f Re	eceipt				
	Mailing Address 468 SOUTHBURY LN			] [	<sup>M</sup> 09	1	30		2017	Y	
	City CHICO	State CA	Zip Code 95973-8207	A					9834562 nis Peric		
	FEC ID number of contributing federal political committee.	С		ļ	-		y .	9	2	5.00	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00				lucti	on (\$12	.50 Sem	i-Monthly	/)	
s	UBTOTAL of Receipts This Page (optional)		•••••		-		,		7	5.00	]

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ITEN	IIZED RECEIPTS		for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) assachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee
A. FI Ma City FE fed Na SE	DIANAPOLIS C ID number of contributing eral political committee. me of Employer (for Individual)	State IN C Occ INS	Zip Code 46208-1532 upation (for Individual) URANCE AGENT Year-to-Date ▼ 425.00	Date of Receipt 09 / 30 / 2017 Transaction ID : PR1710289856261 Amount of Each Receipt this Period 50.00 Memo Item P/R Deduction (\$30.00 Semi-Monthly)
<b>B</b> . <u>0</u>	I Name of Individual (Last, First, Middle Initi RZELL, JENNIFER, , MS., iling Address 44 WESTWOODS DR	al) or Full C	Zip Code	Date of Receipt
CA FE fed Na MA	NTON C ID number of contributing eral political committee. me of Employer (for Individual) SSACHUSETTS MUTUAL LIFE INS.	СТ	upation (for Individual) E PRESIDENT & ACTUARY	Transaction ID : PR1717732356261         Amount of Each Receipt this Period         76.92         Memo Item
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)
<b>C</b> Ⅳ	I Name of Individual (Last, First, Middle Initi IORAN, Michael, F., , iling Address 9 W BROADWAY UNIT 60	al) or Full C	rganization Name	Date of Receipt
City	/ DSTON	State MA	Zip Code 02127-1039	Transaction ID : PR1717744856261
FE	C ID number of contributing eral political committee.	С		Amount of Each Receipt this Period
Na SE	me of Employer (for Individual) LF		upation (for Individual) URANCE AGENT	Memo Item
Re	Ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)
<u> </u>	TOTAL of Receipts This Page (optional)			168.62

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An	y information copied from such Reports and Sta		for each category of the Detailed Summary Page	✗     11a     11b     11c     12       13     14     15     16     17						
An or	y information copied from such Reports and Sta									
	for commercial purposes, other than using the	atements ma name and ac	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions						
$\backslash$	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee						
Α.	Full Name of Individual (Last, First, Middle Initia CLAERBOUT, ADAM, G., ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 7141 DICKINSON LN			09 30 2017						
	City INDIANAPOLIS	State IN	Zip Code 46259-5703	Transaction ID : PR1727248556261           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) SELF		pation (for Individual) JRANCE AGENT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
	Full Name of Individual (Last, First, Middle Initia CREEDEN, WILLIAM, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 701 ROYAL CT APT 302			09 30 / Y Y Y Y 2017						
	City	State	Zip Code	Transaction ID : PR1727258456261						
	CHARLOTTE	NC	28202-2751	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 212.50	P/R Deduction (\$15.00 Semi-Monthly)						
	Full Name of Individual (Last, First, Middle Initia PERCY, JASON, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 2535 E 26TH ST			09 30 / Y Y Y Y 2017						
	City TULSA	State OK	Zip Code 74114-4413	Transaction ID : PR1727261156261 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) SELF		pation (for Individual) IRANCE AGENT	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)						
⊢	UBTOTAL of Receipts This Page (optional)		F	75.00						

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X     11a       11b     11c       12       13     14       15     16       17		
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee		
A.		al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 17 AVON AVE			09 / D D / Y Y Y Y 09 30 2017		
	City CUMBERLAND	State RI	Zip Code 02864-1751	Transaction ID : PR1727277856261		
			02004-1751	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.85		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Other (specify) ▼		282.39	P/R Deduction (\$31.71 Semi-Monthly)		
в.	Full Name of Individual (Last, First, Middle Initi HANCOCK, DAWN, , ,	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 17247 SANDY KNOLL DR			09 30 2017		
	City	State	Zip Code	Transaction ID : PR1727286956261		
	OLNEY	MD	20832-2036	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , , , , , , , , , , , , , , , ,	P/R Deduction (\$12.50 Semi-Monthly)		
С.	Full Name of Individual (Last, First, Middle Initi SHEAN, MICHAEL, J., ,	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 427 BONNIE BRAE RD			09 / D D / Y Y Y Y 2017		
	City HINSDALE	State IL	Zip Code 60521-2815	Transaction ID : PR1727302656261 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		83.40		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Other (specify)		750.60	P/R Deduction (\$41.55 Semi-Monthly)		
s	UBTOTAL of Receipts This Page (optional)		•	129.25		
т	OTAL This Period (last page this line number o	nly)	••••••			

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IT.			Use separate schedule(s)	(check only one)						
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13		11b	11c		12 16	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the	pur pontrib	pose of	soliciting	g cont	tributio	ons
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initi DOWNS, KEVIN, S., ,	ial) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 2777 CAPTAIN CT			09	л /	D D 30	/ Y	Y 201	17	ſ
	City DACULA	State GA	Zip Code 30019-7840				PR1728 eceipt th			
	FEC ID number of contributing federal political committee.	С						_	41.70	)
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemc	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.75	P/R De	ductio	on (\$33.:	28 Semi	-Mont	hly)	
В.	Full Name of Individual (Last, First, Middle Initi STARK, TIMOTHY, D., ,	ial) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 4402 POMONA RD						/ Y	, 201	7	
	City	State	Zip Code	Tran	sacti	on ID : I	PR17280	)6145	6261	
	DALLAS	TX	75209-2824	Amour	nt of	Each R	eceipt th	iis Pe	riod	
	FEC ID number of contributing federal political committee.	С	83.40					)		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.60	P/R Dec	ductio	on (\$41.8	55 Semi-	Mont	hly)	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi KAPLAN, BRIAN, , ,	ial) or Full O	rganization Name	Date o	of Re	ceipt				
	Mailing Address 300 E 71ST ST APT 16K			09	/	D D D 30	/ Y	201	7	
	City NEW YORK	State NY	Zip Code 10021-5242				PR1728 eceipt th			
	FEC ID number of contributing federal political committee.	С				y .	. <u>,</u>	_	50.00	)
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		/lemo	tem				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 425.00				on (\$30.	00 Semi	-Mont	:hly)	
s	UBTOTAL of Receipts This Page (optional)		•			,	9	1	175.10	)
Т	OTAL This Period (last page this line number of	only)							-	

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s) (c		(check only one)						
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b	11c 15	12	17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any persuddress of any political committee t	son for the p	ourpose of s	soliciting	contribut	tions			
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	Massachusetts Mutual Life Insu	rance Co	ompany Political Action C	Committe	e						
Α.	Full Name of Individual (Last, First, Middle Inite BENSON, Wendy, , MS.,	tial) or Full O	organization Name	Date of	Receipt						
	Mailing Address 270 ALLERTON COMMONS	_N		M M 09	/ D D 30	/ Y	ү ү 2017	Y			
	City BRAINTREE	State MA	Zip Code 02184-8248		action ID : F of Each Re			1			
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - WEALTH MANAGI		mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dedu	iction (\$38.4	l6 Bi-W€	ekly)				
в.	Full Name of Individual (Last, First, Middle Ini MICELI, JOSHUA, A., ,	tial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 6835 E CAMELBACK RD			09	/ D D 30	/ Y	2017	Y			
	City	State AZ	Zip Code		8065626	1					
	SCOTTSDALE	AZ	85251-3119	Amount	is Period						
	FEC ID number of contributing federal political committee.	C		29.20							
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Me	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.80	P/R Dedu	ction (\$14.5	i2 Semi-	Monthly)				
с.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	organization Name	Date of	Receipt						
	Mailing Address 349 OLD PAYNE PL			09	/ D D 30	/ Y	2017	Y			
	City SALTILLO	State MS	Zip Code 38866-8753		action ID : F			1			
				Amount	of Each Re	eceipt th	is Period	_			
	FEC ID number of contributing federal political committee.	С			9	. y	25.0	00			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Dedu	uction (\$12.5	50 Semi-	Monthly)				
s	UBTOTAL of Receipts This Page (optional)		•		,	,	131.1	12			

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

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IT.			Use separate schedule(s)	(check on	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a		11b	11c 15		Г	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	A not be sold or used by any pe address of any political committee	rson for the	purp	ose of	soliciting	contr	ributic	ons	
	NAME OF COMMITTEE (In Full)										
$\rangle$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi LEECH, JOHNNY, , , Jr	al) or Full O	rganization Name	Date c	of Rec	ceipt					
	Mailing Address 1107 CLAYTON AVE			09	09 30 / Y Y Y Y 2017						
	City TUPELO	State MS	Zip Code 38804-1822				PR17620 eceipt th				
	FEC ID number of contributing federal political committee.	С				,	- 45-		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	ductio	n (\$12.	50 Semi-	Month	ıly)		
В.	Full Name of Individual (Last, First, Middle Initi LOPEZ, BAVY, U., ,	al) or Full O	rganization Name	Date o	of Rec	ceipt					
	Mailing Address 2060 ELIZA GLYNNE LN			09	/	D D D 30	/ Y	2017			
	City	State	Zip Code				PR17621				
	KNOXVILLE	TN	37931-3681	Amoun	nt of E	Each Re	eceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	C				50.00					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Dec	luctio	n (\$25.0	)0 Semi-	Month	ıly)		
с.	Full Name of Individual (Last, First, Middle Initi CURRY, PIERS, L., , II	al) or Full O	rganization Name	Date o	of Rec	ceipt					
	Mailing Address 8901 MAGNOLIA CHASE CIR			09		D D D 30	L	201	7		
	City TAMPA	State FL	Zip Code 33647-2220			-	PR1762				
	FEC ID number of contributing federal political committee.	С				y			25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		1emo	Item					
	Receipt For: Primary General Other (specify)	eneral Aggregate Year-to-Date ▼ 212.50				P/R Deduction (\$15.00 Semi-Monthly)					
s	UBTOTAL of Receipts This Page (optional)		•			9	,	1	00.00	)	
Т	OTAL This Period (last page this line number o	nly)	•			,			-		

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TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	_		_					
$ angle$ Massachusetts Mutual Life II	nsurance Co	mpany Political Action	n Committee					
Full Name of Individual (Last, First, Middl A. STUCKEY, DOMENICA, S., ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6113 COUNTRYVIEW LN	1		09 30 2017					
City RALEIGH	State NC	Zip Code 27606-9255	Transaction ID : PR1774172456261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
Full Name of Individual (Last, First, Middl B. GRIFFITH, DONALD, , MR.,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 46 PINEWOOD DR			09 30 2017					
City	State MA	Zip Code	Transaction ID : PR1779022356261					
LONGMEADOW FEC ID number of contributing federal political committee.	C	01106-1638	Amount of Each Receipt this Period					
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - COMPLIANCE	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middl C. WEST, JODIE, B., ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6024 CRESTRIDGE LN			09 30 / Y Y Y Y 2017					
City SACHSE	State TX	Zip Code 75048-6500	Transaction ID : PR1779057956261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)					
SUBTOTAL of Receipts This Page (optiona	l)		126.92					

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

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Coneck only one)       Image: X 11a       11b       11c       12       13       14       15       16       17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	mpany Political Action	Committee			
Α.	Full Name of Individual (Last, First, Middle Initia RUTHERFORD, KELLY, J, MS.,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 15 FIELD DR			09 / D D / Y Y Y Y 2017			
	City SIMSBURY	State CT	Zip Code 06070-1207	Transaction ID : PR1824106356261           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.50			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occu AVP	pation (for Individual) HR	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)			
в.	Full Name of Individual (Last, First, Middle Initia MIRRA, GERALD, M., ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 2520 ROUND POINTE DR	09 / D D / Y Y Y Y 2017					
	City HAVERSTRAW	State NY	Zip Code 10927-2136	Transaction ID : PR1824619756261 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)			
С.	Full Name of Individual (Last, First, Middle Initia POURI, Amir, J., ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 15021 VENTURA BLVD			09 30 / Y Y Y Y 2017			
	City SHERMAN OAKS	State CA	Zip Code 91403-2442	Transaction ID : PR1824621556261 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		12.50			
	Name of Employer (for Individual) SELF		pation (for Individual) IRANCE AGENT	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)			
s	UBTOTAL of Receipts This Page (optional)		••••••	76.00			
т	OTAL This Period (last page this line number or	וy)	••••••				

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			Use separate schedule(s)	(check or	(check only one)						
111	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	Г	17	
An or	y information copied from such Reports and St	atements ma name and a	l ay not be sold or used by any pe ddress of any political committee	erson for the	e pur ontrik	pose of	soliciting	g contr	ibutic	ns	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	ttee						
	Full Name of Individual (Last, First, Middle Initi BAKER, BRIAN, E., ,	al) or Full O	rganization Name	Date	of Re	eceipt					
	Mailing Address 205 ARCHWAY CT			M 09		D D D 30	/ Y	201	Y Y 7		
	City LYNCHBURG	State VA					PR18288 eceipt th				
	FEC ID number of contributing federal political committee.	С							25.00		
	Name of Employer (for Individual)		upation (for Individual) URANCE AGENT		Memo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	ducti	on (\$12.	50 Semi-	-Month	ıly)		
В.	Full Name of Individual (Last, First, Middle Initi KROLL, DAVID, R., ,	al) or Full O	rganization Name	Date	of Re	eceipt					
	Mailing Address 5501 E GRANDVIEW RD					30	/ Y	y 2017	Y Y 7	]	
	City	State	Zip Code				PR18289				
	SCOTTSDALE	AZ	85254-1173	Amou	nt of	Each R	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	C				25.00					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Memo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R De	ducti	on (\$12.	50 Semi-	Month	ly)		
	Full Name of Individual (Last, First, Middle Initi COBURN, CHRISTOPHER, , MR.		rganization Name	Date	of Re	eceipt					
	Mailing Address 21 BAYBERRY DR			M 09		30	/ Y	y 2017			
	City EASTHAMPTON	State MA	Zip Code 01027-2735				PR1841				
	FEC ID number of contributing federal political committee.	С				y .	y	;	38.50	)	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) MARKETING		Memo	o Item					
	Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-to-Date V					25 Bi-We	eekly)			
SI	JBTOTAL of Receipts This Page (optional)		•••••		-	, .	. ,	ş	88.50		
т	OTAL This Period (last page this line number o	nly)	••••••						-		

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	*	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	_										
Aassachusetts Mutual Lif	e Insurance Co	mpany Political Actior	ı Committee								
Full Name of Individual (Last, First, M A. COOPER, DANE, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6 CONIFER CIR NE			09 / D D / Y Y Y Y 2017								
City ATLANTA	State GA	Zip Code 30342-4303	Transaction ID : PR1841462056261 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)								
Full Name of Individual (Last, First, N B. CHIPPER, JEFFREY, S., ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 527 LIBERTY DR			09 / 09 / 2017								
City	State	Zip Code	Transaction ID : PR1857099556261								
YARDLEY FEC ID number of contributing federal political committee.	C	19067-4538	Amount of Each Receipt this Period								
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.75	P/R Deduction (\$33.28 Semi-Monthly)								
Full Name of Individual (Last, First, M JESTINGS, WENDY, L., ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2284 PORTERS PO	NT RD		09 / D D / Y Y Y Y Y 30 2017								
City COLCHESTER	State VT	Zip Code 05446-9513	Transaction ID : PR1857124356261 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		29.20								
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 248.20	P/R Deduction (\$17.44 Semi-Monthly)								
SUBTOTAL of Receipts This Page (opt	ional)		95.90								
TOTAL This Period (last page this line	number only)										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life II	nsurance Co	ompany Political Actior	n Committee
A. SCHULMAN, GABRIEL, , ,			
Mailing Address 385 GRAND ST APT L14			09 / D D / Y Y Y Y 2017
City NEW YORK	State NY	Zip Code 10002-3968	Transaction ID : PR1869366256261           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		33.40
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.60	P/R Deduction (\$16.54 Semi-Monthly)
Full Name of Individual (Last, First, Middl B. ROBERTS, PHILIP, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2552 N BOURBON ST			09 30 2017
City ORANGE	State CA	Zip Code 92865-3023	Transaction ID : PR1903660456261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) SELF		upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
Full Name of Individual (Last, First, Middl C. LOERA, GENESIS, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 15103 MAGNOLIABOUG	ih pl		09 30 / Y Y Y Y 2017
City CYPRESS	State TX	Zip Code 77429-5232	Transaction ID : PR1903661556261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
SUBTOTAL of Receipts This Page (optiona	l)		83.40
TOTAL This Period (last page this line num	ber only)		

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ı <del>ب</del>			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         □	17				
	y information copied from such Reports and St for commercial purposes, other than using the			son for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action (	Committee					
Α.	Full Name of Individual (Last, First, Middle Init KENNEDY, Jack, FR, MR.,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 51 ANDREW DR			09 30 / Y Y Y Y 2017					
	City CANTON	State CT	Zip Code 06019-5001	Transaction ID : PR1913873356261					
			00013 3001	_ Amount of Each Receipt this Period	_				
	FEC ID number of contributing federal political committee.	C		76.92					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	MASSACHUSETTS MUTUAL LIFE INS.	VIC	E PRESIDENT - DISTRIBUTION S	1					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) V		769.20	P/R Deduction (\$38.46 Bi-Weekly)					
			<u>4</u> <u>7</u> <u>1</u> <u>4</u> <u>7</u> <u>1</u> <u>4</u> <u>8</u> <u>1</u>						
в.	Full Name of Individual (Last, First, Middle Init BREHART, PHILIP, AL, MR.,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 266 MOUNTAIN RD			09 30 2017					
	City	State	Zip Code	Transaction ID : PR1929626056261					
	WILBRAHAM	MA	01095-1750	_ Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) SINESS CONSULTANT	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼	_					
	Primary General Other (specify) V	, iggi oguto	500.00	P/R Deduction (\$25.00 Bi-Weekly)					
			, , , , , , , , , , , , , , , , , , , ,						
с.	Full Name of Individual (Last, First, Middle Init CORBETT, Tim, TI, MR.,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 11 MOUNTAIN SPRING RD			09 30 2017					
	City	State	Zip Code	Transaction ID : PR1929995856261					
	FARMINGTON	СТ	06032-1612	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		384.60					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual)  A CHIEF INVESTMENT OFFICER	Memo Item					
	Receipt For:	I	Year-to-Date ▼						
	Primary General Other (specify)		3846.00	P/R Deduction (\$192.30 Bi-Weekly)					
	UBTOTAL of Receipts This Page (optional)			511.52					
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IT.			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15		2 6	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	rson for the to solicit co	purpose of purpose of	soliciting	j contr h com	ributio imitte	ons	
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Init O'CONNELL, TIMOTHY, D., ,	ial) or Full O	rganization Name	Date o	Date of Receipt					
	Mailing Address 15 WEBSTER PL			M N 09	09 30 / Y Y Y Y Y					
	City NEWTOWN	State CT	Zip Code 06470-1837		saction ID : nt of Each F					
	FEC ID number of contributing federal political committee.	С			· · · ·	-		12.50	0	
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.58	P/R Dec	duction (\$17	.38 Semi	-Month	hly)		
в.	Full Name of Individual (Last, First, Middle Init FREDERICK, Christine, , MS.,	ial) or Full O	rganization Name	Date o	of Receipt					
	Mailing Address 2 EMERSON LN			M N 09	/ D 30		2017	7	Y	
	City	State	Zip Code	Trans	saction ID :	PR1934	31315	6261		
	GRANBY	СТ	06035-2713	Amour	nt of Each F	Receipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С			1 4		_	57.70	0	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) IIOR VICE PRESIDENT - COMPL		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 577.00	P/R Dec	duction (\$28	.85 Bi-We	∋ekly)			
с.	Full Name of Individual (Last, First, Middle Init GOLDSMITH, DANIEL, , ,	ial) or Full O	rganization Name	Date o	of Receipt					
	Mailing Address 1667 ARONA ST			M 09	/ D 30		201		Ŷ	
	City SAINT PAUL	State MN	Zip Code 55108-2351		saction ID : nt of Each F					
	FEC ID number of contributing federal political committee.	С			. , .	. ,	1	125.00	0	
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 842.31	P/R De	duction (\$62	2.50 Semi	-Montl	hly)		
s	UBTOTAL of Receipts This Page (optional)		•			,	1	95.20	0	
Т	OTAL This Period (last page this line number of	only)	•					-		

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т	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
11			for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the			son for the	purpose of	soliciting	contribut	ions	
$\setminus$	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Committ	ee				
Α.	Full Name of Individual (Last, First, Middle Init SMITH, ROBERT, J., , JR	ial) or Full O	Organization Name	Date of	Receipt				
	Mailing Address 2235 CASITAS WAY			09 30 2017					
	City PALM SPRINGS	State CA	Zip Code 92264-8202		action ID :			1	
	FEC ID number of contributing federal political committee.	С					66.	70	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433.55	P/R Ded	uction (\$66.)	62 Semi-	Monthly)		
В.	Full Name of Individual (Last, First, Middle Init JALLAN, LALIT, , ,	ial) or Full O	Organization Name	Date of	Receipt				
	Mailing Address 2114 CASTLEHEATH CT			09	/ D D 30	/ Y	2017	Y	
	City	State TX	Zip Code		action ID : I			1	
	KATY		77450-6072	Amount	t of Each R	eceipt thi	s Period		
	FEC ID number of contributing federal political committee.	C			7	- 4JPA	25.0	00	
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	M	emo Item				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>						
	Primary     General       Other (specify) ▼		225.00	P/R Ded	uction (\$12.5	50 Semi-I	Monthly)		
<u> </u>	Full Name of Individual (Last, First, Middle Init STEINHILBER, CARL, PA, MR.,	ial) or Full O	Organization Name	Date of	Receipt				
	Mailing Address 158 CHARLES ST			м м 09	/ D D 30	/ Y	y y 2017	Y	
	City	State CT	Zip Code	Trans	action ID :	PR19470	6245626	1	
	TOLLAND		06084-2258	Amount	t of Each R	eceipt thi	s Period		
	FEC ID number of contributing federal political committee.	С		I Li			38.	50	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) ES MANAGER	М	emo Item				
	Receipt For:	Aggregate	Year-to-Date ▼			_			
	Other (specify)		385.00	P/R Ded	uction (\$19.	25 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)					y	130.2	20	

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ITEMIZED RECEIPTS					(check only one)								
				for each category of the Detailed Summary Page	)	<b>4</b> 11a 13		11b	11c		2	17	
Any ir or for	nformation copied from such Reports and Sta commercial purposes, other than using the n	tements m ame and	nay r addr	not be sold or used by any pers ess of any political committee t	son to se	for the	pur ntrik	pose of	soliciting	g cont	ributio	ons	
\ \	ME OF COMMITTEE (In Full)				_	•							
∕ M	assachusetts Mutual Life Insura	ance Co	om	pany Political Action (	COI	mmitt	ee						
	I Name of Individual (Last, First, Middle Initia LUE, DOMINIC, , MR.,	l) or Full (	Orga	nization Name		Date o	f Re	eceipt					
	iling Address 28 EASTHAM LANE	1		1		M M / D D / Y Y Y Y 09 30 2017							
City LC	y DNGMEADOW	State MA		Zip Code 01106-2342	_				PR1947 eceipt th				
	C ID number of contributing leral political committee.	С						7			53.84	i I	
	me of Employer (for Individual) SSACHUSETTS MUTUAL LIFE INS.		•	tion (for Individual) DEPUTY GEN COUNS - CORP	(	М	lemo	tem					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 538.40	F	P/R Ded	lucti	on (\$26.	92 Bi-We	∍ekly)			
<b>B</b> . <u>R</u>	I Name of Individual (Last, First, Middle Initia EISEL, MICHAEL, J., ,		Orga	nization Name		Date o	f Re	eceipt					
Ma Cit	iling Address N71W31034 LOWER CLUB CIR	CIR W State Zip Code					09 30 2017 Transaction ID : PR1947076256261						
	, ARTLAND	WI		53029-8716					PR1947( eceipt th				
	C ID number of contributing eral political committee.	C									25.00	)	
Na SE	me of Employer (for Individual) LF		•	tion (for Individual) ANCE AGENT		М	lemo	tem					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)								
	I Name of Individual (Last, First, Middle Initia ROWN, MARC, A, MR.,	l) or Full (	Orga	nization Name		Date o	f Re	eceipt					
	iling Address 119 WINTERWOOD	1		1		09	1	30	/ Y	y 201			
City W	y INDSOR	State CT		Zip Code 06095-1052					PR1950 eceipt th				
FE	C ID number of contributing leral political committee.	С									35.00	)	
MA	me of Employer (for Individual) ASSACHUSETTS MUTUAL LIFE INS.		•	tion (for Individual) MATION RISK CONSULTANT		M	lemo	tem Item					
Re	ceipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 350.00	1	P/R Dec	ducti	on (\$17.	50 Bi-We	ekly)			
SUB	TOTAL of Receipts This Page (optional)			•				, .	. ,	1	13.84		
тоти	AL This Period (last page this line number or	ly)		•				-		_	- 49		

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IT?			Use separate schedule(s)	(check only one)						
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13		11b	11c		2 6 [	17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be sold or used by any pe	rson for the	purp	ose of	soliciting	conti	ributic	ons
<u> </u>	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Commit	tee					
	Full Name of Individual (Last, First, Middle Initi LINDQUIST, JEREMY, , ,	al) or Full O	Organization Name	Date o	of Red	ceipt				
	Mailing Address 6 ELIJAH HILL LN			09	1 /	D D 30	/ Y	ү 201	ΥΥΥ 7	
	City LONDONDERRY	State NH	Zip Code 03053-3958				PR19508 eceipt th			
	FEC ID number of contributing federal political committee.	С				<b>y</b>	- 7-		50.00	)
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT		1emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 402.18	P/R Dec	ductic	on (\$34.	56 Semi	Month	ıly)	
	Full Name of Individual (Last, First, Middle Initi BOUYEA, MICHAEL, , MR.,	al) or Full O	Organization Name	Date o	of Red	ceipt				
	Mailing Address 2 TIGGER LANE			09	/	о 30	/ Y	201	Y Y 7	
	City	State	Zip Code				PR19612			
	SOUTH HADLEY	MA	01075-3315	Amour	nt of I	Each R	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С				,	-		38.50	)
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P MASSMUTUAL WAY		lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 385.00	P/R Dec	ductio	ın (\$19.2	25 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initi LAROCHE, BRIAN, J., ,	al) or Full O	Organization Name	Date o	of Red	ceipt				
	Mailing Address 2009 COMPASS CIR			M 09	1 /	30	/ Y	201		
	City VIRGINIA BCH	State VA	Zip Code 23451-1713				PR1961: eceipt th			
	FEC ID number of contributing federal political committee.	С				, .	- y		50.00	)
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	P/R De	ductic	on (\$40.	00 Semi	-Montl	ıly)	
s	JBTOTAL of Receipts This Page (optional)		•			, ,	9	1	38.50	)
т	OTAL This Period (last page this line number o	only)	•••••			,			-	

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee					
Α.	Full Name of Individual (Last, First, Middle Initia ARRANTS, BERKELY, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6036 POST OAK GREEN LN	Ototo	Zin Oode	09 / D D / Y Y Y Y 09 30 2017					
	City HOUSTON	State TX	Zip Code 77055-5500	Transaction ID : PR1961263956261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		62.50					
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 762.50	P/R Deduction (\$135.00 Semi-Monthly)					
B	Full Name of Individual (Last, First, Middle Initia CHICK, STEVEN, E., ,	al) or Full Oi	rganization Name	Date of Receipt					
	Mailing Address 124 ELM ST			09 30 2017					
	City WILLIAMSTOWN	State MA	Zip Code 01267-2576	Transaction ID : PR1965200756261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400,00	P/R Deduction (\$35.00 Semi-Monthly)					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia ROBINETTE, CHRISTOPHER, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 201 HERBERT CT	Ctoto	Zip Code	09 30 2017					
	City BRENTWOOD	State TN	37027-7653	Transaction ID : PR1980140956261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.70					
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 306.56	P/R Deduction (\$34.52 Semi-Monthly)					
s	UBTOTAL of Receipts This Page (optional)		•	129.20					
т	OTAL This Period (last page this line number of	nly)	•						

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17			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	Г	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe address of any political committee	erson for th	e pui contril	rpose of	soliciting	contr	ributio	ons
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	rance Co	ompany Political Action	Commi	ttee	<b>;</b>				
Α.	Full Name of Individual (Last, First, Middle Initi BRYAN, KATHRYN, , ,	al) or Full O	Organization Name	Date	of R	eceipt				
	Mailing Address 29900 EMERY RD			09		D D D 30	/ Y	y 201		
	City CHAGRIN FALLS	State OH	Zip Code 44022-1664				PR1980 <sup>-</sup> eceipt th			
	FEC ID number of contributing federal political committee.	С							29.20	)
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT		Mem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.80	P/R De	educt	ion (\$14.	52 Semi-	Month	ıly)	
в.	Full Name of Individual (Last, First, Middle Initi FEMIA, JOSEPH, J., ,	al) or Full O	Organization Name	Date	of R	eceipt				
	Mailing Address 505 W 37TH ST APT 12			M 09		30	/ Y	y 2017	Y Y 7	
	City	State	Zip Code				PR19932			
	NEW YORK	NY	10018-1257	Amou	int of	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С				-y	-	2	25.00	)
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT		Mem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	educti	ion (\$12.	50 Semi-	Month	ly)	
с.	Full Name of Individual (Last, First, Middle Initi FOWLER, IAN, M, MR.,	al) or Full O	Organization Name	Date	of R	eceipt				
	Mailing Address 301 CHEROKEE RD			M 09		D D D 30	/ Y	2017		
	City LAKE FOREST	State IL	Zip Code 60045-3062				PR2006 eceipt th			
	FEC ID number of contributing federal political committee.	С				y 1	y		77.00	)
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR		Mem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 770.00	P/R De	educt	ion (\$38.	50 Bi-We	ekly)		
⊢	UBTOTAL of Receipts This Page (optional)			E		y .	- y	1:	31.20	
1.1	OTAL This Period (last page this line number of	/····y/·····	▶	and the second se	-	-		the state		

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In F	- Full)							
Aassachusetts Mutu	ual Life Insurance Co	mpany Political Action	Committee					
Full Name of Individual (Last, SUSSMAN, EVAN, S., ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3201 BIRD A	.VE		09 30 Y Y Y Y Y 2017					
City	State	Zip Code	Transaction ID : PR2006650156261					
MIAMI		33133-4451	Amount of Each Receipt this Period					
FEC ID number of contributin federal political committee.	g C		25.00					
Name of Employer (for Individ	dual) Occi	upation (for Individual)	Memo Item					
SELF	INSU	URANCE AGENT						
Receipt For:		Year-to-Date 🔻						
Primary Gener	al	225.00	P/R Deduction (\$12.50 Semi-Monthly)					
Other (specify) ▼		7						
Full Name of Individual (Last,	First, Middle Initial) or Full O	rganization Name						
B. BOTNER, RYAN, J., ,	· · ·	0	Date of Receipt					
Mailing Address 1414 57TH A	VE S		09 30 / Y Y Y Y 2017					
City	State	Zip Code	Transaction ID : PR2006660056261					
FARGO	ND	58104-7215	Amount of Each Receipt this Period					
FEC ID number of contributin federal political committee.	<sup>g</sup> C		83.40					
Name of Employer (for Individ	,	upation (for Individual) URANCE AGENT	Memo Item					
Receipt For:	Angregate	Year-to-Date V						
Primary Gener Other (specify) ▼		, 750.60	P/R Deduction (\$41.55 Semi-Monthly)					
Full Name of Individual (Last, C. BACH, JOSHUA, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 101 28TH AV	/E NE		09 30 2017					
City	State	Zip Code	Transaction ID : PR2006660456261					
FARGO	ND	58102-1704	Amount of Each Receipt this Period					
FEC ID number of contributin federal political committee.	g C		41.70					
Name of Employer (for Individ	·	upation (for Individual) JRANCE AGENT	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$24.94 Semi-Monthly)					
Other (specify)		354.45						
SUBTOTAL of Receipts This P	age (optional)	•	150.10					
TOTAL This Period (last page t	his line number only)							

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any per address of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee
Α.	Full Name of Individual (Last, First, Middle Initia LACEY, Michael, P., ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4431 PERSHING AVE			09 / D D / Y Y Y Y 09 30 2017
	City DOWNERS GROVE	State IL	Zip Code 60515-2660	Transaction ID : PR2006677356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
в.	Full Name of Individual (Last, First, Middle Initia MOSHER, SCOTT, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2605 22ND AVE	Otata	Zin Onde	09 30 / Y Y Y Y 2017
	City MONROE	State WI	Zip Code 53566-3625	Transaction ID : PR2008481556261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE BROKER	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia MELITO, Michael, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 7 S MADISON AVE			09 / D D / Y Y Y Y 09 30 2017
	City UPPER DARBY	State PA	Zip Code 19082-2818	Transaction ID : PR2008483456261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			75.00
Т	OTAL This Period (last page this line number or	nly)	•	

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ITEMIZED RECEIPTS		(che	(check only one)										
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2	17		
Any in or for	formation copied from such Reports and Sta commercial purposes, other than using the	atements ma name and ad	l ay not be sold or used by any pe ddress of any political committee	erson to so	for the	l pur htrib	pose of	soliciting	g cont	ributio	ons		
	ME OF COMMITTEE (In Full)												
∕ Ma	assachusetts Mutual Life Insur	ance Co	mpany Political Action	Cor	nmitt	ee							
<b>A</b> . AL	Name of Individual (Last, First, Middle Initia EMANY ROJAS, TOMASZ, , ,	al) or Full O	rganization Name		Date of Receipt								
	ling Address 145 GABLES BLVD				<sup>M</sup> 09	1	30		201	100			
City WE	ESTON	State FL	Zip Code 33326-5501					PR20084 eceipt th					
	C ID number of contributing aral political committee.	С					- <b>J</b> -			50.00	)		
SEL			upation (for Individual) URANCE AGENT		M	emo	tem						
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P	/R Ded	ucti	on (\$25.	00 Semi	-Montl	hly)			
Full B. Ch	Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt						
Mai	ling Address 6010 CELEDON CRK				м м 09	1	D D D 30	/ Y	y 201				
City		State	Zip Code					PR2008					
PL/	AYA VISTA	CA	90094-2349	- :	Amount	t of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.						25.00						
Nar SEL	ne of Employer (for Individual) F		upation (for Individual) URANCE AGENT		M	emo	ltem						
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P	/R Ded	uctio	on (\$12.:	50 Semi-	-Montł	nly)			
	Name of Individual (Last, First, Middle Initia OPOLSKI, JOSEPH, R., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	ling Address 10 LONG QUARTER RD				M M 09	1	30	/ Y	ү 201				
City NE	W FREEDOM	State PA	Zip Code 17349-8343				-	PR2011					
	C ID number of contributing eral political committee.	С					,	. ,		25.00	)		
SEI			upation (for Individual) JRANCE AGENT		M	emo	tem						
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.56	F	P/R Ded	ucti	on (\$15.	.39 Semi	-Mont	hly)			
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	¥ 11a 11b 11c	12					
Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)	g the name and a	duces of any political committee							
Massachusetts Mutual Life In	nsurance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middl A. BELLETSKY, MARC, R, MR.,		rganization Name	Date of Receipt						
Mailing Address 9 MOOSEHORN HILL R				017					
City WEST GRANBY	State CT	Zip Code 06090-1007	Transaction ID : PR2012004           Amount of Each Receipt this F						
FEC ID number of contributing federal political committee.	C			30.80					
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) /ANCED MARKETS CONSULTAN	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$15.40 Bi-Week	y)					
Full Name of Individual (Last, First, Middl <b>B.</b> ROBERTSON, WILLIAM, S., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5100 FM 126				017					
City NOLAN	State TX	Zip Code 79537-1702	Transaction ID : PR20166233 Amount of Each Receipt this F						
FEC ID number of contributing federal political committee.	С			50.00					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)						
Full Name of Individual (Last, First, Middl C. ENNIS, Richard, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3318 CRESWELL ST	State	Zip Code		017					
PHILADELPHIA	PA	19129-1707	Amount of Each Receipt this F						
FEC ID number of contributing federal political committee.	С			25.00					
Name of Employer (for Individual) SELF									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Mo	nthly)					
SUBTOTAL of Receipts This Page (optiona	l)	•••••	· · · · · · · · · · · · · · · · · · ·	105.80					
TOTAL This Period (last page this line num	ber only)	••••••		- 40					

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ı <del>ب</del>			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
$\setminus$	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee					
Α.	Full Name of Individual (Last, First, Middle Init TABORDA, FAVIO, J., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 231 MENDOZA AVE			09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	City CORAL GABLES	State FL	Zip Code 33134-3943	Transaction ID : PR2016646456261           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE BROKER	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)					
в.	Full Name of Individual (Last, First, Middle Init SCOTT, SETH, M., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 1127 BALDWIN ST			09 30 / Y Y Y Y 2017					
	City	State PA	Zip Code	Transaction ID : PR2016658056261					
	MECHANICSBURG FEC ID number of contributing federal political committee.	C	17055-3935	Amount of Each Receipt this Period 41.70					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Receipt For:	1.1.5							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 301.89	P/R Deduction (\$35.45 Semi-Monthly)					
с.	Full Name of Individual (Last, First, Middle Init MURPHY, RICHARD, , MR.,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 67 SEWALL WOODS RD			09 / D D / Y Y Y Y Y 09 30 2017					
	City MELROSE	State MA	Zip Code 02176-1709	Transaction ID : PR2020232356261           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) 9 SYSTEMS	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•	141.70					
т	OTAL This Period (last page this line number of	only)	••••••						

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177			Use separate schedule(s)	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	$\square$	11b	11c	12	г	17	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe Iddress of any political committee	rson for the	purp pontrib	oose of	soliciting	contri	ibutio	ns	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi FIORE, ANTHONY, , ,	al) or Full O	rganization Name	Date of	Date of Receipt						
	Mailing Address 31314 E RUTLAND ST			09 / D D / Y Y Y Y 2017							
	City BEVERLY HILLS	State MI	Zip Code 48025-5424				PR20237 eceipt th				
	FEC ID number of contributing federal political committee.	С				7	- 49-	2	25.00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		1emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	ductio	on (\$12.8	50 Semi-	Month	ly)		
в.	Full Name of Individual (Last, First, Middle Initi Shanahan, Daniel, J., ,	al) or Full O	organization Name	Date of Receipt							
	Mailing Address 8412 NORMAN ESTATES WA	Y	09		30	/ Y	2017				
	City	State	Zip Code 27613-5963				PR20239				
	RALEIGH	NC	Amour	nt of	Each Re	eceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) GENERAL INSURANCE AGENT			106.10						
	Name of Employer (for Individual) SELF				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1046.00	P/R Deduction (\$53.05 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi PROVENZANO, Louise, , MS.,	al) or Full O	organization Name	Date o	of Re	ceipt					
	Mailing Address 316 Wolcott Street			M 09	/	D D D 30	/ Y	2017		]	
	City Bristol	State CT	Zip Code 06010-6427				PR2030				
	FEC ID number of contributing federal political committee.	С				y.		;	30.80		
	Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co		upation (for Individual) nge Agent Consultant		/lemo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 308.00			on (\$15.4	40 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)		•			9	,	16	61.90		
т	OTAL This Period (last page this line number c	only)				,	-		-		

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life In	nsurance Co	mpany Political Actior	Committee							
Full Name of Individual (Last, First, Middl A. CONCEPCION, Luis, O, MR.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 12 Hawks Ridge			09 / D D / Y Y Y Y 09 30 2017							
City Avon	State CT	Zip Code 06001-4417	Transaction ID : PR2030723156261           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.50							
Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co		upation (for Individual) 2 & Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. NORRIS, RUSSELL, AR, MR.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 21 GREAVES RD W			09 / 0 / Y Y Y Y 2017							
City STAFFORD SPRINGS	State CT	Zip Code 06076-3018	Transaction ID : PR2030740256261							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) 9 GROUP BUSINESS	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)							
Full Name of Individual (Last, First, Middl C. ABRAMOWICZ, William, T, MI		rganization Name	Date of Receipt							
Mailing Address 723 Taft Road			09 / D D / Y Y Y Y 09 30 2017							
City Hinsdale	State IL	Zip Code 60521-4834	Transaction ID : PR2030743256261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.50							
Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co		upation (for Individual) ional Sales Manager	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	l)		107.76							
TOTAL This Period (last page this line num	ber only)									

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171			(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13		11b	11c		2	17	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per address of any political committee	rson for the	pur pontrib	pose of	soliciting	cont	ributio	ons	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi GLYNN, Dennis, E, MR.,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 37 Daniel Ridge			09	المتصلحا لمتنا التنا						
	City Westfield	State MA	Zip Code 01085-4151	Transaction ID : PR2030750556261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С							38.50	)	
	Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co		upation (for Individual) duct Management Consultant		/lemc	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R De	ductio	on (\$19.2	25 Bi-We	eekly)			
В.	Full Name of Individual (Last, First, Middle Initi ENGLERTH, Troy, K, MR.,	al) or Full O	Organization Name	Date o	of Re	ceipt					
	Mailing Address 7253 W Melinda Lane		M 09	/	<sup>D</sup> 30	/ Y	201	7			
	City	State	Zip Code	Tran	sacti	on ID : I	PR20307	75075	6261		
	Glendale	AZ	85308-9538	Amour	nt of	Each Re	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С	38.50						ס		
	Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occi AVF	Memo Item								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	P/R Deduction (\$19.25 Bi-Weekly)								
— c.	Full Name of Individual (Last, First, Middle Initi SEDORA, ANDREW, J., ,	al) or Full O	Organization Name	Date o	of Re	ceipt					
	Mailing Address 65 WIMBLETON WAY			09	/	30	/ Y	201	7	ſ	
	City RED LION	State PA	Zip Code 17356-8277			ion ID : Each Re					
	FEC ID number of contributing federal political committee.	С				y .			25.00	D	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemc	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	ducti	on (\$12.	50 Semi	-Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)					,	,	1	102.00	)	
т	OTAL This Period (last page this line number o	nly)	····· •			-			-		

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       Image: Mark 11 a mark 11 b mark 11 c mark 12 mark 13 mark 12 mark 15 mark 16 mark 17 mark 13 mark 12 mar					
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	ompany Political Action	Committee					
A.		l) or Full O	Organization Name	Date of Receipt					
	Mailing Address 2213 HAMRICK DR	Ctoto	Zin Code	09 / D D / Y Y Y 30 2017					
	City RALEIGH	State NC	Zip Code 27615-2512	Transaction ID : PR2038717656261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)					
в.	Full Name of Individual (Last, First, Middle Initia HARTUNG, BRET, A., ,	l) or Full O	Organization Name	Date of Receipt					
	Mailing Address 4317 N DAMEN AVE	State	Zip Code	09 / D / Y Y Y 2017					
	CHICAGO	IL	60618-1705	Transaction ID : PR2038720456261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1075.00	P/R Deduction (\$72.50 Semi-Monthly)					
С.	Full Name of Individual (Last, First, Middle Initia HAYWARD, JUSTIN, , ,	l) or Full O	Organization Name	Date of Receipt					
	Mailing Address 16 WESTON RD			09 / D D / Y Y Y Y 09 30 2017					
	City WELLESLEY	State MA	Zip Code 02482-6313	Transaction ID : PR2041714656261           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.70					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	191.70					
Т	OTAL This Period (last page this line number on	ly)							

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ITEMIZED RECEIPTS	,	Use separate schedule(s)	(check onl	y one)						
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17			
Any information copied from such Rep or for commercial purposes, other than	orts and Statements ma using the name and a	y not be sold or used by any pe ddress of any political committee	erson for the	purpose o	f soliciting	g contribu	tions			
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual L	ife Insurance Co	mpany Political Action	Committ	ee						
Full Name of Individual (Last, First, MCGEE, DANIEL, J, MR.,	Middle Initial) or Full O	rganization Name	Date o	Date of Receipt						
Mailing Address 10812 ALEXANDE			09	المتنا ليتبا ليتبا						
City CHARLOTTE	State NC	Zip Code 28277-2701		<b>saction ID</b> t of Each						
FEC ID number of contributing federal political committee.	C					115.	40			
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	M	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1154.00	P/R Ded	luction (\$57	7.70 Bi-We	eekly)				
Full Name of Individual (Last, First, B. LEE, SEAN, S., ,	Middle Initial) or Full O	rganization Name	Date o	f Receipt						
Mailing Address 18809 CHRISTINA	AVE		09	/ D		2017	Y			
City	State	Zip Code	Trans	action ID	: PR2050	56395626	1			
CERRITOS	CA	90703-8420	Amoun	t of Each	Receipt th	nis Period				
FEC ID number of contributing federal political committee.	C	С				17.	80			
Name of Employer (for Individual) SELF		Occupation (for Individual) INSURANCE AGENT			Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary     General       Other (specify) ▼		245.95	P/R Deduction (\$10.81 Semi-Monthly)							
Full Name of Individual (Last, First, PARENT, RACHEL, AY, I		rganization Name	Date o	f Receipt						
Mailing Address 5 PEMBROKE DR			09	/ D		2017	Y			
City SUFFIELD	State CT	Zip Code 06078-2096		saction ID t of Each						
FEC ID number of contributing federal political committee.	C			. , .	. ,	111.	12			
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE		upation (for Individual) E PRESIDENT - STRATEGIC DE		lemo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1111.20	P/R Dec	duction (\$5	5.56 Bi-W	eekly)				
SUBTOTAL of Receipts This Page (c	ptional)	······			y	244.	32			
TOTAL This Period (last page this lin	e number only)	····· •								

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee							
Full Name of Individual (Last, First, Mic A. HENDERLONG, MICHAEL, E, MF		rganization Name	Date of Receipt							
Mailing Address 41 BEAVER CREEK C	Г		09 / D D / Y Y Y Y 09 30 2017							
City	State	Zip Code	Transaction ID : PR2052379356261							
FAR HILLS	NJ	07931-2594	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		77.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
BARINGS LLC		NAGING DIRECTOR								
Receipt For:	Aggregate	Year-to-Date V	-							
Primary General			P/R Deduction (\$38.50 Bi-Weekly)							
Other (specify) <b>v</b>		770.00								
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name								
B. MORGAN, ADAM, , ,			Date of Receipt							
Mailing Address 4914 DOLLARD DR			09 / 30 / 2017							
City	State VA	Zip Code	Transaction ID : PR2076547256261							
RICHMOND	VA	23230-2417	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	-							
Other (specify) ▼		212.50	P/R Deduction (\$15.00 Semi-Monthly)							
Full Name of Individual (Last, First, Mic C. FORD, RUSSELL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4636 N KENWOOD AV	Έ		09 30 / Y Y Y Y 2017							
City	State	Zip Code	Transaction ID : PR2076550156261							
INDIANAPOLIS	IN	46208-3528	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		127.00							

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			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12				
Any informa	tion copied from such Reports and Si nercial purposes, other than using the	tatements ma	ny not be sold or used by any po	erson for th	e pu	14 rpose of	15 soliciting	16 g contribut	tions			
\	F COMMITTEE (In Full)				Jonun			Commu	<u>.                                    </u>			
\	achusetts Mutual Life Insul	rance Co	mpany Political Action	Commi	ttee	;						
A. SMITH	, BRUCE, D., ,	ial) or Full O	rganization Name	Date	Date of Receipt							
	BELLMORE FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF Receipt For: □ Primary □ General Other (specify) ▼ Full Name of Individual (Last, First, Middle I TODD, Lisa, MA, MS., Mailing Address 945 E BROADWAY City			09		30	) / Y	2017	Y			
City BELLMC	DRE	State NY	Zip Code 11710-5402		Transaction ID : PR2090184756261 Amount of Each Receipt this Period							
	0	С						25.0	)0			
SELF			upation (for Individual) JRANCE AGENT		Mem	o Item						
Pri	mary General	Aggregate	Year-to-Date ▼ 225.00	P/R De	educt	ion (\$12.	.50 Semi	-Monthly)				
		ial) or Full O	rganization Name	Date	of R	eceipt						
	ddress 945 E BROADWAY				) )	30	/ Y	2017	Y			
City BOSTON	N	StateZip CodeMA02127-2324						069756261 nis Period				
	number of contributing olitical committee.	Occupation (for Individual) AVP SALES						38.5	50			
Name of MASSAC	Employer (for Individual) HUSETTS MUTUAL LIFE INS.				Memo Item							
	For: mary General her (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)								
	e of Individual (Last, First, Middle Init N, DANIEL, L, MR.,	ial) or Full O	rganization Name	Date	of R	eceipt						
	ddress 7917 SKYE LOCHS DR	State	Zin Oode	09	9	30	JL	2017				
City WAXHA	W	NC	Zip Code 28173-7493					07165626 his Period	1			
	number of contributing olitical committee.	С		Ē		<b>y</b>	, ,	111.1	12			
BARING			upation (for Individual) IAGING DIRECTOR		Mem	o Item						
	-or: mary General ner (specify)	Aggregate	gregate Year-to-Date ▼ 1111.20			ion (\$55	.56 Bi-W	eekly)				
SUBTOTAI	L of Receipts This Page (optional)			E		, .	. ,	174.6	32			
TOTAL Thi	s Period (last page this line number o	only)	••••••			<u>.</u>						

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IT.			(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	1:	ſ	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the to solicit co	purpose pontribution	of solicitin	g contr	ributic mitte	ons		
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi SNITKO, CLARK, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4910 EL DON DR			M N 09	التنا لننا لتنا						
	City ROCKLIN	State CA	Zip Code 95677-3385			D: PR2119 Receipt t					
	FEC ID number of contributing federal political committee.	С						25.00	)		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Iten	ı					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	duction (\$	12.50 Sem	i-Month	וy)			
в.	Full Name of Individual (Last, First, Middle Initi MERRITT, SEARS, AN, MR.,	ial) or Full O	rganization Name	Date o	of Receipt						
	Mailing Address 18 CANTERBURY LN			09		30 / Y	2017	ΥΥΥ 7			
	City	State	Zip Code	Tran	saction II	) : PR2139	274456	6261			
	GROTON	MA	01450-4242	Amour	nt of Each	Receipt t	his Per	riod			
	FEC ID number of contributing federal political committee.	С			27.80						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP - DATA ANALYTICS			Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 278.00	P/R Dec	duction (\$ <sup>2</sup>	13.90 Bi-W	eekly)				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi COVE, David, , MR.,	ial) or Full O	rganization Name	Date o	of Receipt						
	Mailing Address 4043 BOWSER AVE			M 09		30	2017		ſ		
	City DALLAS	State TX	Zip Code 75219-3710			<b>D : PR213</b> Receipt t					
	FEC ID number of contributing federal political committee.	С			- y	.,		55.60	D		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) AGENCY FOCUS TEAM		lemo Iten	ו					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 556.00	P/R De	duction (\$	27.80 Bi-W	'eekly)				
s	UBTOTAL of Receipts This Page (optional)		•••••		y	. ,	1	08.40	)		
т	OTAL This Period (last page this line number of	only)	•		-			-			

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	-	Use separate schedule(s)	(check on	ly one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	17					
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committed	erson for the	purpose (	of soliciting	g contribu	tions					
NAME OF COMMITTEE (In Full)												
Aassachusetts Mutual Life	nsurance Co	mpany Political Action	Commit	tee								
Full Name of Individual (Last, First, Middl A. ALLEN, CHARLES, , ,	e Initial) or Full O	rganization Name	Date o	Date of Receipt								
Mailing Address 2503 HILLIARD RD			09	استخدا لختما احتما								
City HENRICO	State VA	Zip Code 23228-4503		saction ID								
FEC ID number of contributing federal political committee.	С					25.	00					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	duction (\$1	5.00 Semi	-Monthly)						
Full Name of Individual (Last, First, Middl B. MCCRAY, WILLIAM, , ,	e Initial) or Full O	rganization Name	Date o	of Receipt								
Mailing Address 230 FARM CT			09 / D D / Y Y Y Y 2017									
City	State GA	Zip Code 30075-4250		saction ID								
ROSWELL FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period							
Name of Employer (for Individual) SELF					Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)									
Full Name of Individual (Last, First, Middl C. IORIO, Dominick, , ,	e Initial) or Full O	rganization Name	Date o	of Receipt								
Mailing Address 41 HIGHLAND AVE			M 09		D / Y	2017 <sup>°</sup>	Y					
City MONMOUTH BEACH	State NJ	Zip Code 07750-1010		saction ID								
FEC ID number of contributing federal political committee.	С			. , .		2500.	00					
Name of Employer (for Individual) SELF		upation (for Individual) IERAL INSURANCE AGENT		lemo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	P/R De	duction (\$C	0.00 Semi-l	Vonthly)						
SUBTOTAL of Receipts This Page (optiona	l)			. , .	. ,	2550.0	00					
TOTAL This Period (last page this line nun	ber only)		. []									

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIPIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports	and Statements mand the name and a	ay not be sold or used by any p ddress of any political committe	13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ing the name and a									
Massachusetts Mutual Life	Insurance Co	mpany Political Actior	1 Committee							
Full Name of Individual (Last, First, Mide A. PIRONE, ERIC, P, MR.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 56 LINDA VISTA AVE			09 / D D / Y Y Y Y 09 30 2017							
City BELVEDERE TIBURON	State CA	Zip Code 94920-1957	Transaction ID : PR2154001156261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.40							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1154.00	P/R Deduction (\$57.70 Bi-Weekly)							
Full Name of Individual (Last, First, Mide <b>B.</b> YOFFEE, MICHAEL, D., ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9237 REGENTS RD UN			09 / Y Y Y Y 2017							
City LA JOLLA	State CA	Zip Code 92037-9215	Transaction ID : PR2154017256261							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 248,20	P/R Deduction (\$17.44 Semi-Monthly)							
Full Name of Individual (Last, First, Mide C. GROSS, Eric, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1761 VALLEJO ST			09 / D D / Y Y Y Y 2017							
City SAN FRANCISCO	State CA	Zip Code 94123-5051	Transaction ID : PR2154035256261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
SUBTOTAL of Receipts This Page (option	nal)		169.60							
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IT.		Use separate schedule(s)		(check on	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12		17		
	ny information copied from such Reports and Si for commercial purposes, other than using the										
$\left[ \right]$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Init O'CONNOR, D MICHAEL, , MR.,	ial) or Full O	rganization Name	Date o	Date of Receipt						
	Mailing Address 27 HIGH GATE DR			09	المتعامل المتبا المتبا						
	City AVON	State CT	Zip Code		saction ID :						
	AVON		06001-4111	Amoun	nt of Each F	Receipt t	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					21	.06			
	Name of Employer (for Individual)	Осси	upation (for Individual)	N	lemo Item						
	MASSACHUSETTS MUTUAL LIFE INS.	VICI	E PRESIDENT - DEFINED BENEF	FT							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		210.60	P/R Dec	duction (\$10	).53 Bi-W	eekly)				
	Other (specify) <b>V</b>		210.00								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name								
В.	STOKESBARY, KEVIN, E., ,		-	Date of Receipt							
	Mailing Address 7133 SAINT ANDREWS LN SI			09	/ D 30		2017	Y			
	City	State	Zip Code		saction ID :						
	SNOQUALMIE	WA	98065-9092	Amoun	nt of Each F	Receipt t	nis Perio	d	_		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) INSURANCE AGENT			50.00						
	Name of Employer (for Individual) SELF				Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼	-							
	Primary General			P/R Dec	duction (\$40	.00 Semi	-Monthly	)			
	Other (specify) <b>v</b>		375.00								
C.	Full Name of Individual (Last, First, Middle Init BROWN, SCOTT, DA, MR.,	ial) or Full O	rganization Name	Date o	of Receipt						
	Mailing Address 479 CHESTNUT ST			M _ M 09	/ D 30		2017	Y			
	City	State	Zip Code	Tran	saction ID :	: PR2166	4602562	261			
	WABAN	MA	02468-1204	Amoun	nt of Each F	Receipt t	nis Perio	d	_		
	FEC ID number of contributing federal political committee.	С					269	).24			
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) IAGING DIRECTOR		lemo Item						
	Receipt For:	Aggregate	Year-to-Date ▼	-							
	Primary General		2692.40	P/R Dec	duction (\$13	84.62 Bi-\	Veekly)				
	Other (specify)		2092.40								
s	UBTOTAL of Receipts This Page (optional)		•	F	· · · ·	,	340	0.30	]		
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ıт.					(check only one)						
11			for each category of the Detailed Summary Page	X	1a 3	11b	11c		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p address of any political committee	erson for	the p	urpose o	f soliciting	g con	tributi	ons	
	NAME OF COMMITTEE (In Full)										
$\rangle$	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Com	nitte	е					
Α.	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name	Da	Date of Receipt						
	Mailing Address 31 PENNIMAN TER				09 / 0 / Y Y Y Y 09 / 30 / 2017						
	City BRAINTREE	State MA	Zip Code 02184-4121				: PR2166 Receipt th				
	FEC ID number of contributing federal political committee.	С			-		_	47.6	2		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P FINANCIAL		Me	mo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 476.20	P/R	Dedu	ction (\$23	3.81 Bi-W	eekly)	)		
В.	Full Name of Individual (Last, First, Middle Initi MALHOTRA, DEEPAK, , ,	ial) or Full O	Organization Name	Da	ite of	Receipt					
	Mailing Address 23 WARWICK ST		N	09	/ D 30		201	۲ 17	Y		
	City	State	Zip Code	Т	ransa	ction ID :	PR2166	47055	56261		
	ISELIN	NJ	08830-1837	An	nount	of Each I	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С			_	-9-	-		25.0	0	
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT			Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$15.00 Semi-Monthly)								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi BARNES, JAMES, E., ,	ial) or Full O	Organization Name	Da	te of	Receipt					
	Mailing Address 2951 LADOGA AVE			Ň	09	/ D 30		201		Y	
	City LONG BEACH	State CA	Zip Code 90815-1531				: PR2166 Receipt th				
	FEC ID number of contributing federal political committee.	С			_	y i		_	25.0	0	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Me	mo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
s	UBTOTAL of Receipts This Page (optional)					y	. ,		97.6	2	
Т	OTAL This Period (last page this line number of	only)		. [			-		- 49		
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170			Use separate schedule(s)	(check onl	ly one)				
116	MIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a	11b	11c	12	Г	17
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the	atements maname and a	A not be sold or used by any pe address of any political committee	rson for the	purpose of	soliciting	, contri	ibutio	ns
<u> </u>	IAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committ	ee				
	ull Name of Individual (Last, First, Middle Initia Keating, Mark, , ,	al) or Full O	Organization Name	Date o	f Receipt				
_	Aailing Address 201 FULTON ST W			09 / 0 / Y Y Y Y 09 30 2017					
	City GRAND RAPIDS	State MI	Zip Code 49503-6201		saction ID : t of Each F				
	EC ID number of contributing ederal political committee.	С					Ę	50.00	
S	lame of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	M	lemo Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 925.00	P/R Ded	luction (\$50	.00 Bi-We	eekly)		
	ull Name of Individual (Last, First, Middle Initia BRENNER, GREGORY, W., ,	al) or Full O	Organization Name	Date o	f Receipt				
_	Aailing Address 2219 OAKLEAF DR			M M 09	/ D D	) / Y	2017		]
		State TN	Zip Code		action ID :				
_	FRANKLIN		37064-7414	Amoun	t of Each F	leceipt th	is Peri	od	_
	EC ID number of contributing ederal political committee.	C					(	66.70	
S	lame of Employer (for Individual) ELF		upation (for Individual) SURANCE AGENT	M	lemo Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.30	P/R Ded	luction (\$33.	27 Semi-	Monthl	ly)	
	ull Name of Individual (Last, First, Middle Initia LETTENBERGER, JASON, M., ,	al) or Full O	Organization Name	Date o	f Receipt				
N	Aailing Address 19760 BRENNER DR			M M 09	/ D 1		2017		1
	Sity BROOKFIELD	State WI	Zip Code 53045-6093		saction ID : t of Each F				
	EC ID number of contributing ederal political committee.	С			y	y	2	25.00	
5	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	lemo Item				
F	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 225.00	P/R Dec	duction (\$12	.50 Semi	-Month	ly)	
SU	BTOTAL of Receipts This Page (optional)		•	Γ.	y	,	14	41.70	
то	TAL This Period (last page this line number o	nly)	•••••		-	-		-	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)       X     11a       11b     11c       12       13     14       15     16       17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee
Full Name of Individual (Last, First, Middle II A. MCANDREWS, KEVIN, , ,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 13310 INDIAN CREEK RD			09 / D D / Y Y Y Y 09 30 2017
City HOUSTON	State TX	Zip Code 77079-7139	Transaction ID : PR2199812556261           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)
Full Name of Individual (Last, First, Middle II B. SPRINGER, DAVID, J, MR.,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 1170 ADAMS LN			09 / D D / Y Y Y Y 2017
City SOUTHLAKE	State TX	Zip Code 76092-8501	Transaction ID : PR2202061256261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		52.64
Name of Employer (for Individual) BARINGS LLC		Ipation (for Individual) NAGING DIRECTOR	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 526.40	P/R Deduction (\$26.32 Bi-Weekly)
Full Name of Individual (Last, First, Middle In C. ACSELROD, David, , MR.,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 12 BURR SCHOOL RD			09 / D D / Y Y Y Y 09 30 2017
City WESTPORT	State CT	Zip Code 06880-3816	Transaction ID : PR2202068956261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		ipation (for Individual) D OF PCG INTEGRATION	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$35.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			147.64

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	<b>×</b> 11a 11 13 14		12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the			rson for the purpos	se of soliciting	contribut	ions			
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	Massachusetts Mutual Life Insu	irance Co	ompany Political Action	Committee						
А.	Full Name of Individual (Last, First, Middle Ini KOCHEN, NEIL, , MR.,	tial) or Full O	Organization Name	Date of Recei	ipt					
	Mailing Address 93 SUNNY REACH DR			09 30 2017						
	City WEST HARTFORD	State CT	Zip Code 06117-1531	Transaction Amount of Ea	D: PR22449 ch Receipt th		I			
	FEC ID number of contributing federal political committee.	С				133.4	ŀO			
	Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY		upation (for Individual) E PRESIDENT, TRUST CO. INVE	S Memo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1334.00	P/R Deduction	(\$66.70 Bi-We	ekly)				
В.	Full Name of Individual (Last, First, Middle Ini AUDETTE, ERIC, J., ,	tial) or Full O	Organization Name	Date of Recei	ipt					
	Mailing Address 2284 PORTERS POINT RD			M M / 09	30 / Y	2017	Y			
	City COLCHESTER	State VT	Zip Code		ID : PR22529		L			
		VI	05446-9513	Amount of Ea	ch Receipt th	is Period	_			
	FEC ID number of contributing federal political committee.	С				29.2	20			
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT	Memo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.80	P/R Deduction (	(\$14.52 Semi-	Monthly)				
с.	Full Name of Individual (Last, First, Middle Ini STAROSELSKIY, VADIM, , MR.,	tial) or Full O	Organization Name	Date of Recei	ipt					
	Mailing Address 2204 THERRELL WAY			M M / 09	30 / Y	2017 Y	Y			
	City MCKINNEY	State TX	Zip Code 75070-9011		ID : PR2274		1			
			10010 0011	Amount of Ea	cn Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С			y	23.4	10			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) ES REPRESENTATIVE	Memo Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$11.70 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•••••	,		186.0	0			

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

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IТ			Use separate schedule		(check only	one)					
11	EMIZED RECEIPTS		for each category of th Detailed Summary Pag		<b>X</b> 11a	11b	11c	12	47		
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma	Ay not be sold or used by	any pers	on for the p	ourpose of	15 soliciting	contribu	tions		
		name and a	duress of any political col				iom such	commu	ee.		
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political A	ction C	Committe	e					
A.	Full Name of Individual (Last, First, Middle Init BRUNO, FRANK, , MR.,	ial) or Full O	rganization Name		Date of Receipt						
	Mailing Address 6130 DEERBROOK RD				09 / D D / Y Y Y Y 2017						
	City OAK PARK	State CA	Zip Code 91377-5801			action ID : of Each R			1		
	FEC ID number of contributing federal political committee.	С			-9	-	26.	70			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) GIONAL SALES MANAGEI	R	Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 267.0	00	P/R Dedu	uction (\$13.)	35 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Init DERHAM, CHRISTOPHER, M., ,	ial) or Full O	rganization Name		Date of	Receipt					
	Mailing Address 58 PHEASANT DR				м м 09	/ D D D 30	/ Y	2017	Y		
		State CT	Zip Code			action ID :			1		
	MIDDLETOWN FEC ID number of contributing federal political committee.	C	06457-5172		Amount	of Each R	eceipt thi	s Period	85		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.	35	P/R Dedu	iction (\$49.9	96 Semi-I	Monthly)			
C.	Full Name of Individual (Last, First, Middle Init Silva, VINCENT, , ,	ial) or Full O	rganization Name		Date of	Receipt					
	Mailing Address 1212 N WELLS ST				<sup>M</sup> 09	/ D D 30		2017 Y			
	City CHICAGO	State IL	Zip Code 60610-5693			action ID : of Each R			1		
	FEC ID number of contributing federal political committee.	С				y	. <u>,</u>	25.	00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		<b>  M</b> e	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 225.00			uction (\$12.	50 Semi-	Monthly)			
s	UBTOTAL of Receipts This Page (optional)					,	,	72.	55		

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171			Use separate schedule(s)	(0	check onl	y or	ne)				
111			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c	12	Г	17
An or	y information copied from such Reports and St. for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by an address of any political comm	y perso ittee to	n for the	pur; ntrib	oose of	soliciting	g contri	butio	ns
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insur	ance Co	ompany Political Acti	on Co	ommitt	ee					
Α.	Full Name of Individual (Last, First, Middle Initi TOKARZ, PAUL, W., ,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 600 N LAKE SHORE DR				09 / D D / Y Y Y Y 2017						
	City CHICAGO	State IL	Zip Code 60611-5061					PR2274			
	FEC ID number of contributing federal political committee.	С					-		2	25.00	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		М	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00		P/R Ded	uctio	on (\$12.	50 Semi	-Monthl	y)	
в.	Full Name of Individual (Last, First, Middle Initi SOUCIE, DELPHINE, P, MS.,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 5 GREAT MDWS				м м 09	1	D D D 30	/ Y	2017	Y Y	]
		State CT	Zip Code	-			-	PR22847		-	
	WEST SIMSBURY		06092-2818		Amoun	t of	Each R	eceipt th	nis Perio	od	_
	FEC ID number of contributing federal political committee.	С			<u>L</u> .				5	3.86	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P INVESTMENT PRODUCT C	ONSI	M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1056.45		P/R Deduction (\$15.40 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initi RUTLEY, JENNIFER, RI, MS.,	al) or Full O	Organization Name		Date of	f Re	ceipt				
	Mailing Address 66 THORNTON RD				м м 09	/	D D D 30	/ Y	2017		]
	City NEEDHAM	State MA	Zip Code 02492-4330				-	PR2345 eceipt th		-	
	FEC ID number of contributing federal political committee.	С					y .	,	7	7.00	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) - TECHNOLOGY CREATIVE [	DESIG	M	emc	ltem				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 770.00					on (\$38.	.50 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)						y .	,	15	5.86	
т	OTAL This Period (last page this line number o	nly)		🕨						-	

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ITC			Use separate schedule(s)	(check onl	y one)	L			
	MIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13	11b 14	11c	12	Г	17
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the	atements ma name and a	ly not be sold or used by any pe ddress of any political committee	rson for the to solicit co	purpose of ntributions f	soliciting	g contri	butio	ns
	IAME OF COMMITTEE (In Full)	•		•					
/	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committ	ee				
	ull Name of Individual (Last, First, Middle Initi TRASK, JEFFREY, AN, MR.,	al) or Full O	rganization Name	Date o	f Receipt				
_	Aailing Address 82 WELLAND RD			09	/ D D 30	/ Y	2017		
	City INDIAN ORCH	State MA	Zip Code 01151-1012		<b>saction ID :</b> t of Each R				
	EC ID number of contributing ederal political committee.	С					ŧ	66.70	
Ν	Name of Employer (for Individual)		upation (for Individual) ERPRISE CONTINUITY PLANNIN		emo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 667.00	P/R Ded	luction (\$33.	35 Bi-We	eekly)		
	Full Name of Individual (Last, First, Middle Initi HUNTLEY, DAVID, , MR.,	al) or Full O	rganization Name	Data	f Doccint				
N	Nailing Address 16 HAWTHORN RD				f Receipt	/ Y	2017		]
	City AMHERST	State MA	Zip Code 01002-9710		action ID :			-	
F	EC ID number of contributing ederal political committee.	С		Amoun	t of Each R	eceipt th		od 14.30	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - FINANCIAL RISK		emo Item				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2143.00	P/R Ded	uction (\$107	7.15 Bi-W	/eekly)		
	ull Name of Individual (Last, First, Middle Initi FRIEND, ERNEST, , MR.,	al) or Full O	rganization Name	Date o	f Receipt				
_	Aailing Address 15 CORTLAND CIR			09	30	JL	2017		]
	City LUNENBURG	State MA	Zip Code 01462-1494		saction ID : t of Each R				
	EC ID number of contributing ederal political committee.	С			. , .		Ę	53.40	
Ν	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	SOL	upation (for Individual) UTIONS ARCHITECT		emo Item				
Г	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 534.00	P/R Dec	luction (\$26.	.70 Bi-We	eekly)		
SU	BTOTAL of Receipts This Page (optional)		•		. , .	. ,	33	34.40	
то	TAL This Period (last page this line number o	nly)	•			-		-	

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IТ			Use separate schedule(s)	(che	eck only	y or	ne)	L			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12		
Ar	y information copied from such Reports and St	atements ma	av not be sold or used by any r	erson	13 for the	puri	14 Dose of	15 soliciting	16	l 17	
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)		nen en e Delitie et Aetieu	<b>•</b>							
/	Massachusetts Mutual Life Insu	rance Co	Impany Political Action	i Cor	nmitte	ee					
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name								
Α.	Untalasco, MYLENE, G., ,				Date of Receipt						
	Mailing Address 600 E WEDDELL DR				09 30 2017						
	City	State	Zip Code		Trans	acti	ion ID :	PR2413	22585626	1	
	SUNNYVALE	CA	94089-1721		Amount	of	Each R	eceipt th	nis Period		
	FEC ID number of contributing federal political committee.	С							25.	00	
							7				
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item				
	SELF Receipt For:										
	Primary General	Aggregate Year-to-Date ▼							-Monthly)		
	Other (specify) ▼	L	225.00				τ.		27		
	Full Name of Individual /Loot First Middle Initi		Numerication Name								
В.	Full Name of Individual (Last, First, Middle Initia BRIGOWATZ, Greg, A., ,	ai) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 3847 CEDAR CREEK RD				M M	/	D D	/ Y	YY	Y	
	<u></u>	Stata	Zin Codo		09		30	JL	2017		
	City SLINGER	State WI	Zip Code 53086-9797				-		33275626 nis Period	1	
	FEC ID number of contributing				Amount	. 01				_	
	federal political committee.	С					-		83.	35	
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	Me	emo	Item				
	SELF	GEI	NERAL INSURANCE AGENT								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		750.15	P   P	P/R Deduction (\$83.35 Bi-Weekly)						
~	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name		<b>.</b>						
С.	LENGYEL, Daniel, S., , Mailing Address 5109 ABBEY GLEN DR			_	Date of	Re	· .		YY	N.	
					09	<i>'</i>	30	/ 1	2017	1	
		State TX	Zip Code						37745626	1	
	FLOWER MOUND		75028-1623	-	Amount	of	Each R	eceipt th	nis Period		
	FEC ID number of contributing federal political committee.	С							166.	70	
						omo	Item				
	Name of Employer (for Individual) SELF		upation (for Individual)			enic	, item				
	Receipt For:		Year-to-Date ▼	_							
	Primary General			F	P/R Ded	ucti	on (\$83.	.35 Bi-W	eekly)		
	Other (specify)		833.50								
					_	-				_	
s	UBTOTAL of Receipts This Page (optional)								275.0	05	
				-							
į I	OTAL This Period (last page this line number of	oniy)	····· ]			1.1	_		1.		

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	-	Use separate schedule(s)	(check only o	one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11c	12	17				
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	erson for the pu	irpose of soliciting	g contributi	ions				
NAME OF COMMITTEE (In Full)	-									
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee	Э						
Full Name of Individual (Last, First, Mid KOFF, RICHARD, H., ,	dle Initial) or Full O	rganization Name	Date of F	leceipt						
Mailing Address 5159 CARMENTO DR			09							
City OAK PARK	State CA	Zip Code 91377-4854		f Each Receipt th		I				
FEC ID number of contributing federal political committee.	С			-yy-	25.0	00				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Men	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduc	tion (\$12.50 Semi	-Monthly)					
Full Name of Individual (Last, First, Mid B. UPCHURCH, ADRIENNE, E.,		rganization Name	Date of F	leceipt						
Mailing Address 4508 WESTWAY AVE			M M 09	/ D D / Y 30	2017	Y				
City	State	Zip Code		tion ID : PR2476		L				
DALLAS	ТХ	75205-3633	Amount o	f Each Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				25.0	)0				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Men	no Item						
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		225.00	P/R Deduc	tion (\$12.50 Semi	-Monthly)					
Full Name of Individual (Last, First, Mid JONES, CHRISTOPHER, J.,		rganization Name	Date of F	leceipt						
Mailing Address 24 WOOD DR		1	09	30	2017 <sup>°</sup>					
City OYSTER BAY	State NY	Zip Code 11771-3723		tion ID : PR2476 f Each Receipt tl		1				
FEC ID number of contributing federal political committee.	С			y y	100.0	)0				
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Men	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduc	tion (\$50.00 Sem	i-Monthly)					
SUBTOTAL of Receipts This Page (option	nal)			, , , ,	150.0	0				
TOTAL This Period (last page this line nu	mber only)									

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177			Use separate schedule(s)	(check on	ly one)					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c		2 6 [	17	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose	of solicitin	g cont	ributic	ons	
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initi RUSSELL, MICHAEL, , ,	ial) or Full O	rganization Name	Date o	of Receip	t				
	Mailing Address 5935 BRACE RD			M 09	M = M         /         D = D         /         Y = Y = Y         Y           09         30         2017					
	City CHARLOTTE	State NC	Zip Code 28211-4650			D:PR2476 h Receipt t				
	FEC ID number of contributing federal political committee.	С				· · ·		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	\$12.50 Sem	i-Montł	hly)			
в.	Full Name of Individual (Last, First, Middle Initi Singer, RICHARD, , ,	ial) or Full O	rganization Name	Date o	of Receip	t				
	Mailing Address 2 SAGE TER			M N 09		30 / Y	201	Y Y 7		
	City	State	Zip Code	Tran	saction I	D : PR2476	66065	6261		
	SCARSDALE	NY	10583-2018	Amour	nt of Eac	h Receipt t	his Pe	riod		
	FEC ID number of contributing federal political committee.	С						50.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Itei	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00	P/R Dec	duction (\$	25.00 Semi	i <b>-Month</b>	וy)		
с.	Full Name of Individual (Last, First, Middle Initi BORGES, JOSE, J., ,	ial) or Full O	rganization Name	Date o	of Receip	t				
	Mailing Address 25 PACIFICA VIA AMAN			M 09	/ D	30 / Y	201			
	City TRUJILLO ALTO	State PR	Zip Code 00976			<b>D : PR2476</b> h Receipt t				
	FEC ID number of contributing federal political committee.	С			. ,	,		90.90	)	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		lemo Ite	m				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 227.25	P/R De	duction (S	\$45.46 Sem	i-Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)				,	,	1	65.90	)	
т	OTAL This Period (last page this line number of	only)			-			-		

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IT.			Use separate schedule(s)	(check on	ly one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11			12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	L ay not be sold or used by any pe ddress of any political committee	erson for the	purpos	e of solici	iting co	ontribut	tions	
	NAME OF COMMITTEE (In Full)									
$\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Init Kaltenbach, Geoffrey, L., ,	ial) or Full O	rganization Name	Date c	of Recei	pt				
	Mailing Address 28 CALLE MATTIS			09	09 30 Y Y Y Y Y 2017					
	City SAN CLEMENTE	State CA	Zip Code 92673-7050			ID : PR24 ch Receip			1	
	FEC ID number of contributing federal political committee.	С			1.45			166.7	70	
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	N	lemo Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.50	P/R Dec	duction	(\$83.35 Bi	-Week	ly)		
в.	Full Name of Individual (Last, First, Middle Initi LEONARDO, ROBERT, , ,	ial) or Full O	rganization Name	Date o	of Recei	pt				
	Mailing Address 230 JULEP AVE			09		30 /		2017	Y	
	City	State	Zip Code			ID : PR24			1	
	OSWEGO	_ IL	60543-7705	Amoun	it of Ea	ch Receip	t this	Period	_	
	FEC ID number of contributing federal political committee.	С						25.0	00	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	N	lemo Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R Dec	luction (	(\$12.50 Se	mi-Mc	onthly)		
с.	Full Name of Individual (Last, First, Middle Initi HAMMAN, RYAN, , ,	ial) or Full O	rganization Name	Date o	of Recei	pt				
	Mailing Address 151 ANTLER CIR			M M		30 /		2017	Y	
	City SAN ANTONIO	State TX	Zip Code 78232-2259			ID:PR24			1	
	FEC ID number of contributing federal political committee.	С			. ,		y	25.0	00	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		lemo Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	duction	(\$12.50 Se	əmi-Mo	onthly)		
s	UBTOTAL of Receipts This Page (optional)		•		. ,			216.7	70	
Т	OTAL This Period (last page this line number of	only)	••••••							

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ıт.			Use separate schedule(s)	(check	only o	ne)			
11			for each category of the Detailed Summary Page	× 11;	_	11b	11c	12	<b>1</b> 7
Ar	y information copied from such Reports and SI	atements ma	y not be sold or used by any pe	erson for t	he pu	14 rpose of	15 soliciting	16 contribu	17 tions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit	contri	butions f	rom such	o committ	ee.
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Comm	ittee	;			
Α.	Full Name of Individual (Last, First, Middle Init BRAUN, Scott, E., ,	ial) or Full O	rganization Name	Date	of R	eceipt			
	Mailing Address 2833 DANBURY AVE			0		30 D	/ Y	ү ү 2017	Y
	City HIGHLANDS RANCH	State CO	Zip Code 80126-8060					<b>80505626</b> is Period	1
	FEC ID number of contributing federal political committee.	С						45.	00
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT		Mem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.45	P/R D	educt	ion (\$9.8	1 Semi-N	lonthly)	
в.	Full Name of Individual (Last, First, Middle Init CUNNINGHAM, CHARLES, A., ,	ial) or Full O	rganization Name	Date	e of R	eceipt			
	Mailing Address 4211 GROVE AVE			0		30	/ Y	2017	Y
	City	State	Zip Code					2145626	1
	WESTERN SPRINGS FEC ID number of contributing		60558-1347	Amo	unt of	Each R	eceipt th	is Period	10
	federal political committee.			나남		-	y=-	83.4	40
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		wem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.60	P/R D	educt	ion (\$41.	55 Semi-	Monthly)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Init GILL, JANICE, L., ,	ial) or Full O	rganization Name	Date	of R	eceipt			
	Mailing Address 38 WESLEY CT			0	9 9	30	/ Y	2017 <sup>°</sup>	Y
	City EATONTOWN	State NJ	Zip Code 07724-1423					36905626 is Period	1
	FEC ID number of contributing federal political committee.	С				y 1		94.	94
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT		Mem	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 428.34	P/R D	Deduct	ion (\$97.	.66 Semi-	Monthly)	
s	UBTOTAL of Receipts This Page (optional)		••••••	Ē		,		223.3	34
Т	OTAL This Period (last page this line number of	only)	•	Ē					

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee					
Full Name of Individual (Last, First, Mide A. MARLOR, JAMES, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 5 NORTHCREST DR			M M / D D / Y Y Y Y Y 09 30 2017					
City NORTH GRANBY	State CT	Zip Code 06060-1004	Transaction ID : PR2476918056261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.04	P/R Deduction (\$125.00 Semi-Monthly)					
Full Name of Individual (Last, First, Mide B. Giardina, CHARLES, J., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 41 SEVEN OAKS RD			09 / D D / Y Y Y Y 2017					
City	State LA	Zip Code	Transaction ID : PR2477467656261					
MARRERO FEC ID number of contributing federal political committee.	С	70072-5059	Amount of Each Receipt this Period 46.14					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 392.28	P/R Deduction (\$23.07 Semi-Monthly)					
Full Name of Individual (Last, First, Mide C. Jarvis, PATRICK, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 360 W ILLINOIS ST			09 / D D / Y Y Y Y Y 2017					
City CHICAGO	State IL	Zip Code 60654-5266	Transaction ID : PR2477675556261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)					
SUBTOTAL of Receipts This Page (option	nal)		321.14					
TOTAL This Period (last page this line nu	mber only)							

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee
A.	Full Name of Individual (Last, First, Middle Initia MULCAHY, WILLIAM, P., ,	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 3115 WHITEPINE CT			09 / 0 / Y Y Y Y 2017
	City WAUKEE	State IA	Zip Code 50263-8146	Transaction ID : PR2477732356261           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)
B.	Full Name of Individual (Last, First, Middle Initia SCALESE, FRANK, T., ,	al) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 83 SAGAMORE DR			09 / 0 0 / Y Y Y Y 09 30 2017
	City PLAINVIEW	State NY	Zip Code 11803-1516	Transaction ID : PR2478087356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.35
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.15	P/R Deduction (\$83.35 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia Kurtz, Jeffrey, R., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 33 S 9TH ST	1-		09 / D D / Y Y Y Y 2017
	City COPLAY	State PA	Zip Code 18037-1313	Transaction ID : PR2478100056261           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.35
	Name of Employer (for Individual) SELF		ipation (for Individual) ERAL INSURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.15	P/R Deduction (\$83.35 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	191.70
Т	OTAL This Period (last page this line number of	nly)		<u> </u>

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17			Use separate schedule(s)	(check only	/ one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b 14	11c 15	12	Г	17	
Ar or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the to solicit cor	purpose of ntributions 1	soliciting	j contri h comn	butio nittee	ns	
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committe	ee					
Α.	Full Name of Individual (Last, First, Middle Init Begun, Robert, , ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 77 78TH ST			M = M         /         D = D         /         Y = Y = Y         Y           09         30         2017						
	City BROOKLYN	State NY	Zip Code 11209-2911		action ID : of Each F					
	FEC ID number of contributing federal political committee.	С					16	6.70		
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	M	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.50	P/R Ded	uction (\$83	.35 Bi-We	eekly)			
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Data af	Dessint					
в.	Favaloro, John, , , Mailing Address 2823 PROVIDENCE RD			Date of Receipt 09 30 2017						
	City	State	Zip Code	Trans	action ID :	PR2478 <sup>-</sup>	139956	261		
	CHARLOTTE	NC	28211-2267	Amount	of Each F	leceipt th	nis Perie	od		
	FEC ID number of contributing federal political committee.	С		166.70						
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2083.50	P/R Deduction (\$83.35 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Init WIGGINS, Tera, , ,	ial) or Full O	rganization Name	Date of	Receipt					
	Mailing Address 1001 DEXTER CIR			м м 09	/ D 1		2017			
	City BIRMINGHAM	State AL	Zip Code 35242-6663		action ID :					
	FEC ID number of contributing federal political committee.	С			of Each F			6.70		
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	M	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.50	P/R Ded	uction (\$83	.35 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)		•		, ,	.,	50	0.10		
T	<b>OTAL</b> This Period (last page this line number of	only)				-		-		

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11	EIVILLED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12					
Ar	ny information copied from such Reports and s for commercial purposes, other than using th	Statements ma	A not be sold or used by any pendormal and pendormal termination of any political committee	erson for the	purpose of	15 soliciting	16   contribut	ions				
$\overline{\}$	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	urance Co	mpany Political Action	Commit	tee							
Α.	Full Name of Individual (Last, First, Middle In SHERMAN, Renee, S., ,	iitial) or Full C	rganization Name	Date of Receipt								
	Mailing Address 7781 CRYSTAL BROOK WA	Y		M 09	09 / D D / Y Y Y Y 2017							
	City HANOVER	State MD	Zip Code 21076-1869		saction ID : nt of Each F			1				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) SELF		upation (for Individual) E PRESIDENT		lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.05	P/R De	duction (\$36	.85 Bi-We	ekly)					
B.	Full Name of Individual (Last, First, Middle In Terrazzino, Samuel, L., ,	itial) or Full C	rganization Name	Date o	of Receipt							
	Mailing Address 4995 OAKWOOD DR			M 09	30		2017	Y				
		State NY	Zip Code		saction ID :			1				
	NORTH TONAWANDA		14120-9616	Amour	nt of Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С			70							
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	P/R Deduction (\$83.35 Bi-Weekly)								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.50									
С.	Full Name of Individual (Last, First, Middle In MAROONEY, Richard, J., ,	iitial) or Full C	rganization Name	Date o	of Receipt							
	Mailing Address 2917 FAIRWAY DR			09	30	J L	2017					
	City CHASKA	State MN	Zip Code 55318-3416		saction ID :	-		1				
	FEC ID number of contributing federal political committee.	С		Amour	nt of Each F	receipt th	83.3 83	35				
	Name of Employer (for Individual)		upation (for Individual)		lemo Item							
	SELF Receipt For:			_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.15	P/R De	duction (\$83	.35 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)					, , , , , , , , , , , , , , , , , , ,	323.7	75				

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EMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIWIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b		2				
Any information copied from such Reports a	nd Statements ma	A not be sold or used by any p	erson for the	0 14 purpose of so	liciting cont	6 ributio	17 ns			
or for commercial purposes, other than using	g the name and a	ddress of any political committee	e to solicit con	tributions fror	n such com	mittee	Э.			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	nsurance Co	mpany Political Action	Committe	e						
Full Name of Individual (Last, First, Middl A. Bulvin, JEFFREY, , ,	e Initial) or Full C	rganization Name	Data of	Dessint						
A. Bulvin, JEFFREY, , , Mailing Address 3401 STILLHOUSE RD S				Date of Receipt						
			09	30	201					
City	State GA	Zip Code		action ID : PF						
ATLANTA	GA	30339-3758	Amount	of Each Rec	eipt this Pe	riod				
FEC ID number of contributing federal political committee.	C				1	66.70	)			
Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Me	emo Item						
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		833.50	P/R Dedu	uction (\$83.35	Bi-Weekly)					
Full Name of Individual (Last, First, Middl B. HARRIS, B. Miles, M., ,	e Initial) or Full C	rganization Name	Date of	Receipt						
Mailing Address 1941 DENALI LN			09	/ D D 30	/ Y Y 201	Y Y 7	1			
City	State	Zip Code	Transa	action ID : PR	247818385	6261				
KELLER	TX	76248-9725	Amount	of Each Rec	eipt this Pe	riod				
FEC ID number of contributing federal political committee.	C				1	00.00	)			
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		, 250.00	P/R Dedu	iction (\$50.00	Semi-Month	ıly)				
Full Name of Individual (Last, First, Middl C. BARGERY, Brett, E., ,	e Initial) or Full C	rganization Name	Date of	Receipt						
Mailing Address 3541 N JASPER MOUN			M M 09	/ D D 30	/ Y Y 201					
City MESA	State AZ	Zip Code		action ID : PF						
	AZ	85207-9130	Amount	of Each Rec	eipt this Pe	riod				
FEC ID number of contributing federal political committee.	C				1	66.70	)			
Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Me	emo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		833.50	P/R Dedu	uction (\$83.35	Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	l)			y	4	33.40				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X     11a       11b     11c       12       13     14       15     16       17					
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Committee					
Full Name of Individual (Last, First, Middle In Starnes, James, , ,	iitial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 4411 CHATEAU CREEK WA			09 / D D / Y Y Y Y 09 30 2017					
City SPRING	State TX	Zip Code 77386-3509	Transaction ID : PR2478220356261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		166.70					
Name of Employer (for Individual) SELF		pation (for Individual) ERAL INSURANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.50	P/R Deduction (\$83.35 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In B. des Groseilliers, Jennifer, A., ,	iitial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 318 ROLLWIND RD			09 30 2017					
City GLENVIEW	State IL	Zip Code 60025-5141	Transaction ID : PR2478278156261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		166.70					
Name of Employer (for Individual) SELF		pation (for Individual) IERAL INSURANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.50	P/R Deduction (\$83.35 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In C. Schega, Richard, A., ,	iitial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 440 BELLE POINTE DR			09 / D D / Y Y Y Y 2017					
City MADISONVILLE	State LA	Zip Code 70447-3161	Transaction ID : PR2478278456261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		166.70					
Name of Employer (for Individual) SELF		pation (for Individual) ERAL INSURANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.50	P/R Deduction (\$83.35 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)		····· •	500.10					

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IT.			Use separate schedule(s)	(check of	nly one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the							tions			
$\left[ \right]$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commi	ttee						
Α.		ial) or Full O	rganization Name	Date	Date of Receipt						
	Mailing Address 77 RAFFAELE DR			09 30 / Y Y Y Y 2017							
	City WALTHAM	State MA	Zip Code 02452-0313		nsaction ID Int of Each						
	FEC ID number of contributing federal political committee.	С					250.	00			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		ipation (for Individual) E PRESIDENT SALES SUPPORT		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R De	eduction (\$12	25.00 Bi-V	Veekly)				
В.	Full Name of Individual (Last, First, Middle Init BACH, BRIAN, R., ,	ial) or Full O	rganization Name	Date	of Receipt						
	Mailing Address 49 ROGERS AVE			09 / D D / Y Y Y Y 09 30 2017							
	City	State	Zip Code	Trar	saction ID	: PR2488	15565626	1			
	MILFORD	СТ	06460-6436	Amou	int of Each	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			-		42.	90			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ , 206.90	P/R Deduction (\$14.33 Semi-Monthly)							
С.	Full Name of Individual (Last, First, Middle Init GILL, ROBERT, E., ,	ial) or Full O	rganization Name	Date	of Receipt						
	Mailing Address 38 WESLEY CT			09			2017	Y			
	City EATONTOWN	State NJ	Zip Code 07724-1423		nsaction ID						
	FEC ID number of contributing federal political committee.	С					166.	70			
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE BROKER		Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.10			eduction (\$8	3.31 Semi	-Monthly)				
s	UBTOTAL of Receipts This Page (optional)		•••••	Ξ.		. ,	459.	60			
Т	OTAL This Period (last page this line number of	only)	••••••		1 12						

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171			Use separate schedule(s)	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 14	11c 15	12 16	17				
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the	purpose of	soliciting	contribu	tions				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committe	ee							
А.	Full Name of Individual (Last, First, Middle Init Hagenberg, Robert, J., ,	tial) or Full O	rganization Name	Date of	Date of Receipt							
	Mailing Address 11 ROSE TREE DR			09	/ D D 30	/ Y	ү ү 2017	Υ				
	City GLEN MILLS	State PA	Zip Code 19342-1788		action ID :			1				
	FEC ID number of contributing federal political committee.	С					156.:	25				
	Name of Employer (for Individual) SELF		upation (for Individual) NERAL INSURANCE AGENT	Me	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1406.25	P/R Ded	uction (\$156	6.25 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Init LARGE, ABBE, F., ,	tial) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 11 BLANCHARD RD			м м 09	09 30 2017							
	City GREENWICH	State CT	Zip Code 06831-3676		action ID : I of Each Re							
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	P/R Deduction (\$12.50 Semi-Monthly)								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
с.	Full Name of Individual (Last, First, Middle Init MELTZER, ALAN, L., ,	tial) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 2000 S OCEAN BLVD			M M 09	/ D D 30	/ Y	ү ү 2017	Y				
	City BOCA RATON	State FL	Zip Code 33432-8068		of Each R							
	FEC ID number of contributing federal political committee.	С			, ,	9	446.	50				
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Me	emo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3661.15	P/R Ded	uction (\$223	3.12 Sem	ni-Monthly	)				
s	UBTOTAL of Receipts This Page (optional)						627.	75				
т	OTAL This Period (last page this line number	only)	•									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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		Detailed Summary Page	×	11a		11b	11c		12			
		, ,		13		14	15		16	17		
Any information copied from such or for commercial purposes, othe												
NAME OF COMMITTEE (In F												
/		mpany Political Action	Cor	nmitt	ee							
Full Name of Individual (Last, WINGERD, ANGELA, M.,	First, Middle Initial) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address 10297 STON	E QUARRY RD			09 30 2017								
City	State	Zip Code		Trans	sact	ion ID : I	PR78985	5015	6261			
RIGA	MI	49276-9645	_	Amoun	t of	Each Re	eceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	C					-	-	_	25.0	0		
Name of Employer (for Individ SELF		upation (for Individual) URANCE AGENT		М	emo	tem						
Receipt For:			_									
Primary Genera		Year-to-Date <b>V</b>		P/R Ded	lucti	on (\$12. <del>!</del>	50 Semi-	Mor	thly)			
Other (specify) V		375.00	Ч.	in Dea		οπ (φτ2.		WOI	(any)			
Full Name of Individual (Last, B. STARR, ANTHONY, R.		rganization Name		Date o	f Re	eceipt						
Mailing Address 2 PAISLEY C	Т		09 / D D / Y Y Y Y 2017									
City	State	Zip Code		Trans	acti	ion ID : F	PR78985	135	6261			
SAVANNAH	GA	31411-3078		Amoun	t of	Each Re	eceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	C							_	25.0	0		
Name of Employer (for Individ	,	upation (for Individual) URANCE AGENT	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Primary Genera			P/R Deduction (\$12.50 Semi-Monthly)									
Other (specify) <b>v</b>		225.00										
Full Name of Individual (Last, C. BUTERBAUGH, BRE		rganization Name		Date o	f Re	eceipt						
Mailing Address 207 FAIRFIE	LD DR			<sup>M</sup> 09	/	D D 30	/ Y		17 <sup>°</sup>	Ŷ		
City	State	Zip Code		Trans	sact	ion ID :	PR7898	5815	6261			
STATE COLLEGE	PA	16801-8244	_	Amoun	t of	Each Re	eceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	C					y .	, <u>,</u>	Ξ	25.0	0		
Name of Employer (for Individ SELF	,	upation (for Individual) JRANCE AGENT		М	lemo	ttem						
Receipt For:												
Primary Genera		Year-to-Date ▼	E	P/R Dec	lucti	on (\$15.0	00 Semi-	-Mor	thly)			
Other (specify)		212.50							.,			
SUBTOTAL of Receipts This Pa	ge (optional)		▶ _		-	, .		-	75.0	0		

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	-	Use separate schedule(s)	(check onl	y one)	L						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 14	11c 15	12 16	17				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the	purpose of ntributions f	soliciting	contribut	ions				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life In	surance Co	mpany Political Action	Committ	ee							
Full Name of Individual (Last, First, Middle A. ERSTAD, B, H., , Jr.	Initial) or Full C	rganization Name	Date o	Date of Receipt							
Mailing Address 2510 S NANTUCKET WA	Y		09	09 30 2017							
City	State	Zip Code	Trans	saction ID :	PR78986	1656261					
BOISE	ID	83706-5095	Amoun	t of Each R	Receipt this	s Period					
FEC ID number of contributing federal political committee.	С					25.0	00				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE BROKER	M	emo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Primary     General       Other (specify) ▼		225.00	P/R Ded	luction (\$12	.50 Semi-N	/lonthly)					
Full Name of Individual (Last, First, Middle B. CAVASSO, CAMPBELL, , ,	Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address 41-530 WAIKUPANAHA S	Т		м м 09	/ D D 30	) / Y	y y 2017	Y				
City	State	Zip Code	Trans	action ID :	PR789862	2856261					
WAIMANALO	HI	96795-1438	Amoun	t of Each R	Receipt this	3 Period					
FEC ID number of contributing federal political committee.	С					70.6	30				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) V		388.30	P/R Deduction (\$35.28 Semi-Monthly)								
Full Name of Individual (Last, First, Middle C. WILSON, CASSANDRA, L., ,	Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address 3909 PATTY LN			09	/ D D 30		2017	Y				
City	State	Zip Code	Trans	saction ID :	PR78986	5056261					
BETHANY	OK	73008-3046	Amoun	t of Each R	Receipt this	3 Period					
FEC ID number of contributing federal political committee.	С			y	, ,	25.0	)0				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	lemo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)								
SUBTOTAL of Receipts This Page (optional)	)			y		120.6	i0				

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

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IТ		Use separate schedule(s) for each category of the				(check only one)							
11				category of the Summary Page		<b>X</b> 11a 13	111		11c 15	12		17	
	ny information copied from such Reports and S for commercial purposes, other than using the					for the	purpos	e of so	bliciting	contrib		s	
$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Insu	irance Co	mpany	Political Action	Со	mmitt	ee						
Α.	Full Name of Individual (Last, First, Middle Ini HEERDEGEN, CHRISTOPHE, L., ,	tial) or Full O	rganization	Name	Date of Receipt								
	Mailing Address 6862 SECTION RD					м м 09	/ [	30	/ Y	ү ү 2017	Y		
	OTTAWA LAKE	State MI	Zip Co 4926	de 7-9551						135626 s Perior			
	FEC ID number of contributing federal political committee.	C							-	83	.40		
	Name of Employer (for Individual) SELF		upation (for URANCE A	,		M	emo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 740.60		P/R Ded	uction (	(\$43.54	I Semi-	Monthly	)		
В.	Full Name of Individual (Last, First, Middle Ini SCHNEIDER, COREY, A., ,	nitial) or Full Organization Name					Date of Receipt						
	Mailing Address 20 STRATTON RD						/ [	30	/ Y	2017	Y		
	City	State Zip Code								325626			
	SCARSDALE	NY 10583-7555				Amount	t of Ead	ch Rec	eipt thi	s Perio	d		
	FEC ID number of contributing federal political committee.	С				<u> </u>			-	555	.00		
	Name of Employer (for Individual) SELF	Occ INS	Memo Item										
	Receipt For:	Aggregate	Year-to-Dat	e 🔻									
	Other (specify)		<b>,</b>	3162.00		P/R Ded	uction (	\$312.1	0 Semi	-Monthl	y)		
С.	Full Name of Individual (Last, First, Middle Ini ROOT, DAVID, H., ,	tial) or Full O	rganization	Name		Date of	<sup>i</sup> Receij	pt					
	Mailing Address 2500 HOLLYWOOD BLVD					<sup>M</sup> 09	/ [	30	/ Y	ү 2017	Y		
	City HOLLYWOOD	State FL	Zip Co	de )-6615						165626			
			33020	-0013	_	Amount	t of Ead	ch Rec	eipt thi	s Perio	d	_	
	FEC ID number of contributing federal political committee.	С			50.00								
	Name of Employer (for Individual) SELF		upation (for JRANCE AC	,		M	emo Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Dat	e ▼ 425.00		P/R Ded	uction (	(\$30.00	) Semi-	Monthly	)		
s	UBTOTAL of Receipts This Page (optional)				•		· · ·		y	688	.40	]	

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11	EMIZED RECEIPTS		for each categor Detailed Summa		¥ 11a 13		11b	11c	12		17	
	ny information copied from such Reports and St for commercial purposes, other than using the				son for th		pose of	soliciting	g contrib			
	NAME OF COMMITTEE (In Full)											
$\geq$	Massachusetts Mutual Life Insur	ance Co	mpany Politic	al Action (	Commi	ttee	)					
Α.		al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 117 ROSE DR				09 / D D / Y Y Y Y 09 / 30 / 2017							
	City PORT MATILDA	State PA	Zip Code 16870-7535				t <b>ion ID : I</b> Each Re					
	FEC ID number of contributing federal political committee.	С							25	5.00		
	Name of Employer (for Individual) SELF		upation (for Individu URANCE AGENT	al)		Mem	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	225.00	P/R D	educt	ion (\$12.8	50 Semi	-Monthly	)		
в.	Full Name of Individual (Last, First, Middle Initi FILOSA, DEANNA, , ,	al) or Full O	rganization Name		Date	of Re	eceipt					
	Mailing Address 94 HOLST DR W				09 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 30 2017							
	City	State	Zip Code				ion ID : F					
	HUNTINGTON	NY	11743-3940	_	Amou	unt of	Each Re	eceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С			25.00							
	Name of Employer (for Individual) SELF		upation (for Individu	al)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	225.00	P/R De	educti	on (\$12.5	50 Semi-	Monthly	)		
— С	Full Name of Individual (Last, First, Middle Initi OLSEN, DONALD, G., ,	al) or Full O	rganization Name		Date	of B	eceipt					
•	Mailing Address 709 JEFFERSON ST				09	M /	30	/ Y	2017	Y		
	City	State	Zip Code		Tra	nsac	tion ID :	PR7898	9185626	51		
	HANOVER	IL	61041-9678		Amou	unt of	Each Re	eceipt th	nis Perio	d	_	
	FEC ID number of contributing federal political committee.	С			25.0							
	Name of Employer (for Individual) SELF		upation (for Individu URANCE AGENT	al)		Mem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	225.00	P/R D	educt	ion (\$12.	50 Semi	-Monthly	')		
s	UBTOTAL of Receipts This Page (optional)			••••••			, .		75	5.00		
Т	OTAL This Period (last page this line number c	nly)										

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IT.			Use separate schedule(s)	(check or	nly or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c		Г	47
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe	rson for the	e pur	pose of	15 soliciting rom suct	contr	ibutic	17 Ins
<u>,</u>	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initi LEBOLD, EDWARD, J., ,	al) or Full O	organization Name	Date of Receipt						
	Mailing Address 945 OAK TER			09 / 0 0 / Y Y Y Y 09 30 / 2017						
	City LAKE OSWEGO	State OR	Zip Code 97034-4664	Transaction ID : PR789897756261 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		41.70						
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.30	P/R De	ducti	on (\$20.	77 Semi-	Month	ıly)	
в.	Full Name of Individual (Last, First, Middle Initi SUNTER, EDWARD, P., , Jr.	al) or Full O	organization Name	Date o	of Re	eceipt				
	Mailing Address 106 BROOKHAVEN DR			09	/	30	/ Y	y 2017		
	City	State MA	Zip Code				PR78989		-	
	E LONGMEADOW	IVIA	01028-1409	Amour	nt of	Each R	eceipt th	is Per	iod	_
	FEC ID number of contributing federal political committee.	С	25.00							
	Name of Employer (for Individual) SELF	Occu INS	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.50	P/R Deduction (\$15.00 Semi-Monthly)						
с.	Full Name of Individual (Last, First, Middle Initi GINNANE, F. James, J., ,	al) or Full O	organization Name	Date o	of Re	eceipt				
	Mailing Address 8570 GREENWAY CT			09	И /	30	/ Y	2017		1
	City EAST AMHERST	State NY	Zip Code 14051-2054				PR7899			_
	FEC ID number of contributing federal political committee.	С				<u>,</u>			25.00	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	ducti	on (\$12.	.50 Semi	-Month	nly)	
⊢	UBTOTAL of Receipts This Page (optional)		<b>r</b>	Ľ.	-	, . , .	· ·	9	91.70	

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only	/ one)						
11			for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	11c	12 16	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose of s	oliciting c	ontributi	ons			
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Committe	ee						
Α.	Full Name of Individual (Last, First, Middle Ini PICKETT, FRANCIS, J., ,	itial) or Full O	rganization Name	Date of	Date of Receipt						
	Mailing Address 6150 GRENADA AVE			м м 09	/ D D 30		2017	Y			
	CYPRESS	State CA	Zip Code 90630-5345	Transaction ID : PR789903256261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dedu	uction (\$2.50	Semi-Mor	nthly)				
в.	Full Name of Individual (Last, First, Middle Ini WILLIAMS, FORREST, E., ,	itial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 1909 WOODSIDE LN			09	/ D D 30		017	Y			
		State VA	Zip Code		action ID : P						
	VIRGINIA BCH	VA	23454-1031	Amount	of Each Re	ceipt this	Period				
	FEC ID number of contributing federal political committee.	С		25.0	0						
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT			emo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$12.50 Semi-Monthly)							
	Other (specify)	L	225.00		()		, <b>,</b> ,				
с.	Full Name of Individual (Last, First, Middle Ini TAYLOR, FRANKLIN, J., , CLU, (		rganization Name	Date of	Receipt						
	Mailing Address 5062 RANCHITO AVE			09	/ D D 30		017	Y			
	City SHERMAN OAKS	State CA	Zip Code 91423-1226		action ID : P of Each Re						
	FEC ID number of contributing federal political committee.	С			, , , , , , , , , , , , , , , , , , ,	9	25.0	0			
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Me	emo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Ded	uction (\$12.5	0 Semi-M	onthly)				
	Other (specify)	L	225.00		·						
s	UBTOTAL of Receipts This Page (optional)		•			9	75.0	0			

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IT.			Use separate schedule(s)	(check only	/ one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	<u> </u>			
Ar	y information copied from such Reports and	Statements ma	l ay not be sold or used by any pe	erson for the	14 purpose of s	15 soliciting	16 contribut	ions			
or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit cor	ntributions fro	om such	committ	ee.			
$\backslash$	NAME OF COMMITTEE (In Full)	-		Committe							
V	Massachusetts Mutual Life Insu			Committe	ee						
Α.	Full Name of Individual (Last, First, Middle In HINRICHS, IVAN, C., ,	nitial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 2418 LA MAISON DR			M M	M M / D D / Y Y Y Y Y						
	City	State	Zip Code	09 30 2017							
	CHARLOTTE	NC	28226-6200	Transaction ID : PR789935256261         Amount of Each Receipt this Period         41.70							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.30	P/R Ded	uction (\$20.7	7 Semi-I	Monthly)				
в.	Full Name of Individual (Last, First, Middle In JENSEN, JAMES, M., ,	iitial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 7903 COPELAND RD			09	/ D D 30	/ Y	2017	Y			
	City	State Zip Code FL 33556-3261			action ID : P	R78993	7156261				
	ODESSA	FL	33556-3261	Amount	of Each Re	eceipt this	s Period				
	FEC ID number of contributing federal political committee.	С		50.0	00						
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle In FINNEY, JAMES, I., , III	iitial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 2304 BUFFAPPLE CT			M M 09	/ D D 30	/ Y	y y 2017	Y			
	City RICHMOND	State VA	Zip Code 23233-2601		action ID : F						
	FEC ID number of contributing federal political committee.	С					25.0	00			
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	M	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Ded	uction (\$12.5	50 Semi-I	Monthly)				
s	UBTOTAL of Receipts This Page (optional)		•		y	-	116.7	70			

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ıт.			Use separate schedule(s)	(check on	ly on	e)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13		11b	11c		2	17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma	l ay not be sold or used by any pe ddress of any political committee	rson for the	purp	ose of	15 soliciting	conti	6 ributic	17 ons	
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Init FLEISHMAN, JANET, G., ,	ial) or Full O	rganization Name	Date o	Date of Receipt						
	Mailing Address 143 SOUNDVIEW CT			M M 09	المتصلحا لتغا لتغا						
	City STAMFORD	State CT	Zip Code 06902-7111	Transaction ID : PR789955556261           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				y .			25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		1emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	ductio	on (\$12.8	50 Semi	Month	hly)		
в.	Full Name of Individual (Last, First, Middle Init SKOOG, JOHN, C., ,	ial) or Full O	rganization Name	Date o	of Red	ceipt					
	Mailing Address 4945 PINE LN		09	/	D D D 30	/ Y	201	7 7			
	City	State	Zip Code				PR78996				
	EAGAN	MN	55123-4911	Amoun	nt of I	Each Re	eceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	C	41.70								
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT		1emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.45	P/R Deduction (\$24.94 Semi-Monthly)							
с.	Full Name of Individual (Last, First, Middle Init AHRENS, JOHN, R., ,	ial) or Full O	rganization Name	Date o	of Red	ceipt					
	Mailing Address 8661 MILLCREEK DR			M 9	1 /	D D D 30	/ Y	201 <sup>°</sup>			
	City EAST AMHERST	State NY	Zip Code 14051-2085				PR7899 eceipt th				
	FEC ID number of contributing federal political committee.	С				, .	, <u>,</u>		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	ductic	on (\$2.50	0 Semi-N	Monthl	ly)		
⊢	UBTOTAL of Receipts This Page (optional)			[.		9			91.70	)	
1 '	OTAL This Period (last page this line number of	, iiy /	•••••••••••••••••••••••••••••••••••••••	the second se		7		1. Ale			

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	CEIDTE		Use separate schedule(s)	(check on	ly one)						
ITEMIZED RE			for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	17			
Any information cop or for commercial p	ied from such Reports and urposes, other than using th	Statements ma	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose o	f soliciting	g contribu	tions			
NAME OF COM	MITTEE (In Full)										
Aassachus	etts Mutual Life Ins	urance Co	mpany Political Action	Committee							
A. DEGEN, JOH		nitial) or Full O	rganization Name	Date o	Date of Receipt						
	1231 W 66TH ST			09	/ D 30		Y Y 2017	Y			
City KANSAS CITY		State MO	Zip Code 64113-1805	Transaction ID : PR789976856261 Amount of Each Receipt this Period							
FEC ID number federal political c	0	С					50.	00			
SELF	er (for Individual)		upation (for Individual) URANCE AGENT	Memo Item							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Dec							
Full Name of Ind B. WILSON, JC	lividual (Last, First, Middle Ir DHN, W., ,	nitial) or Full O	rganization Name	Date o	of Receipt						
	1321 VASSAR ST			M N 09	/ D 30		y y 2017	Y			
City		State TX	Zip Code		saction ID :						
HOUSTON FEC ID number federal political c	0	C	77006-6029	Amour	nt of Each I	Receipt th	is Period 50.	_			
Name of Employ	ver (for Individual)	Осси	Memo Item								
SELF Receipt For:		1	URANCE AGENT								
Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)							
Full Name of Ind	lividual (Last, First, Middle Ir EPH, F., ,	nitial) or Full O	rganization Name	Date o	of Receipt						
	333 LAS OLAS WAY			09	30	)	2017				
City FORT LAUDERI	DALE	State FL	Zip Code 33301-2363		saction ID						
FEC ID number federal political c	5	С			. , .	7	237.	50			
SELF	er (for Individual)		upation (for Individual) JRANCE AGENT		lemo Item						
Receipt For: Primary Other (spe	General cify)	Aggregate	Year-to-Date ▼ 1892.00	P/R De	duction (\$97	7.85 Semi	-Monthly)				
SUBTOTAL of Rec	ceipts This Page (optional)		••••••			9	337.	50			
TOTAL This Period	d (last page this line number	r only)									

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IT.			Use separate schedule(s)	(check on	ly one	e)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a		11b	11c	12	Г	17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	l ay not be sold or used by any pe Iddress of any political committee	rson for the	purpo	ose of s	soliciting	contri	ibutic	ons	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insul	rance Co	ompany Political Action	Committee							
Α.	Full Name of Individual (Last, First, Middle Init Murray, JOSEPH, W., ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 134 ROLLING HILL RD			09 / D D / Y Y Y Y 30 2017							
	City ELKINS PARK	State PA	Zip Code 19027-1825	Transaction ID : PR789986156261           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				p.		:	25.00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	ductior	n (\$12.5	i0 Semi-	Month	ily)		
В.	Full Name of Individual (Last, First, Middle Initi BELINKIE, LOUIS, , ,	ial) or Full O	organization Name	Date o	of Rec	eipt					
	Mailing Address 1711 CLOISTER DR			M 09	/	<sup>D</sup> 30	/ Y	2017		]	
	City RICHMOND	State VA	Zip Code 23238-3408				R79000		-		
	FEC ID number of contributing federal political committee.	C				ach Re	ceipt th		100 25.00	)	
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT			Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$0.50 Semi-Monthly)							
с.	Full Name of Individual (Last, First, Middle Initi WESTBROOK, LYNN, B., , Jr.	ial) or Full O	organization Name	Date o	of Rec	eipt					
	Mailing Address 6412 E ONEIDA ST			09		<sup>D</sup> 30		y 2017	7	]	
	City WICHITA	State KS	Zip Code 67206-1318				PR79001 eceipt th				
	FEC ID number of contributing federal political committee.	С			. ,		, y	2	29.20	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 262.80	P/R De	ductior	n (\$14.5	52 Semi-	Month	nly)		
⊢	UBTOTAL of Receipts This Page (optional)						5		79.20	-	
T	<b>OTAL</b> This Period (last page this line number of	only)	····· •			<u> </u>			-		

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	mpany Political Action	Committee
Α.	Full Name of Individual (Last, First, Middle Initia RICHARDS, MARK, R., ,	l) or Full Oi	ganization Name	Date of Receipt
	Mailing Address 22600 SW MIAMI DR			09 30 Y Y Y Y 2017
	City TUALATIN	State OR	Zip Code 97062-7363	Transaction ID : PR790016556261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		pation (for Individual) JRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
в.	Full Name of Individual (Last, First, Middle Initia KERN, MATTHEW, L., ,	l) or Full Oi	ganization Name	Date of Receipt
	Mailing Address 1019 CHAMBERLEYNE WA			09 30 2017
	City WAXHAW	State NC	Zip Code 28173-7332	Transaction ID : PR790022656261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		29.20
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 248.20	P/R Deduction (\$17.44 Semi-Monthly)
С.	Full Name of Individual (Last, First, Middle Initia PINE, MICHAEL, S., ,	l) or Full Oi	ganization Name	Date of Receipt
	Mailing Address 11 STILL HOLLOW RD			09 30 YYYYY 09 30 2017
	City NEWBURGH	State NY	Zip Code 12550-8836	Transaction ID : PR790031856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.70
	Name of Employer (for Individual) SELF		pation (for Individual) IRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	95.90
т	OTAL This Period (last page this line number on	ly)	••••••	

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177			Use separate schedule(s)	(check on	ly or	ie)	L				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	Г	47	
An	y information copied from such Reports and SI for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe	erson for the	purp	oose of	15 soliciting	contri	ibutic	17 Ins	
<u>,</u>	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Committee							
Α.	Full Name of Individual (Last, First, Middle Init STARR, MITCHELL, B., ,	ial) or Full O	rganization Name	Date c	Date of Receipt						
	Mailing Address 9800 SW 4TH ST			M N 09	المتصاديا للتنا ا						
	City PLANTATION	State FL	Zip Code 33324-2826	Transaction ID : PR790035456261           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				7	<b>p</b> -	20	08.40		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1775.60	P/R Dec	ductio	on (\$124	.04 Sem	ii-Mont	thly)		
в.	Full Name of Individual (Last, First, Middle Init DOLAN, PATRICK, J., ,	ial) or Full O	rganization Name	Date c	of Re	ceipt					
	Mailing Address 34 BERKELEY PL			M N 09	/	30	/ Y	y 2017			
	City	State NJ	Zip Code				PR79004		-		
	GLEN ROCK FEC ID number of contributing	C	07452-1835	Amour	nt of	Each Re	eceipt th		iod 41.70		
	federal political committee.	0									
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT			Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 312.75	P/R Deduction (\$33.28 Semi-Monthly)							
с.	Full Name of Individual (Last, First, Middle Init DECOURSEY, PAUL, A., ,	ial) or Full O	rganization Name	Date c	of Re	ceipt					
	Mailing Address 4605 N MERIDIAN ST			M 09	/	D D 30	/ Y	2017			
	City INDIANAPOLIS	State IN	Zip Code 46208-3537			-	PR7900		-		
	FEC ID number of contributing federal political committee.	С				,	, j		25.00		
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		/lemc	Item					
	Receipt For: Primary General Other (specify)	Aggregate	regate Year-to-Date ▼ 225.00			on (\$12.	50 Semi	-Month	nly)		
s	UBTOTAL of Receipts This Page (optional)		•			9	,	27	75.10		
т	OTAL This Period (last page this line number of	only)							-		

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any pound any pound by any political committee	erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee				
A.	Full Name of Individual (Last, First, Middle Initia HERZOG, PAUL, H., ,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 900 HIGHLAND CT			09 / D D / Y Y Y Y Y 30 2017				
	City GERMANTOWN HILLS	State IL	Zip Code 61548-9056	Transaction ID : PR790046256261           Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	P/R Deduction (\$30.00 Semi-Monthly)				
в.	Full Name of Individual (Last, First, Middle Initia JOANOU, PAUL, M., ,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 59 BRIARWOOD DR			09 / D D / Y Y Y Y 09 30 2017				
	City WHEELING	State WV	Zip Code 26003-4835	Transaction ID : PR790047056261				
	FEC ID number of contributing federal political committee.	C	20003-4033	Amount of Each Receipt this Period				
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)				
С.	Full Name of Individual (Last, First, Middle Initia SPRAGUE, PHILIP, J., ,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 1308 SUNSET RDG			09 / D D / Y Y Y Y 2017				
	City WATERTOWN	State NY	Zip Code 13601-4438	Transaction ID : PR790054756261 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)				
s	UBTOTAL of Receipts This Page (optional)			100.00				
Т	OTAL This Period (last page this line number of	nly)	•					

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17			Use separate schedule(s)	(check on	ly one)						
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		<b>X</b> 11a 13	11b	11c	12	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the to solicit co	purpose of ontributions	f soliciting	g contribu	utions			
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee							
Α.	Full Name of Individual (Last, First, Middle Init KARCHEFSKY, Richard, I., ,	ial) or Full O	rganization Name	Date o	Date of Receipt						
	Mailing Address 9839 PALMA VISTA WAY			M M 09	/ D 30		ү ү 2017	Y			
	City BOCA RATON	State FL	Zip Code 33428-3528	Transaction ID : PR790066956261           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		41.70							
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.45	P/R Dec	duction (\$24	1.94 Semi	-Monthly)	)			
в.	Full Name of Individual (Last, First, Middle Init VANBENSCHOTEN, RICHARD, P.,		rganization Name	Date o	of Receipt						
	Mailing Address 875 5TH AVE APT 3A			M M 09	/ D 30		y y 2017	Y			
	City	State	Zip Code	Trans	saction ID :	PR7900	6905626 <sup>.</sup>	1			
	NEW YORK	NY	10065-4952	Amoun	nt of Each I	Receipt th	nis Period	d			
	FEC ID number of contributing federal political committee.	С	83.40								
	Name of Employer (for Individual) SELF	Occi INS	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 740.60	P/R Ded	luction (\$43	8.54 Semi	-Monthly)	)			
с.	Full Name of Individual (Last, First, Middle Init HOMER, ROBERT, L., ,	ial) or Full O	rganization Name	Date o	of Receipt						
	Mailing Address 10751 WILSHIRE AVE NE			M M 09	/ D		ү ү 2017	Y			
	City ALBUQUERQUE	State NM	Zip Code 87122-3138		saction ID						
	FEC ID number of contributing federal political committee.	С					50	0.00			
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		lemo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Dec	duction (\$25	5.00 Semi	-Monthly	)			
s	UBTOTAL of Receipts This Page (optional)						175	.10			
т	OTAL This Period (last page this line number of	only)									

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IT.			Use separate schedule(s)	(ch	eck only	y one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>′</b> 11a 13	11b	11c		ſ	17	
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any paddress of any political committe	person e to so	for the plicit cor	purpose ntribution:	of solicitin	g contr	ributic	ons	
	NAME OF COMMITTEE (In Full)										
$\rangle$	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	n Coi	mmitt	ee					
Α.	Full Name of Individual (Last, First, Middle Initi JEWELL, RODNEY, E., ,	al) or Full O	Organization Name		Date of Receipt						
	Mailing Address 5420 DECATUR ST				м м 09						
	City	State	Zip Code		Transaction ID : PR790090956261						
	ОМАНА	NE	68104-4931		Amount	of Each	Receipt t	nis Per	riod		
	FEC ID number of contributing federal political committee.	С	С						25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		M	emo Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	] 「	P/R Ded	uction (\$ <sup>4</sup>	12.50 Sem	i-Month	ıly)		
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name								
Β.	RIDER, SCOTT, P., ,				Date of	Receipt					
	Mailing Address 4888 MCGINNIS RD				м м 09	/ D	30	2017	7 7		
	City	State OH	Zip Code				) : PR7901				
	DELAWARE	On	43015-9132		Amount	of Each	Receipt t	his Per	log		
	FEC ID number of contributing federal political committee.	C			25.00						
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT			M	emo Iterr	1				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		, 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi ESTLER, STEPHEN, D., ,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 2177 NE 63RD ST				09		30	2017			
	City	State	Zip Code		Trans	action II	D : PR790'	09456	261		
	FT LAUDERDALE	FL	33308-1330		Amount	of Each	Receipt t	nis Per	riod		
	FEC ID number of contributing federal political committee.	С			<u> </u>	y	, y	1	66.70	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		М	emo Item	1				
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 1415.30	] '	P/R Ded	uction (\$	100.27 Sei	ni-Mon	thly)		
F	UBTOTAL of Receipts This Page (optional)					5		2	16.70	)	
T	<b>OTAL</b> This Period (last page this line number of	only)	······					-			

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171			Use separate schedule(s)	(check on	ly one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	Г	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	rson for the to solicit co	e purpose of ontributions	f soliciting	g contri h comr	ibutic mitter	ons	
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Init CONKLIN, THOMAS, D., ,	ial) or Full O	organization Name	Date of Receipt						
	Mailing Address 7391 E 111TH PL S			09 / D D / Y Y Y Y 09 30 2017						
	City BIXBY	State OK	Zip Code 74008-2138	Transaction ID : PR790122156261           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	duction (\$12	2.50 Semi	-Month	ıly)		
В.	Full Name of Individual (Last, First, Middle Initi MCDONALD, TODD, J., ,	ial) or Full O	organization Name	Date o	of Receipt					
	Mailing Address 11 EAGLE RIDGE DR			M N 09	/ D 30	D / Y	2017	Y Y 7		
	City	State	Zip Code	Trans	saction ID :	PR7901	318562	261		
	TROY	NY	12180-7167	Amour	nt of Each F	Receipt th	nis Peri	iod		
	FEC ID number of contributing federal political committee.	С			- 7	12	25.00	)		
	Name of Employer (for Individual) SELF	Occi INS	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$72.50 Semi-Monthly)							
с.	Full Name of Individual (Last, First, Middle Initi MCPHERSON, WILLIAM, G., ,	ial) or Full O	organization Name	Date o	of Receipt					
	Mailing Address 1276 PARNELL AVE NE			M N 09	/ D 30		2017			
	City LOWELL	State MI	Zip Code 49331-9768		saction ID					
	FEC ID number of contributing federal political committee.	С			, in or Each i			25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	duction (\$12	2.50 Semi	-Month	ıly)		
s	UBTOTAL of Receipts This Page (optional)		▶		. , .	9	17	75.00	)	
т	OTAL This Period (last page this line number of	only)						-		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
			erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KING, WILLIAM, B., ,			Date of Receipt	
Mailing Address 40 CALYPSO RD			09 30 2017	
City	State	Zip Code	Transaction ID : PR790140856261	
MONETA	VA	24121-5391	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	ů l			
Name of Employer (for Individual) SELF			Memo Item	
Receipt For:	popint For:		_	
Primary General	Aggregate Year-to-Date ▼		P/R Deduction (\$12.50 Semi-Monthly)	
Other (specify) V	225.00			
Full Name of Individual (Last, First, Mic	dle Initial) or Full O	rganization Name		
B. MARTIN, WILLIAM, H., ,			Date of Receipt	
Mailing Address 265 BRUSH VALLEY RD			09 / D D / Y Y Y Y 09 30 2017	
City	State	Zip Code	Transaction ID : PR790144556261	
BOALSBURG	PA	16827-1028	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	EC ID number of contributing ederal political committee.		25.00	
Name of Employer (for Individual) SELF			Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify) ▼	225.00		P/R Deduction (\$12.50 Semi-Monthly)	
Full Name of Individual (Last, First, Mic C. BLAIS, ALAN, L, MR.,	Date of Receipt			
Mailing Address 20 SHADY DELL LN			M M / D D / Y Y Y Y 09 30 2017	
City	State	Zip Code	Transaction ID : PR790151856261	
SOMERS	СТ	06071-2136	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			53.84	
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) ECTOR	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 538.40		P/R Deduction (\$26.92 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optio	nal)	•	103.84	
TOTAL This Period (last page this line n	umber only)		•	

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17						
Any information copied from such Reports and or commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any per ddress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middle In FROGAMENI, ANTHONY, D, MR.,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 31 COVENTRY LN			09 / 0 / Y Y Y Y 09 / 30 / 2017						
City AGAWAM	State MA	Zip Code 01001-3570	Transaction ID : PR790157056261           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		29.42						
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) PINVESTMENT OPERATIONS	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.20	P/R Deduction (\$14.71 Bi-Weekly)						
B. KULIG, ALAN, , MR., Mailing Address 3 WILDWOOD LN	rganization Name	Date of Receipt							
City	State	Zip Code	09 30 2017 Transaction ID : PR790158856261						
WILBRAHAM	MA	01095-2660	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.76						
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II C. DICKEY, ANDREW, C, MR.,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2934 E CRESTVIEW ST	01-1-	7.00-1-	09 / 0 0 / Y Y Y Y 09 / 30 2017						
City SPRINGFIELD	State MO	Zip Code 65804-3420	Transaction ID : PR790159356261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		153.90						
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) IAGING DIRECTOR - STRATEGIC	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1539.00	P/R Deduction (\$76.95 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			214.08						

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

FEC Schedule A (Form 3X) Rev. 06/2016

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1. 

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check	(check only one)						
II EIVIIZED RECEI	-13		for each category of the Detailed Summary Page	<b>×</b> 11	-	11b	11c	12	17		
Any information copied fro or for commercial purpose	m such Reports and Statemer s, other than using the name	nts may and add	not be sold or used by any pe ress of any political committee	erson for	the pu	irpose o	f soliciting	g contribu	tions		
NAME OF COMMITTE	E (In Full) Mutual Life Insurance	e Com	pany Political Action	Comm	nitte	Э					
Full Name of Individual A. PRAST, BRIAN, J,	(Last, First, Middle Initial) or I MR.,	Full Orga	nization Name	Dat	e of F	Receipt					
Mailing Address 47 EL					09 / 0 / Y Y Y Y 09 30 2017						
City LONGMEADOW	Sta MA		Zip Code 01106-1429					65956261 his Period			
FEC ID number of con federal political commit	ŝ							30.	76		
Name of Employer (for MASSACHUSETTS ML	,	· ·	tion (for Individual) ND VP & ACTUARY		Men	no Item					
Receipt For: Primary Other (specify) ▼	General Aggr	egate Ye	ar-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)							
Full Name of Individual B. DUBE, CAROL, A	(Last, First, Middle Initial) or I	Full Orga	nization Name	Dat	e of F	Receipt					
Mailing Address 80 CH						09 / 30 / 2017 Transaction ID : PR790171656261					
City WILBRAHAM	Sta M		Zip Code 01095-1204					71656261 his Period			
FEC ID number of con federal political commit	ontributing							30.	_		
Name of Employer (for MASSACHUSETTS MU	Individual) TUAL LIFE INS.		ation (for Individual) PRESIDENT - ACCOUNTING		Men	no Item					
Receipt For: Primary Other (specify) ▼	General	egate Ye	ar-to-Date ▼ 307.60	P/R [	Deduc	tion (\$15	5.38 Bi-We	eekly)			
Full Name of Individual C. KINNON, CHRIS	(Last, First, Middle Initial) or I STOPHER, K, MR.,	Full Orga	nization Name	Dat	e of F	Receipt					
Mailing Address 2415	1				09 <sup>M</sup>	/ D 30		2017	Y		
City HERMOSA BEACH	Sta CA		Zip Code 90254-2542					83856261 his Period			
FEC ID number of con federal political commit	ŝ					y .	. ,	30.	76		
Name of Employer (for BARINGS LLC	Individual)	Occupa DIREC	ition (for Individual) TOR		Men	no Item					
Receipt For: Primary Other (specify)	General	egate Ye	ar-to-Date ▼ 307.60	P/R	Deduc	tion (\$1	5.38 Bi-W	eekly)			
SUBTOTAL of Receipts	This Page (optional)		•••••			, .	. ,	92.2	28		
TOTAL This Period (last	page this line number only)		•								

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						(check only one)					
	EMIZED RECEIPTS		for each category c Detailed Summary		¥ 11a 13	11b	11c	12	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	l ay not be sold or used ddress of any political	by any pers committee to	on for the	purpose	of soliciting	g contribut	tions		
	NAME OF COMMITTEE (In Full)	-									
$ \rangle$	Massachusetts Mutual Life Insur	rance Co	mpany Political	Action C	committ	ee					
<u>к</u>	Full Name of Individual (Last, First, Middle Initi NOREEN, CLIFFORD, M, MR.,	al) or Full O	rganization Name		Date of Receipt						
	Mailing Address 95 BENT TREE DR				09 / D D / Y Y Y Y 2017						
	City E LONGMEADOW	State MA	Zip Code 01028-1365				D: PR7901 Receipt th				
	FEC ID number of contributing federal political committee.	С						192.3	32		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) NAGING DIRECTOR - S	STRATEGIC	M	emo Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 19:	23.20	P/R Ded	uction (\$9	96.16 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initi WADDINGTON, Craig, , MR.,	al) or Full O	rganization Name		Date of	f Receipt					
	Mailing Address 14 SPRING MEADOW DR			09 / D D / Y Y Y Y 30 2017							
	City GRANBY	State CT	Zip Code 06035-1327				: PR79018 Receipt th				
	FEC ID number of contributing federal political committee.	С						76.9	92		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & ACTU		M	emo Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	69.20	P/R Ded	uction (\$3	38.46 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initi ECHEVERRIA, DAVID, J, MR.,	al) or Full O	rganization Name		Date of	f Receipt					
	Mailing Address 36 FARMINGTON AVE				09 M	3	30	2017			
	City LONGMEADOW	State MA	Zip Code 01106-1433				D:PR7901 Receipt th				
	FEC ID number of contributing federal political committee.	С					neceipt ti	53.8	34		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) NAGING DIR - INVESTI	MENTS	M	emo Item	1				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5	38.40	P/R Ded	luction (\$2	26.92 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••		. ,	. ,	323.0	08		
т	OTAL This Period (last page this line number of	only)		····· ►							

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IT.			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □							
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
$\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee							
Α.	Full Name of Individual (Last, First, Middle Init WHARMBY, DAVID, D, MR.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 34 VERPLANK AVE			09 30 2017							
	City	State	Zip Code	Transaction ID : PR790192656261							
	STAMFORD	СТ	06902-8216	_ Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	BARINGS LLC	MAN	NAGING DIRECTOR								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		700.00	P/R Deduction (\$38.46 Bi-Weekly)							
	Other (specify) <b>v</b>	L	769.20								
R	Full Name of Individual (Last, First, Middle Init HINDMAN, DEAN, R, MR.,	ial) or Full O	rganization Name	Date of Receipt							
υ.	Mailing Address 46 DWIGHT ST										
				09 30 2017							
	City	State	Zip Code	Transaction ID : PR790206656261							
	BOSTON	MA	02118-3662	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.76							
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & SENIOR COUNS	Memo Item							
	Receipt For:	Anareaste	Year-to-Date ▼	-							
	Primary General	Aggregate		P/R Deduction (\$15.38 Bi-Weekly)							
	Other (specify) V	L	307,60	,,,							
с.	Full Name of Individual (Last, First, Middle Init PHELAN, DONALD, J, MR.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 24 HAMMERSMITH			09 30 2017							
	City	State	Zip Code	Transaction ID : PR790207856261							
	AVON	СТ	06001-2915	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		53.84							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	BARINGS LLC Receipt For:	1		-							
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$26.92 Bi-Weekly)							
	Other (specify)		538.40	F/N Deduction (\$20.32 B-Weekly)							
⊢	UBTOTAL of Receipts This Page (optional)			161.52							
Т	OTAL This Period (last page this line number of	only)	····· ►								

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IТ			Use separate schedule(s)		(check only one)							
11	EIVILLED RECEIFIS		for each category Detailed Summary		★ 11a 13		11b 14	11c 15	12	17		
Ar or	y information copied from such Reports and St. for commercial purposes, other than using the	atements ma name and a	ly not be sold or use ddress of any politica	ed by any pers al committee to	on for the	purp ntrib	oose of	soliciting	contribut	tions		
$\setminus$	NAME OF COMMITTEE (In Full)	_			_							
	Massachusetts Mutual Life Insur	ance Co	mpany Politica	al Action C	ommitt	ee						
A.	Full Name of Individual (Last, First, Middle Initi HOFFMAN, Brad, BR, MR.,	al) or Full O	rganization Name		Date o	f Re	ceipt					
	Mailing Address 50 DEVONSHIRE TER				M M / D D / Y Y Y Y 09 30 2017							
	City E LONGMEADOW	State MA	Zip Code 01028-3139						<b>31456261</b> is Period			
	FEC ID number of contributing federal political committee.	С					,	-	192.3	32		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individua - OPERATIONAL AN	,	М	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1	923.20	P/R Ded	luctio	on (\$96.	16 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initi DEITELBAUM, JOHN, E, MR.,	al) or Full O	rganization Name		Date o	f Re	ceipt					
	Mailing Address 3 MONTICELLO CIR	Ctata Zin Codo				09 / 30 / 2017 Transaction ID : PR790248256261						
	City ELLINGTON	State CT	Zip Code 06029-8300				-		<b>8256261</b> is Period			
	FEC ID number of contributing federal political committee.	С					,		269.2	24		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individua & DEPUTY GEN CC	,	М	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	692.40	P/R Ded	uctic	on (\$134	4.62 Bi-W	′eekly)			
С.	Full Name of Individual (Last, First, Middle Initi TAILLIE, JOHN, R, MR.,	al) or Full O	rganization Name		Date o	f Re	ceipt					
	Mailing Address 151 MCKENZIE DR				M M 09	1	D D D 30		үүү 2017	Y		
	City SOUTHINGTON	State CT	Zip Code 06489-4117						52056261 is Period			
	FEC ID number of contributing federal political committee.	С							50.0	00		
	Name of Employer (for Individual) BARINGS LLC		upation (for Individua PRESIDENT	)	Μ	lemo	Item					
	Receipt For: Primary General Other (specify)	Aggregate		500.00	P/R Dec	luctio	on (\$25	.00 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			····· ►			,	9	511.5	56		
т	OTAL This Period (last page this line number o	only)		••••••			,					

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\mathbf{X}$ 11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee
Full Name of Individual (Last, First, Middle)         A.       CALABRESE, JOSEPH, A, MR.,         Mailing Address       28 CANTERBURY LN	Initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	Transaction ID : PR790253256261
FEEDING HILLS	MA	01030-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		53.84
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P SYSTEMS	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. ROKOWSKI, JOSEPH, R, MR.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 124 MAXIMILIAN DR	09 30 / Y Y Y Y 2017		
City	State	Zip Code	Transaction ID : PR790254556261
GRANBY	MA	01033-9469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY		cupation (for Individual) CE PRESIDENT - TRUST COMPA	N Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1500.00	P/R Deduction (\$75.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. NASCIMENTO, JAMES, J, MR.,		Organization Name	Date of Receipt
Mailing Address 432 LYON ST			09 / D D / Y Y Y Y 2017
City LUDLOW	State MA	Zip Code 01056-1133	Transaction ID : PR790260256261
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) E PRESIDENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			257.68
TOTAL This Period (last page this line number	er only)		

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IT	EMIZED RECEIPTS		f	or each category of the Detailed Summary Page	(check	-		e) 11b 14	11c		12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r								solicitin	ig cont	ribution	
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	omp	pany Political Action (	Comr	nitte	ee					
Α.		l) or Full O	Drgar	nization Name	Da	te of	Rec	eipt				
	Mailing Address 68 HOLCOMB ST				1 6	09	1	D 10 30	JL	201		
	City EAST GRANBY	State CT		Zip Code 06026-9531					PR7902			
			_	00020 3331	_ Am	nount	of E	ach H	leceipt t	his Pe	riod	_
	FEC ID number of contributing federal political committee.	С				-					53.84	
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	1 E	Me	emo	ltem				
	MASSACHUSETTS MUTUAL LIFE INS.	VIC	E PI	RESIDENT - COMPLIANCE & F		_						
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Other (specify) ▼		-	538.40	P/R	Dedu	uctio	n (\$26	.92 Bi-W	/eekly)		
в.	Full Name of Individual (Last, First, Middle Initia RODOLAKIS, JAMES, M, MR.,	nization Name	Da	te of	Rec	eipt						
	Mailing Address 26 EVERGREEN DR					09 <sup>M</sup>	/	D D D		201	7 Y	
	City	State Zip Code				ransa	actio	n ID :	PR7902	260556	261	
	E LONGMEADOW	MA		01028-1456	Am	nount	of E	ach R	leceipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	Ŭ									30.76	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		•	tion (for Individual) RESIDENT & SENIOR COUNS		Me	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 307.60	P/R	Dedu	uctior	า (\$15.	38 Bi-W	(eekly)		
C.	Full Name of Individual (Last, First, Middle Initia ROBINSON, JEFFREY, T, MR.,	l) or Full O	Drgar	nization Name	Da	te of	Rec	eipt				
	Mailing Address 28 DONAMOR LN				M	09	'	30		201	7 Y	
	City	State MA		Zip Code	Т	rans	actio	on ID :	PR7902	261656	6261	
	E LONGMEADOW	IMA		01028-2220	Am	nount	of E	ach F	leceipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	. ,		,		53.84	
	Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL		•	ion (for Individual) ING DIRECTOR - MMI		Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 538.40					uctio	n (\$26	.92 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)			•					. ,	1	138.44	
т	OTAL This Period (last page this line number or	nly)		▶								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	•		<b>0</b>						
ightarrow Massachusetts Mutual Life In	surance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middle A. REEVE, KATHY, S, MS.,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address EDGEMERE HILLS BLDG 85 N MAIN ST UNIT 14A	i 14		09 30 2017						
City	State	Zip Code	Transaction ID : PR790272756261						
EAST HAMPTON	СТ	06424-1448	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
BARINGS LLC	DIR	ECTOR							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		384.60	P/R Deduction (\$19.23 Bi-Weekly)						
			1						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. RICKSON, Ken, M, MR.,			Date of Receipt						
Mailing Address 7 CYPRESS LN	State	Zip Codo	09 / D D / Y Y Y Y 09 30 2017						
City WILBRAHAM	State MA	Zip Code 01095-1507	Transaction ID : PR790278556261						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - SALES RISK M	AN Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		538.40	P/R Deduction (\$26.92 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. HOWAT, LISA, A, MS.,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 68 CHATHAM HILL RD			09 30 2017						
City	State	Zip Code	Transaction ID : PR790286656261						
SOUTH GLASTONBURY	СТ	06073-3542	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.38						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
BARINGS LLC	MAN	AGING DIRECTOR							
	Aggregate	Year-to-Date ▼							
Other (specify)		292.22	P/R Deduction (\$15.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	)		107.68						
TOTAL This Period (last page this line numb	per only)								

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	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma ig the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life I	nsurance Co	mpany Political Actior	n Committee							
Full Name of Individual (Last, First, Midd ACKERMAN, MARK, , MR.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 50 BARBER HILL RD			09 30 / Y Y Y Y 2017							
City BROAD BROOK	State CT	Zip Code 06016-9716	Transaction ID : PR790296056261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		53.90							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 539.00	P/R Deduction (\$26.95 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. NATCHARIAN, MATTHEW, P, I		rganization Name	Date of Receipt							
Mailing Address 3 RIDGEBURY RD	,		09 30 2017							
City	State	Zip Code	Transaction ID : PR790301456261							
AVON	СТ	06001-3825	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		269.24							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.40	P/R Deduction (\$134.62 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. GATELY, MICHAEL, H, MR.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 134 FAIRVIEW TER			09 / D D / Y Y Y Y 2017							
City S GLASTONBURY	State CT	Zip Code 06073-3304	Transaction ID : PR790304956261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) IAGING DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)		400.06							
TOTAL This Period (last page this line nur	nber only)									

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			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b	11c	12		17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the to solicit co	purpose of ntributions	f soliciting	g contrib	outior	าร			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committ	ee							
$\backslash$				••••								
Α.	Full Name of Individual (Last, First, Middle Init DUBOIS, MICHAEL, E, MR.,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 76 CLEARBROOK DR			09	M M / D D / Y Y Y Y							
	City SPRINGFIELD	State MA	Zip Code 01118-1905		saction ID : t of Each F							
FEC ID number of contributing federal political committee.								0.76	_			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) COND VP & ACTUARY	М	lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Ded	luction (\$15	5.38 Bi-W	eekly)					
	Full Name of Individual (Last, First, Middle Init ZAMMITTI, MICHAEL, E, MR.,	tial) or Full O	rganization Name	Data a	f Receipt							
Б.	Mailing Address 57 VIRGINIA RAIL DR			Date 0			2017	Y	]			
	City	State	Zip Code	Trans	action ID :	PR7903	1475626	61				
	MARLBOROUGH	CT	06447-1158	Amoun	t of Each F	Receipt th	nis Peric	bd				
	FEC ID number of contributing federal political committee.	С		30.76								
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	M	lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Ded	luction (\$15	5.38 Bi-We	ekly)					
<u> </u>	Full Name of Individual (Last, First, Middle Init DELANEY, PAMELA, J, MS.,	tial) or Full O	rganization Name	Date o	f Receipt							
	Mailing Address 15 WINTERSET LN			M M 09	/ D 30		2017	Y	]			
	City SIMSBURY	State CT	Zip Code 06070-1720		saction ID t of Each F			-				
	FEC ID number of contributing federal political committee.	С			, in Each i			6.92				
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - PROCUREMENT		lemo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Dec	duction (\$38	3.46 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)		•			. ,	13	8.44				
Т	OTAL This Period (last page this line number of	only)	••••••					-				

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IT.			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a		11b	11c		2 6	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per- address of any political committee t	son for the	purp	oose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action (	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initia KINSEY, PATRICIA, A, MS.,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 16 SUNNYSIDE TER			M N 09	1 /	D D D 30	/ Y	y 201	Y 17	
	City WILBRAHAM	State MA	Zip Code 01095-1304				PR79032 eceipt th			
	FEC ID number of contributing federal political committee.	С				7			93.40	)
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.			upation (for Individual) - STRATEGIC INITIATIVES & DAT/		1emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 934.00	P/R Deduction (\$46.70 Bi-Weekly)						
В.	Full Name of Individual (Last, First, Middle Initia PRESTON, PHILLIP, J, MR.,	al) or Full O	rganization Name	Date c	of Re	ceipt				
	Mailing Address 63 WRIGHT ST		09 / D D / Y Y Y Y 09 30 2017							
	City	State	Zip Code				PR79033			
	AGAWAM	MA	01001-3131	Amour	nt of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) AVP PROJECT MANAGER			30.76					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.				1emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼	7						
	Other (specify) V		307.60	P/R Dec	JUCIIC	л ( <b>5</b> 15.	38 Bi-We	екіу)		
C.	Full Name of Individual (Last, First, Middle Initia FERRIS, PETER, G, MR.,	al) or Full O	organization Name	Date c	of Re	ceipt				
	Mailing Address 393 PINEWOOD DR			09		D D D 30		ү 201	7	
	City LONGMEADOW	State MA	Zip Code 01106-1643				PR7903: eceipt th			
	FEC ID number of contributing federal political committee.	С				,	j		23.00	6
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & ACTUARY		lemo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.60	P/R Dec	ductio	on (\$11.	53 Bi-We	eekly)		
	UBTOTAL of Receipts This Page (optional)					y .	, , ,	1	47.22	2

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and S for commercial purposes, other than using the									
$\setminus$	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee						
Α.	Full Name of Individual (Last, First, Middle Init VANBEAVER, PETER, C, MR.,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 8 VICTORIA LN			09 / 0 / Y Y Y Y 09 30 2017						
	City WILBRAHAM	State MA	Zip Code 01095-1905	Transaction ID : PR790333156261           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.76						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & ILLUSTRATION	A Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Init KENNEDY, RHAE, A, MS.,	Date of Receipt								
	Mailing Address 10 BRIAR CLIFF DR			09 30 2017						
	City	State MA	Zip Code	Transaction ID : PR790351856261						
	WILBRAHAM	IVIA	01095-1576	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		76.92						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) NAGING DIRECTOR - INVESTME	Et Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 769.20	P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Init BARNHART, RICHARD, P, MR.,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 344 WESTCHESTER RD			09 30 / Y Y Y Y 2017						
	City COLCHESTER	State CT	Zip Code 06415-2426	Transaction ID : PR790352056261 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		53.90						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) ACCTG STANDARDS & IND REL/	A Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 539.00	P/R Deduction (\$26.95 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	161.58						
Т	OTAL This Period (last page this line number of	only)	•							

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee
Α.	Full Name of Individual (Last, First, Middle Initia BOURGEOIS, RICHARD, D, MR., Mailing Address 11 ECHO HILL RD		-	Date of Receipt
	City WILBRAHAM	State MA	Zip Code 01095-2663	Transaction ID : PR790352256261
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1539.00	P/R Deduction (\$76.95 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia BUCKLEY, RICHARD, F, MR., Jr.	al) or Full (	Organization Name	Date of Receipt
	Mailing Address 1 CEDAR RDG		7.0.1	09 30 / Y Y Y Y 2017
	City SOUTH HADLEY	State MA	Zip Code 01075-1795	Transaction ID : PR790352356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) BARINGS LLC		ccupation (for Individual) ANAGING DIRECTOR	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initia BRODERICK, ROBERT, J, MR.,	al) or Full (	Organization Name	Date of Receipt
	Mailing Address 62 ACADEMY DR	State	Zip Code	09 30 2017
	LONGMEADOW	MA	01106-2154	Transaction ID : PR790353156261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		53.84
	Name of Employer (for Individual) BARINGS LLC	VIC	cupation (for Individual) CE PRESIDENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	261.58
Т	OTAL This Period (last page this line number o	nly)	•••••	

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			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	¥ 11a 13	11b	11c		2	17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	rson for the	purpose of	f soliciting	g conti	ributio	ons	
$\setminus$	NAME OF COMMITTEE (In Full)	-		<b>o</b>						
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	tee					
<b>A</b> .	Full Name of Individual (Last, First, Middle Initi LABUN, ROBERT, G, MR.,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 84 WILDFLOWER CIR			M N 09	/ D 30		y 201	Y 1 17	Ý	
	City WESTFIELD	State MA	Zip Code 01085-4590		saction ID : nt of Each F					
	FEC ID number of contributing federal political committee.	С						76.92	2	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT, INVESTMENT AC		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dec	duction (\$38	8.46 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initi ROSENTHAL, ROBERT, S, MR.,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 12 SHERWOOD LN			09	/ D 30		201		r	
	City AVON	State CT	Zip Code 06001-3215		saction ID :					
	FEC ID number of contributing federal political committee.	С			nt of Each F			115.40	0	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) & ASSISTANT GENERAL COUNS		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1154.00	P/R Dec	duction (\$57	.70 Bi-We	∍ekly)			
с.	Full Name of Individual (Last, First, Middle Initi CRANDALL, ROGER, W, MR.,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 165 CONVERSE ST APT 13			M 09	30		201 <sup>°</sup>	7	Ŷ	
	City LONGMEADOW	State MA	Zip Code 01106-1755		saction ID : nt of Each F					
	FEC ID number of contributing federal political committee.	С						384.60	0	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		ipation (for Individual) IRMAN PRESIDENT & CEO		lemo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3846.00	P/R Dec	duction (\$19	92.30 Bi-V	Veekly	')		
s	UBTOTAL of Receipts This Page (optional)		•			9	5	576.92	2	
Т	OTAL This Period (last page this line number o	nly)	•					-		

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma	l ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	·									
Aassachusetts Mutual Life Ir	nsurance Co	mpany Political Action	ר Committee							
Full Name of Individual (Last, First, Middle MOORE, SUSAN, A, MS.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 70 BROOKS RD			09 30 2017							
City LONGMEADOW	State MA	Zip Code 01106-2129	Transaction ID : PR790370156261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		269.24							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.40	P/R Deduction (\$134.62 Bi-Weekly)							
Full Name of Individual (Last, First, Middle COONEY, THOMAS, M, MR.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6 OAKLAND ST			09 / 0 / Y Y Y Y 2017							
City WILBRAHAM	State MA	Zip Code 01095-2726	Transaction ID : PR790377356261							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) STOMER SERVICE DIRECTOR	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 219.00	P/R Deduction (\$10.95 Bi-Weekly)							
Full Name of Individual (Last, First, Middle WOOLRIDGE, VICTOR, , MR.		rganization Name	Date of Receipt							
Mailing Address 146 LONGHILL ST			09 / D D / Y Y Y Y Y 2017							
City SPRINGFIELD	State MA	Zip Code 01108-1438	Transaction ID : PR790387656261           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		53.84							
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) E PRESIDENT	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		► 344.98							

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 14	11c 15	12 16		17		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose of atributions f	soliciting	contrib	utions ttee.			
$\setminus$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Committe	ee						
Α.	Full Name of Individual (Last, First, Middle In FRANKLIN, WILLIAM, D., ,	itial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 5611 ENDERLY RD			09							
	City	State	Zip Code	Trans	action ID :	PR79039	685626	1			
	BALTIMORE	MD	21212-2958	Amount	of Each R	eceipt thi	is Perio	d			
	FEC ID number of contributing federal political committee.	С					25	.00			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		225.00	P/R Dedu	uction (\$12.	50 Semi-	Monthly	)			
в.	Full Name of Individual (Last, First, Middle In KOWALSKI, KEN, C., ,	itial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 3620 WILLOW LAWN DR			м м 09	/ D D 30	/ Y	2017	Y			
	City	State	Zip Code	Trans	action ID :	PR79039	745626	1			
	LYNCHBURG	VA	24503-3022	Amount	of Each R	eceipt thi	is Perio	d			
	FEC ID number of contributing federal political committee.	С					83	.40			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify) ▼		740.60	P/R Dedu	uction (\$43.	54 Semi-l	Monthly	)			
<u> </u>	Full Name of Individual (Last, First, Middle In TANAKA, WAYNE, Y., ,	itial) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 565 ALIHI PL			M M 09	/ D D 30	/ Y	2017	Ŷ			
	City KAILUA	State HI	Zip Code 96734-3914		action ID : of Each R						
	FEC ID number of contributing federal political committee.	С				, j	25	.00			
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Me	emo Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		212.50	P/R Ded	uction (\$15.	00 Semi-	Monthly	)			
s	UBTOTAL of Receipts This Page (optional)		•		, , , ,	, , ,	133	.40	]		

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

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check	(check only one)						
11			for each category of the Detailed Summary Page			11b	11c		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for to solici	the p	urpose	of solicitir	ng con	ntributi	ons	
$\setminus$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Comn	nitte	е					
Α.	Full Name of Individual (Last, First, Middle Init MARTIN, BRIAN, W., ,	ial) or Full O	rganization Name	Dat	te of I	Receipt					
	Mailing Address 12217 CLEGHORN RD				09 <sup>M</sup>	/ D	BO /		)17	Y	
	City COCKEYSVILLE	State MD	Zip Code 21030-2218				D: PR7904 Receipt 1				
	FEC ID number of contributing federal political committee.	С				-			83.4	0	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Mer	no Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.60	P/R	Dedu	ction (\$4	46.54 Serr	ii-Mon	ithly)		
в.	Full Name of Individual (Last, First, Middle Init COLLIER, CHRISTOPHER, E., ,	ial) or Full O	rganization Name	Dat	te of	Receipt					
	Mailing Address 7162 REGIMENT DR				м 09	/ D	30	20 <sup>°</sup>	ү 17	Y	
	City	State	Zip Code				) : PR7904				
	CINCINNATI	OH	45244-3617	Am	ount	of Each	Receipt 1	this Pe	eriod		
	FEC ID number of contributing federal political committee.	С			_	-7-		_	25.0	0	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Mer	no Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R	Deduo	ction (\$1	12.50 Sem	i-Mon	thly)		
с.	Full Name of Individual (Last, First, Middle Init SUNDET, SCOTT, M., ,	ial) or Full O	rganization Name	Dat	te of	Receipt					
	Mailing Address 14316 CLEARVIEW LN				09 <sup>M</sup>		BO /	Y Y 20	ү 17	Y	
	City URBANDALE	State IA	Zip Code 50323-2083				D: PR790 Receipt 1				
	FEC ID number of contributing federal political committee.	С			_	y			50.0	0	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		Me	no Item	1				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R	Dedu	ction (\$2	25.00 Sem	าi-Mon	nthly)		
s	UBTOTAL of Receipts This Page (optional)					7			158.4	0	
Т	OTAL This Period (last page this line number of	only)									

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	<b>X</b> 11a 13		11b 14	11c 15	12 16	17	
			y not be sold or used by any pe ddress of any political committee				soliciting		utions	
NAME OF COMM										
Massachuse	tts Mutual Life Insura	ance Co	mpany Political Action	Commit	ttee					
Full Name of Indiv KARCHER, MA	idual (Last, First, Middle Initia RK, A., ,	ll) or Full O	rganization Name	Date	of Re	ceipt				
	125 WESTMOOR RD			09		D D 30	/ Y	ү ү 2017	Y	
City BLOOMFIELD		State MI	Zip Code 48301-1356			ion ID : F				
BLOOMFIELD			46301-1336	Amou	nt of	Each Re	eceipt th	is Perio	d	
FEC ID number of federal political co	0	С				-	-	25	5.00	
Name of Employer SELF	(for Individual)		ipation (for Individual) JRANCE AGENT		Memo	tem				
Receipt For:		Aggregate	Year-to-Date 🔻							
Primary	General		040.50	P/R De	ductio	on (\$15.0	00 Semi-	-Monthly	·)	
Other (speci	y) <b>v</b>		212.50							
	idual (Last, First, Middle Initia )STROFF, LISA, L., ,	l) or Full O	rganization Name	Date	of Re	ceipt				
Mailing Address 6	908 WINTERWOOD LN			09		30	/ Y	2017	Y	
City		State	Zip Code	Tran	sacti	on ID : F	PR79043	3125626	1	
DALLAS		ТХ	75248-5157	Amou	nt of	Each Re	eceipt th	is Perio	d	
FEC ID number of federal political co	0	С						25	5.00	
Name of Employe SELF	(for Individual)		upation (for Individual) URANCE AGENT		Memo	tem				
Receipt For:			Year-to-Date ▼	_						
Primary	General	Aggregate		P/R De	ductio	on (\$12.5	i0 Semi-	Monthly	)	
Other (speci	ý) <b>v</b>		225.00						,	
Full Name of Indiv C. Basehore, C	idual (Last, First, Middle Initia OREY, L., ,	ll) or Full O	rganization Name	Date	of Re	ceipt				
Mailing Address 1	785 ELIZA WAY			09		D D D 30	/ Y	2017	Y	
City		State	Zip Code	Trar	nsact	ion ID : I	PR7904	3505626	i1	
MECHANICSBUR	G	PA	17050-1684	Amou	nt of	Each Re	eceipt th	is Perio	d	
FEC ID number of federal political co	0	С				,	,	125	5.00	
Name of Employer SELF	(for Individual)		ipation (for Individual) JRANCE AGENT	ים ן	Memo	tem				
Receipt For: Primary Other (speci	General y)	Aggregate	Year-to-Date ▼ 1075.00	P/R De	educti	on (\$72.8	50 Semi	-Monthly	')	
SUBTOTAL of Rece	ipts This Page (optional)	•			,	.,	175	5.00		
TOTAL This Period	(last page this line number or	ıly)								

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	11c 15	12 16	17	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe address of any political committee	rson for the	purpose of	soliciting of	contributi	ions	
$\setminus$	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Committ	ee				
Α.	Full Name of Individual (Last, First, Middle Init LOGAN, BRIAN, R., ,	tial) or Full O	Organization Name	Date of	f Receipt				
	Mailing Address 1787 WINTERHAVEN DR			м м 09	/ D D 30	/ Y	ү ү 2017	Ŷ	
	City MECHANICSBURG	State PA	Zip Code 17055-5192		action ID : I				
	FEC ID number of contributing federal political committee.	С					50.0	0	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	М	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Ded	uction (\$25.0	00 Semi-M	onthly)		
в.	Full Name of Individual (Last, First, Middle Init DAVIS, JONATHAN, S., ,	tial) or Full O	Organization Name	- L	f Receipt	_			
	Mailing Address 7 OVERLOOK RD			M M 09	/ D D 30		y y 2017	Y	
	City	State CT	Zip Code		action ID : F				
	WESTPORT		06880-2327	Amoun	t of Each Re	eceipt this	Period	_	
	FEC ID number of contributing federal political committee.	C					83.4	0	
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	М	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 725.60	P/R Ded	uction (\$46.5	54 Semi-M	onthly)		
<u> </u>	Full Name of Individual (Last, First, Middle Ini GREENBERG, STEFAN, E., ,	tial) or Full O	Organization Name	Date of	f Receipt				
	Mailing Address 27 BAILIWICK RD			M M 09	/ D D 30		y 2017	Ŷ	
	City GREENWICH	State CT	Zip Code 06831-3609		action ID : I				
	FEC ID number of contributing federal political committee.	С		Ē	, <u>,</u> ,	, ,	50.0	0	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	emo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Ded	luction (\$25.0	00 Semi-N	lonthly)		
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>	, , , ,		183.4	0	

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

FEC Schedule A (Form 3X) Rev. 06/2016

1.

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c} \textbf{X} \\ 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17$
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action (	Committee
Α.	Full Name of Individual (Last, First, Middle Initia SEGALL, ROBERT, J., , Mailing Address 9 FAITH LN	al) or Full C	Organization Name	Date of Receipt
	City ARDSLEY	State NY	Zip Code 10502-2510	Transaction ID : PR790450356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.40
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 725.60	P/R Deduction (\$46.54 Semi-Monthly)
в.	Full Name of Individual (Last, First, Middle Initia GARBUT, BRETT, M., ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 33 FARMINGTON LN	State	Zip Code	09 / D D / Y Y Y Y 09 30 2017
	MELVILLE	NY	11747-4016	Transaction ID : PR790451356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.70
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)
с.	Full Name of Individual (Last, First, Middle Initia SEROTTE, STEVEN, R., ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 910 VERNAL WAY			09 / 0 0 / Y Y Y Y 09 / 30 / 2017
	City MILL VALLEY	State CA	Zip Code 94941-4422	Transaction ID : PR790451656261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.40
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 725.60	P/R Deduction (\$46.54 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	208.50
Т	OTAL This Period (last page this line number o	nly)	•	

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			Use separate schedule(s)	(check only one)						
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13	11b	11c 15	12		17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the	purpose of	soliciting	contrib	ution ittee.		
	NAME OF COMMITTEE (In Full)		·····							
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initi LEBLANC, PETER, J., ,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 150 CARONDELET PLZ			M N 09	/ D 30		2017	Y		
	City SAINT LOUIS	State MO	Zip Code 63105-3436		saction ID : It of Each F					
	FEC ID number of contributing federal political committee.	С			1 - 1		25	5.00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dec	duction (\$12	.50 Semi-	Monthly	')		
в.	Full Name of Individual (Last, First, Middle Initi DENNEN, WAYNE, J., ,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 2302 VISTA MOORA AVE			09	/ D 1		2017	Y		
	City	State	Zip Code		saction ID :					
	CHINO HILLS	CA	91709-4340	Amour	t of Each F	Receipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С					25	5.00		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Item					
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		225.00	P/R Dec	luction (\$12	.50 Semi-	Monthly	)		
с.	Full Name of Individual (Last, First, Middle Initi VAN GILDER, JUDY, D., ,	al) or Full O	rganization Name	Date c	of Receipt					
	Mailing Address 6012 88TH PL			M 09	30		2017 <sup>°</sup>			
	City LUBBOCK	State TX	Zip Code 79424-3699		saction ID : It of Each F			-		
	FEC ID number of contributing federal political committee.	С						u 7.10		
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		lemo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 243.85	P/R Dec	duction (\$9.	52 Semi-N	lonthly)			
⊢	UBTOTAL of Receipts This Page (optional)		<b>r</b>		· · · ·	- y	67	7.10	7	
11	OTAL This Period (last page this line number of	·····y)	•••••••	and the second se					_	

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			Use separate schedule(s) (Cl				(check only one)						
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	erson to so	for the	pur ntrib	pose of outions fr	soliciting	g con	ntributi	ons		
	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Con	nmitte	ee							
Α.	Full Name of Individual (Last, First, Middle Initia SHAUGHNESSY, MICHAEL, E., ,	al) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 7 WILLOW POND DR				м м 09	1	D D 30	/ Y		)17	Y		
	City GOFFSTOWN	State NH	Zip Code 03045-3105				i <b>on ID :</b> Each Re						
	FEC ID number of contributing federal political committee.	С						а 1 др.		25.0	0		
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P	/R Ded	ucti	on (\$12.	50 Semi	-Mont	thly)			
в.	Full Name of Individual (Last, First, Middle Initia SHAUGHNESSY, T J, , ,	al) or Full O	Drganization Name		Date of	Re	ceipt						
	Mailing Address 133 RIVERWALK WAY				<sup>M</sup> 09	1	30	/ Y	y 201	17 17	Y		
	City	State	Zip Code		Trans	acti	on ID : I	PR7904	63056	6261			
	MANCHESTER	NH	03101-2642	/	Amount	of	Each R	eceipt th	nis Pe	əriod			
	FEC ID number of contributing federal political committee.	С							_	83.4	0		
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT		Me	emc	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.60	P/	/R Dedi	uctio	on (\$46.	54 Semi	-Mont	thly)			
<u> </u>	Full Name of Individual (Last, First, Middle Initia KAMMERAAD, JEFFREY, W., ,	al) or Full O	Drganization Name		Date of	Re	ceipt						
	Mailing Address 2978 BROOKWIND DR				м м 09	/	D D D 30	/ Y	201	17 17	Y		
	City HOLLAND	State MI	Zip Code 49424-1683				ion ID :				_		
	FEC ID number of contributing	_	49424-1003	- '	Amount	of	Each R	eceipt th	is Pe				
	federal political committee.	С			<u> </u>	-	<u>y</u>	y		50.0	0		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		M	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P	P/R Ded	ucti	on (\$25.	00 Semi	i-Mon	thly)			
s	UBTOTAL of Receipts This Page (optional)	•				,	. ,		158.4	0			
Т	OTAL This Period (last page this line number o	nly)	•										

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			Use separate schedule(s)	(check on	(check only one)						
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c 15		2 6 [	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	L ay not be sold or used by any pe Iddress of any political committee	erson for the	purpo	ose of s	soliciting	contr	ributic	ons	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Init CORNETT, ROBERT, M., ,	ial) or Full O	rganization Name	Date of	of Rec	eipt					
	Mailing Address 115 STEELMAN RD			M N 09	/	30	/ Y	ү 201	7 7		
	City PURVIS	State MS	Zip Code 39475-3325				PR79046 eceipt th				
	FEC ID number of contributing federal political committee.	С					- 49-		66.70	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		1emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.30	P/R Deduction (\$33.27 Semi-Monthly)							
В.	Full Name of Individual (Last, First, Middle Initi VESSELL, JERRY, D., ,	ial) or Full O	rganization Name	Date o	of Rec	eipt					
	Mailing Address 911 CALLOWAY DR			M N 09	1	о 30	/ Y	2017	Y Y 7		
	City	State	Zip Code				PR79047				
	BRENTWOOD	TN	37027-6539	Amour	nt of E	Each Re	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	С				-			83.40	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	N	lemo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.60	P/R Dec	ductior	n (\$46.5	4 Semi-	Month	ıly)		
с.	Full Name of Individual (Last, First, Middle Initi HERDLER, ROBERT, C., ,	ial) or Full O	rganization Name	Date c	of Rec	eipt					
	Mailing Address 222 W GLENDALE RD			M N 09	/	D D D 30	/ Y	201			
	City WEBSTER GROVES	State MO	Zip Code 63119-4019				PR79050				
	FEC ID number of contributing federal political committee.	С			. ,	,	. y		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	ductio	n (\$12.5	50 Semi-	-Month	ıly)		
s	UBTOTAL of Receipts This Page (optional)		•		. ,		5	1	75.10		
т	OTAL This Period (last page this line number of	only)	••••••			_		_	-		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category o Detailed Summary	of the
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In:	surance Company Political	Action Committee
Full Name of Individual (Last, First, Middle         OFFERDAHL, KAREN, R., ,         Mailing Address 1122 ELM ST APT 503         City         HONOLULU         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         SELF         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         HI       96814-2205         C       Occupation (for Individual)         INSURANCE AGENT       Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt D9 30 2017 Transaction ID : PR790519156261 Amount of Each Receipt this Period 25.00 Memo Item P/R Deduction (\$9.86 Semi-Monthly) 22.36
Full Name of Individual (Last, First, Middle B. RILEY, LAURA, E., , Mailing Address 389 COUNTY ROAD 537 V	V	Date of Receipt
City COLTS NECK FEC ID number of contributing federal political committee.	State     Zip Code       NJ     07722-1628	Transaction ID : PR790530956261         Amount of Each Receipt this Period         25.00
Name of Employer (for Individual) SELF Receipt For: Primary General Other (specify) V	Occupation (for Individual) INSURANCE AGENT Aggregate Year-to-Date ▼	25.00 Memo Item
C. Full Name of Individual (Last, First, Middle ELWELL, ROBERT, C., , Mailing Address 8 CALLE CANGREJO	Initial) or Full Organization Name	Date of Receipt
City SAN CLEMENTE FEC ID number of contributing	C Zip Code CA 92673-6839	Transaction ID : PR790533956261           Amount of Each Receipt this Period           25.00
federal political committee. Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2	P/R Deduction (\$5.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		

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IT.			Use separate schedule(s)	(check only	/ one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the			on for the	purpose of	soliciting	g contribut	ions			
$\setminus$	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action C	committe	ee						
<u>А.</u>	Full Name of Individual (Last, First, Middle Initia VIOLA, JAMES, S, MR.,	al) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 208 N FARMS RD			09 / 0 / Y Y Y Y Y 09 30 / 2017							
	City FLORENCE	State MA	Zip Code 01062-1042		action ID : of Each R						
	FEC ID number of contributing federal political committee.	С					30.7	76			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & SENIOR COUNSI	Me	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Dedi	uction (\$15	.38 Bi-We	eekly)				
B	Full Name of Individual (Last, First, Middle Initia O GRADY, THOMAS, D., ,	al) or Full Or	rganization Name	Date of	Receipt						
Ь.	Mailing Address 11301 SILVERSTONE DR			/ D D 30	/ Y	2017	Ŷ				
	City	State VA	Zip Code 23116-5877		action ID :			_			
	MECHANICSVILLE FEC ID number of contributing federal political committee.	С			of Each R	leceipt th	nis Period 50.0	00			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item						
	Receipt For: Primary General		Year-to-Date ▼	-							
	Other (specify) ▼		450.00	P/R Dedu	uction (\$25.	00 Semi-	-Monthly)				
C.	Full Name of Individual (Last, First, Middle Initia DUDECK, THOMAS, G, MR.,	al) or Full Or	rganization Name	Date of	Receipt						
	Mailing Address 17 WINTERBERRY RD			м м 09	/ D D 30		2017 <sup>°</sup>	Y			
	City DEEP RIVER	State CT	Zip Code 06417-2126		action ID :						
	FEC ID number of contributing federal political committee.	С			of Each F	ieceipt tr	115.3	38			
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) IAGING DIRECTOR	Me	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Ded	uction (\$57	.69 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)		▶			, ,	196.1	4			
Т	OTAL This Period (last page this line number o	nly)	••••••		-y-						

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\mathbf{X}$ 11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and a or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Company Political Action	Committee
Full Name of Individual (Last, First, Middle Ir         GRAY, JONATHAN, R, MR.,         Mailing Address       152 MORNINGSIDE DR	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code MA 01106-2316	Transaction ID : PR790545456261
LONGMEADOW	MA 01106-2316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.50
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP BUSINESS OPERATIONS	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir B. DULCHINOS, DEAN, , MR.,	itial) or Full Organization Name	Date of Receipt
Mailing Address 20 ABBEY LN		09 30 / Y Y Y Y 2017
City	State Zip Code MA 01028-3206	Transaction ID : PR790568556261
E LONGMEADOW FEC ID number of contributing federal political committee.	MA 01028-3206	Amount of Each Receipt this Period
Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	P/R Deduction (\$38.50 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir C. KRAEZ, KATHLEEN, L, MS.,	hitial) or Full Organization Name	Date of Receipt
Mailing Address 111 ASHFORD RD		09 / D D / Y Y Y Y 2017
City LONGMEADOW	State Zip Code MA 01106-2515	Transaction ID : PR790579456261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	•	169.34
TOTAL This Period (last page this line number	r only)	

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check onl	y one)					
11			for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b	11c 15	12	17		
	ny information copied from such Reports and Si for commercial purposes, other than using the			rson for the	purpose of	soliciting	contribu	utions		
$\setminus$	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committ	ee					
Α.	Full Name of Individual (Last, First, Middle Init TREVALLION, DOUGLAS, M, MR., II	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 30 COVENTRY LN			09 30 / Y Y Y Y 2017						
	City AGAWAM	State MA	Zip Code 01001-3569		action ID : t of Each R					
	FEC ID number of contributing federal political committee.	С					76	.92		
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	М	emo Item					
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Ded	uction (\$38.	46 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Init ROBERGE, ROGER, M, MR.,	ial) or Full O	rganization Name	Date of	f Receipt					
	Mailing Address 14 ROCKINGHAM CIR			м м 09	/ D D 30	/ Y	2017	Y		
	City EAST LONGMEADOW	State MA	Zip Code 01028-3197		action ID :					
	FEC ID number of contributing federal political committee.	C		Amoun	t of Each R			.92		
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 769.20	P/R Ded	uction (\$38.	46 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Init SHETTLE, ROBERT, M, MR.,	ial) or Full O	rganization Name	Date o	f Receipt					
	Mailing Address 65 KELSEY LN			09	30		2017	_		
	City GLASTONBURY	State CT	Zip Code 06033-5040		action ID :					
			00035-5040	Amoun	t of Each R	eceipt thi	is Perioc	t		
	FEC ID number of contributing federal political committee.	С				- y	38	.46		
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) IAGING DIRECTOR	M	emo Item					
	Receipt For:	Aggregate	Year-to-Date ▼				• • • •			
	Other (specify)		384.60	P/R Dec	luction (\$19.	23 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)		•••••				192.	.30		

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

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ıт.		Use separate schedule(s)			(check only one)						
11			for each category of the Detailed Summary Page		<b>X</b> 11a	11b 14	11c 15		2 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by an address of any political comm	ny perso nittee to	on for the	purpose of	soliciting	g cont	ributio	ons	
$\left  \right $	NAME OF COMMITTEE (In Full)				•						
/	Massachusetts Mutual Life Insur	ance Co	ompany Political Acti	ion C	ommitt	ee					
<u>к</u>	Full Name of Individual (Last, First, Middle Initi RATHBUN, GEORGE, F, MR., II	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 127 TUNXIS ST				M M / D D / Y Y Y Y 09 30 2017						
	City WINDSOR	State CT	Zip Code 06095-1334		action ID : of Each F						
	FEC ID number of contributing federal political committee.	С							30.76	3	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - LIFE STRAT	EGIC	M	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60		P/R Ded	uction (\$15	.38 Bi-We	eekly)			
	Full Name of Individual (Last, First, Middle Initi LACEY, JAMES, O, MR.,	al) or Full O	Organization Name		Data at	Boosint					
в.	Mailing Address 106 MAGNOLIA TER		Date of Receipt 09 30 2017								
	City	State	Zip Code		Trans	action ID :	PR7906'	16256	261		
	SPRINGFIELD	MA	01108-2533		Amount	of Each F	Receipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) VICE PRESIDENT - PUBLIC RELATIO			O S3.84						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40		P/R Ded	uction (\$26	.92 Bi-We	ekly)			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi HAASE, CRAIG, , MR.,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 2154 WINHALL RD				м м 09	/ D 30	JL	ү 201	7		
	City FORT MILL	State SC	Zip Code 29715-0147			action ID :					
	FEC ID number of contributing federal political committee.	С			Amoun	of Each F	receipt tr	iis Pei	30.76	ô	
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) - RELATIONSHIP MANAGEM	ENT	М	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.60	]	P/R Ded	uction (\$15	.38 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			▶			. ,	1	115.36	3	
Т	OTAL This Period (last page this line number o	only)		▶					-		

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170			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11;	a	11b	11c		2	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for t	ne pu contri	rpose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Comm	ittee	e				
Α.	Full Name of Individual (Last, First, Middle Initi SPELTZ, JEROME, J, MR.,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 12 ROCK LN			09 30 2017						
	City GUILFORD	State CT	Zip Code 06437-3531				PR7906 Receipt th			
	FEC ID number of contributing federal political committee.	С				-			30.76	6
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) ECTOR		Merr	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R D	educ	tion (\$15	.38 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initi ROMANO, DAVID, , MR.,	al) or Full O	rganization Name	Date	of R	leceipt				
	Mailing Address 128 RIMFIELD DR			09 / D D / Y Y Y Y Y 30 2017						
	City	State	Zip Code	Tra	nsac	tion ID :	PR7906	36756	261	
	SOUTH WINDSOR	СТ	06074-1860	Amo	unt o	f Each F	Receipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С							30.76	6
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) E PRESIDENT		Mem	io Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$15.38 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi FAWTHROP, ROLAND, P, MR.,	al) or Full O	rganization Name	Date	of R	eceipt				
	Mailing Address 51 HORSESHOE LN			м 0	9 9	/ 0 0		201		Ŷ
	City SOMERS	State CT	Zip Code 06071-2235				PR7906 Receipt th			
	FEC ID number of contributing federal political committee.	С				y	. ,		53.84	4
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) COND VP & ACTUARY		Merr	no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.40	P/R D	)educ	tion (\$26	.92 Bi-W	eekly)		
⊢	UBTOTAL of Receipts This Page (optional)			E		y .	, , , , , , , , , , , , , , , , , , ,	-	115.36	3

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IТ.			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	ny information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Committee						
Α.	· · · · · · · · · · · · · · · · · · ·	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 96 HORIZON LN			09 / 0 / Y Y Y Y Y 09 30 2017						
	City GLASTONBURY	State CT	Zip Code 06033-2828	Transaction ID : PR790661356261           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.76						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) COND VP - SALES SUPPORT	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initi MORIN, Jeff, A, MR.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 131 CANTERBURY CIR			09 / 0 / Y Y Y Y 30 / 2017						
	City E LONGMEADOW	State MA	Zip Code 01028-5710	Transaction ID : PR790661656261						
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) TERNAL WHOLESALER	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi GISH, TODD, M, MR.,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address 57 MIDDLE RD			09 / 0 / Y Y Y Y 09 / 30 / 2017						
	City ELLINGTON	State CT	Zip Code 06029-3615	Transaction ID : PR790677156261						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.92						
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - GIC OPERATIONS	S Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	130.76						
Т	OTAL This Period (last page this line number c	nly)	····· ►							

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	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Aassachusetts Mutual Life In	surance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Middle DESAI, SHEFALI, , MS.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 24 MEADOWLARK DR			09 / D D / Y Y Y Y 09 30 2017						
City E LONGMEADOW	State MA	Zip Code 01028-3172	Transaction ID : PR790683156261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		22.24						
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) - SALES ENGINEERING	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 222.40	P/R Deduction (\$11.12 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. BYERS, JOHN, N., ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3680 JACOBS MILL RD			09 30 2017						
City	State	Zip Code	Transaction ID : PR790684856261						
	MN	55356-9320	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		1012.50	P/R Deduction (\$85.00 Semi-Monthly)						
Full Name of Individual (Last, First, Middle . TETHER, JASON, M., ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1029 E FAIRVIEW LN	1		09 / D D / Y Y Y Y 09 30 2017						
City ROCHESTER HILLS	State MI	Zip Code 48306-4123	Transaction ID : PR790687356261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.70						
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.60	P/R Deduction (\$20.85 Semi-Monthly)						
SUBTOTAL of Receipts This Page (optional)			188.94						
TOTAL This Period (last page this line numb	per only)								

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ITEMIZED RECEIPTS						(check only one)						
				each category of the tailed Summary Page		<b>X</b> 11a 13		11b	11c 15		12 16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not ddres	be sold or used by any pe s of any political committee	rson to s	for the	pur ntrik	pose of	soliciting	g cont	tributio	ons
	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insur	ance Co	ompa	any Political Action	Co	mmitt	ee					
Α.	Full Name of Individual (Last, First, Middle Initi MCCARTHY, DANIEL, F., ,	al) or Full O	rganiz	ation Name	Date of Receipt							
	Mailing Address 22 CORTLAND DR					м м 09	1	D D 30	/ Y	20 <sup>2</sup>	17	Y
	City TOLLAND	State CT	Z	(ip Code 06084-2157	_				PR7906 eceipt th			
	FEC ID number of contributing federal political committee.	С				<u> </u>					25.00	0
	Name of Employer (for Individual) SELF			n (for Individual) CE AGENT		M	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	to-Date ▼ 225.00		P/R Ded	ucti	on (\$12.	50 Semi	-Mont	:hly)	
В.	Full Name of Individual (Last, First, Middle Initi LONG, YIN, , ,	al) or Full O	rganiz	ation Name		Date of	f Re	eceipt				
	Mailing Address 6 KAPPELMANN DR				09 / 0 / Y Y Y Y 2017							Ŷ
	City	State		lip Code		Trans	act	ion ID : I	PR79070	)2956	5261	_
	GREEN BROOK	NJ		08812-2157	_	Amoun	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С						-			25.00	0
	Name of Employer (for Individual) SELF		•	n (for Individual) ICE AGENT		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	to-Date ▼ , 225.00		P/R Ded	ucti	on (\$12.	50 Semi-	Mont	hly)	
с.	Full Name of Individual (Last, First, Middle Initi FEHRS, DAVID, S., ,	al) or Full O	rganiz	ation Name		Date of	f Re	eceipt				
	Mailing Address 191 BUCKTHORN DR					м м 09		<sup>D</sup> 30	JL	201		Y
	City BADEN	State PA		′ip Code 15005-2561					PR7907 eceipt th			
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .			208.40	0
				n (for Individual) CE AGENT		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	to-Date ▼ 1775.60		P/R Ded	lucti	on (\$124	1.04 Sen	ni-Moi	nthly)	
s	UBTOTAL of Receipts This Page (optional)				·			, .	9	2	258.40	0
т	OTAL This Period (last page this line number o	only)		•••••					· ·			

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		Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	× 11a		11b	11c	12	<b>—</b>	17
Any information or for comr	ation copied from such Reports and Standard Reports and Stand	atements ma name and ad	y not be sold or used by any pe	rson for th	e pui contril	rpose of	soliciting	contrib	ution ittee.	s
	DF COMMITTEE (In Full)									
	achusetts Mutual Life Insur	ance Co	mpany Political Action	Commi	ttee	;				
	ne of Individual (Last, First, Middle Initi , ALLEN, W., , JR	al) or Full Or	ganization Name	Date of Receipt						
Mailing	Address 427 RHODA DR			09 30 2017						
City LANCA	STER	State PA	Zip Code 17601-3669				PR79070 eceipt th			
	number of contributing political committee.	C						50	0.00	
SELF	f Employer (for Individual)		pation (for Individual) JRANCE AGENT		Mem	o Item				
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R De	educt	ion (\$25.	00 Semi-	Monthly	')	
	ne of Individual (Last, First, Middle Initi IT, EDWARD, I., ,	al) or Full Or	ganization Name	Date	of R	eceipt				
	Address 804 KATESFORD RD			09 / D D / Y Y Y Y 2017						
City		State	Zip Code				PR79071			
COCKE	YSVILLE	MD	21030-2246	Amou	int of	Each R	eceipt th	is Perio	d	
	number of contributing political committee.	С				-y	-	83	3.40	
SELF	f Employer (for Individual)		ipation (for Individual) JRANCE AGENT		Mem	o Item				
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ , 725.60	P/R De	educti	ion (\$46.	54 Semi-	Monthly	)	
	ne of Individual (Last, First, Middle Initi NSON, EDMOND, H., , III	al) or Full Or	ganization Name	Date	of R	eceipt				
Mailing	Address 617 DALE DR			M 09		D D D 30	/ Y	2017 <sup>°</sup>	Y	
City VIRGIN	IA BCH	State VA	Zip Code 23452-1848				PR7907			
	number of contributing political committee.	C				y	. <u>,</u>	25	5.00	
SELF	f Employer (for Individual)		pation (for Individual) IRANCE AGENT		Mem	o Item				
	For: imary General her (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	educt	ion (\$12.	50 Semi	-Monthly	()	
SUBTOTA	L of Receipts This Page (optional)		•••••			, .	,	158	8.40	
TOTAL TH	is Period (last page this line number o	nly)	••••••				-			

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	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>						
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee						
Full Name of Individual (Last, First, Mid CODE, BRIAN, E., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10029 ORANGE GROV			09 30 2017						
City TAMPA	State FL	Zip Code 33618-4014	Transaction ID : PR790721056261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
Full Name of Individual (Last, First, Mid B. WAHL, Michael, T., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4 TODMORDEN LN			09 30 2017						
City	State	Zip Code	Transaction ID : PR790723356261						
ROSE VALLEY	PA	19086-6729	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		66.70						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		566.95	P/R Deduction (\$39.94 Semi-Monthly)						
Full Name of Individual (Last, First, Mid GULLICKSON, PAUL, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4210 E 59TH ST	1		09 / D D / Y Y Y Y Y 30 2017						
City DAVENPORT	State IA	Zip Code 52807-2901	Transaction ID : PR790728056261 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)						
SUBTOTAL of Receipts This Page (option	nal)		116.70						
TOTAL This Period (last page this line nu	mber only)								

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IT.			Use separate schedule(s)	(check only one)							
11			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c 15		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any per ddress of any political committee	rson for the	e pur ontrib	pose of	soliciting	g cont	tributio	ons	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	ance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi SOLANO, ADAM, A., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 12 LIGHTHOUSE LN			09 / D D / Y Y Y Y 09 30 2017							
	City THIRD LAKE	State IL	Zip Code 60030-2638				PR79072 eceipt th				
	FEC ID number of contributing federal political committee.	С							15.99	9	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		/lemo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.99	P/R De	ducti	on (\$14.:	30 Semi	-Mont	hly)		
в.	Full Name of Individual (Last, First, Middle Initi THOMALLA, KENNETH, C., ,	al) or Full O	rganization Name	Date of	of Re	eceipt					
	Mailing Address 122 FOREST EDGE CT			09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	City	State	Zip Code	Tran	sact	ion ID :	PR79073	31156	261		
	PALOS PARK	IL	60464-1933	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	208.40								
	Name of Employer (for Individual) SELF	Occi INS	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1775.60	P/R Dee	ductio	on (\$124	.04 Sem	ii-Mon	ithly)		
<u></u> с.	Full Name of Individual (Last, First, Middle Initi PFAFF, DONOVAN, D., ,	al) or Full O	rganization Name	Date of	of Re	eceipt					
	Mailing Address 1101 RED TAIL DR			09	И /	D D D 30	/ Y	201	7		
	City VERONA	State WI	Zip Code 53593-7961				PR7907				
	FEC ID number of contributing federal political committee.	С					,		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		/lemo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	ducti	on (\$12.	50 Semi	-Mont	:hly)		
s	UBTOTAL of Receipts This Page (optional)					, .	,	2	249.39	)	
Т	OTAL This Period (last page this line number of	only)	•••••			-			-		

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IТ			Use separate schedule(s)	(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Si for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee					
A.	Full Name of Individual (Last, First, Middle Init OWENS, LILBURN, H., , JR	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 734 HIGHLAND CIR			09 / 0 / Y Y Y Y 09 30 2017					
	City TUPELO	State MS	Zip Code 38804-2006	Transaction ID : PR790766356261           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.70					
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.30	P/R Deduction (\$20.77 Semi-Monthly)					
B.	Full Name of Individual (Last, First, Middle Init ECHEVARRIA, SYLENA, G, MS.,	rganization Name	Date of Receipt						
	Mailing Address 166 WOODBROOK TER	State	Zip Code	09 / 0 0 / 2017					
	WEST SPRINGFIELD	MA	01089-4444	Transaction ID : PR790779956261 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.50					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P BUSINESS OPERATIONS	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	P/R Deduction (\$19.25 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Init MORIN, Vanessa, B, MS.,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 131 CANTERBURY CIR			09 / D D / Y Y Y Y 2017					
	City E LONGMEADOW	State MA	Zip Code 01028-5710	Transaction ID : PR790790356261           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		61.54					
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) FIELD OPERATIONS	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.40	P/R Deduction (\$30.77 Bi-Weekly)					
$\vdash$	UBTOTAL of Receipts This Page (optional)		F	141.74					
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ITEMIZED RECEIPTS	fc	etailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Comp	any Political Action	Committee
Full Name of Individual (Last, First, Middle I         A.       ZIELINSKI, GRETA, A, MS.,         Mailing Address 894 BERNIE AVE         City         W SPRINGFIELD         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MASSACHUSETTS MUTUAL LIFE INS.         Receipt For:         Primary       General         Other (specify) ▼	State MA C	Zip Code 01089-4415 on (for Individual) NSULTANT	Date of Receipt 09 / 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 I ALLEN, DAVID, S, MR., Mailing Address 8 WINHALL LN City HARTFORD FEC ID number of contributing	State CT	ization Name Zip Code 06105-1000	Date of Receipt 09 / 30 / 2017 Transaction ID : PR790809756261 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼		on (for Individual) GC DISPUTE RESOLUTION & -to-Date ▼ 1154.00	P/R Deduction (\$57.70 Bi-Weekly)
C. Full Name of Individual (Last, First, Middle I TROUP, GINA, B, MS., Mailing Address 109 SOMERSBY WAY	nitial) or Full Organ	ization Name	Date of Receipt
City FARMINGTON FEC ID number of contributing federal political committee.	CT	Zip Code 06032-2762	Transaction ID : PR790809956261 Amount of Each Receipt this Period 15.40
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)		on (for Individual) UNDERWRITER CONSULTA -to-Date ▼ 154.00	P/R Deduction (\$7.70 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		`	161.56

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177			Use separate schedule(s)	(check or	ily or	ne)			-	
11			for each category of the Detailed Summary Page	¥ 11a 13		11b	11c		12 16	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per address of any political committee	rson for the	pur pur	pose of	soliciting	g cont	tributio	ons
	NAME OF COMMITTEE (In Full)									
$\langle \rangle$	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Commit	tee					
Α.	Full Name of Individual (Last, First, Middle Initi PICCONE, SCOTT, , MR.,	al) or Full O	Organization Name	Date of	of Re	eceipt				
	Mailing Address 33 TROTWOOD DR			09	/	D D 30	/ Y	y 201	17	ſ
	City WEST HARTFORD	State CT	Zip Code 06117-1644				PR7908 <sup>,</sup> eceipt th			
	FEC ID number of contributing federal political committee.	С					-		38.46	6
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR		/lemc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	ducti	on (\$19.:	23 Bi-We	eekly)		
В.	Full Name of Individual (Last, First, Middle Initi KENDE, STEPHEN, J., ,	al) or Full O	Organization Name	Date of	of Re	eceipt				
	Mailing Address 41 HAMILTON ST			09	/	30	/ Y	y 201	7	
	City	State	Zip Code	Tran	sacti	ion ID :	PR79084	16756	261	
	PLATTSBURGH	NY	12901-3008	Amour	nt of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С				-	- 7		25.00	)
	Name of Employer (for Individual) SELF		supation (for Individual) SURANCE AGENT		/lemc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R Dec	ductio	on (\$12.	50 Semi-	Mont	hly)	
с.	Full Name of Individual (Last, First, Middle Initi Jarvis, HAROLD, F., ,	al) or Full O	Organization Name	Date o	of Re	eceipt				
	Mailing Address 190 MAIN ST			09	/	D D D 30	/ Y	y 201	7	
	City CHICHESTER	State NH	Zip Code 03258-6511				PR7908			
	FEC ID number of contributing federal political committee.	С			_	, .	- y		25.00	)
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		/lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	ducti	on (\$12.	50 Semi	-Mont	:hly)	
s	UBTOTAL of Receipts This Page (optional)				7	,		88.46	3	
т	OTAL This Period (last page this line number c	only)	•••••						-	

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	-		r	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any address of any political committe	person ee to s	for the	pur ntrib	pose of	soliciting	g conti	ributic	ons	
	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insur	rance Co	ompany Political Action	n Co	mmitt	ee						
Α.	Full Name of Individual (Last, First, Middle Initi WOOLMAN, GARY, B., ,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 10523 INDIAN RIDGE DR				м м 09	/	D D 30	/ Y		ΥΥ 7		
	City FORT WAYNE	State IN	Zip Code 46814-9090									
	FEC ID number of contributing federal political committee.	С						-		25.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Μ	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]	P/R Ded	lucti	on (\$12.	50 Semi <sup>.</sup>	-Montł	ıly)		
В.	Full Name of Individual (Last, First, Middle Initi SCHROEDER, MARY, J., ,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 4740 ALTA CANYADA RD				м м 09	/	30	/ Y				
	City	State	Zip Code		Trans	acti	on ID : I	PR79111	15956	261		
	LA CANADA	CA	91011-2027		Amoun	t of	Each Re	eceipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С			<u> </u>					50.00	)	
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT		М	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	] '	P/R Deduction (\$25.00 Semi-Monthly)							
<u> </u>	Full Name of Individual (Last, First, Middle Initi NAGLE, DAVID, L, MR.,	al) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 7 HIGH MEADOW CIR				<sup>M</sup> 09	/	D D 30	/ Y				
	City E LONGMEADOW	State MA	Zip Code 01028-3171	-								
	FEC ID number of contributing federal political committee.	С								30.76	3	
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR		М	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.60		P/R Ded	lucti	on (\$15.:	38 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•			, .		1	05.76	3	
Т	OTAL This Period (last page this line number c	only)		•						-		

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IТ.			Use separate sch		(check onl	y one)	from such committee				
11			for each category Detailed Summary		¥ 11a 13	11b 14				17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or use ddress of any politica	ed by any pers al committee t	son for the	purpose of	soliciting	g contrib	oution	าร	
$\setminus$	NAME OF COMMITTEE (In Full)	-			<b>-</b>						
	Massachusetts Mutual Life Insur	rance Co	mpany Politica	al Action (	Committ	ee					
/	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name								
Α.	O'SHAUGHNESSY, JAMES, J, MR.,				Date of	Receipt					
	Mailing Address 591 MAIN ST				м м 09	/ D D	) / Y			]	
	City	State	Zip Code		Trans	action ID :	PR7911	659562	61		
	CONCORD	MA	01742-3303		Amoun	t of Each R	leceipt th	is Peric	bd		
	FEC ID number of contributing federal political committee.	С				-		3	8.46		
	Name of Employer (for Individual)	Осси	upation (for Individual	l)	М	emo Item					
	BARINGS LLC	MAN	NAGING DIRECTOR								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General			384.60	P/R Ded	uction (\$19	.23 Bi-We	eekly)			
	Other (specify) <b>v</b>	<u> </u>	-9	004.00							
	Full Name of Individual (Last, First, Middle Initi DILTS, MATTISON, A., ,	ial) or Full O	rganization Name		Data at	Boogint					
р.	Mailing Address 8025 LAKE SHORE DR					FReceipt		YY	v		
	Maining Address 8025 LAKE SHORE DR				09	30	) / Ү	2017	= Y		
	City	State	Zip Code		Trans	action ID :	PR79117	61			
	GARY	IN	46403-1339		Amoun	t of Each R	leceipt th	ceipt this Period			
	FEC ID number of contributing federal political committee.	С				-	 	2	9.20		
	Name of Employer (for Individual) SELF		upation (for Individua URANCE AGENT	l)	М	emo Item					
	Receipt For:	Aggregate	Year-to-Date 🔻		1						
	Primary General			P/R Ded	uction (\$20.	36 Semi-	Monthly	y)			
	Other (specify)	L	<u> </u>	233.60							
с.	Full Name of Individual (Last, First, Middle Initi SHAUGHNESSY, THOMAS, E., ,	ial) or Full O	rganization Name		Date of	Receipt					
	Mailing Address 355 LINDSTROM LN				M M	/ D D		YY	Y	1	
					09	30		2017			
	City MANCHESTER	State NH	Zip Code 03104-4795			action ID :	-		-		
				_	Amoun	t of Each R	ieceipt tr	lis Peric	Ja	-	
	FEC ID number of contributing federal political committee.	С				, <u>,</u>		8	3.40	_	
	Name of Employer (for Individual)	Осси	upation (for Individual	l)	М	emo Item					
	SELF	INSU	JRANCE AGENT		-						
	Receipt For:	Aggregate	Year-to-Date ▼			untion (CEA	00 Comi	Monthl	. ^		
	Other (specify)			683.90	P/R Ded	uction (\$54	.oo Semi	-wonthi	у)		
	UBTOTAL of Receipts This Page (optional)			<b>•</b>				15	1.06		
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Т	OTAL This Period (last page this line number of	only)		••••••					-		

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177			Use separate schedule(s)	(check only one)	
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★     11a     11b     11c     12       13     14     15     16	17
	y information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contribution	ons
	NAME OF COMMITTEE (In Full)				
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action (	Committee	
Α.	Full Name of Individual (Last, First, Middle Initi TAYLOR, DOUGLAS, W, MR.,	ial) or Full O	rganization Name	Date of Receipt	
	Mailing Address 12 ERSKINE DR			09 30 / Y Y Y Y 2017	ſ
	City LONGMEADOW	State MA	Zip Code 01106-1614	Transaction ID : PR791193756261           Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		53.84	4
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT & APPOINTED ACT	T Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)	
B.	Full Name of Individual (Last, First, Middle Initi WATERMAN, ROBERT, C, MR.,	ial) or Full O	rganization Name	Date of Receipt	_
	Mailing Address 5 DRURY LN	State	Zip Code	09 30 2017	
	LONGMEADOW	MA	01106-3209	Transaction ID : PR791195556261 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.80	)
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P BUSINESS OPERATIONS	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$15.40 Bi-Weekly)	
с.	Full Name of Individual (Last, First, Middle Initi GOLDBERG, ANDREW, M, MR.,	ial) or Full O	rganization Name	Date of Receipt	
	Mailing Address 172 CAPTAIN RD			09 / D D / Y Y Y Y 09 30 2017	
	City LONGMEADOW	State MA	Zip Code 01106-2546	Transaction ID : PR791207056261           Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.76	6
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) & COUNSEL	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)	
s	UBTOTAL of Receipts This Page (optional)		•	115.40	)
Т	OTAL This Period (last page this line number of	only)	•		

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	mpany Political Action	Committee
A.	Full Name of Individual (Last, First, Middle Initia GOETZ, ADAM, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 604 QUINCY LN			09 30 2017
	City WEXFORD	State PA	Zip Code 15090-6836	Transaction ID : PR791213156261
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)
B	Full Name of Individual (Last, First, Middle Initia DEBOER, Bruce, A., ,	al) or Full O	rganization Name	Date of Receipt
0.	Mailing Address 6839 RIDGEWOOD TRL			09 30 2017
	City TOLEDO	State OH	Zip Code 43617-1181	Transaction ID : PR791215856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		66.70
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 566.95	P/R Deduction (\$33.35 Semi-Monthly)
с.	Full Name of Individual (Last, First, Middle Initia WRIGHT, DARREN, J., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 6020 E CALLE DEL MEDIA			09 30 2017
	City SCOTTSDALE	State AZ	Zip Code 85251-3018	Transaction ID : PR791221256261
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 83.40
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 744.81	P/R Deduction (\$42.70 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		••••••	200.10
Т	OTAL This Period (last page this line number or	nly)	••••••	

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177			Use separate schedule(s)	(check onl	y one)		2017 235456261 his Period 777.0 (eekly) 2017 248956261 his Period 25.0 i-Monthly) 2017 255856261 his Period 50.0		
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c		Г	17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements managements managements and a	ay not be sold or used by any per address of any political committee t	son for the	purpose of	soliciting	g contr	ributic	ons
<u>, , , , , , , , , , , , , , , , , , , </u>	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action (	Committ	ee				
Α.	Full Name of Individual (Last, First, Middle Initi STCLAIR, Mike, J, MR.,	al) or Full O	Drganization Name	Date o	f Receipt				
	Mailing Address 27 E RED BRIDGE LN			M M 09	/ D 1	) / Y			
	City SOUTH HADLEY	State MA	Zip Code 01075-2287		<b>saction ID</b> : t of Each F				
	FEC ID number of contributing federal political committee.	С						77.00	)
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		supation (for Individual) CE PRESIDENT - SALES & DISTRIE		emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	P/R Ded	luction (\$38	.50 Bi-We	eekly)		
В.	Full Name of Individual (Last, First, Middle Initi CLAYSON, MATTHEW, A., ,	al) or Full O	Drganization Name	Date o	f Receipt				
	Mailing Address 167 TOWER AVE			M M 09	/ D D 30				
	City	State	Zip Code		action ID :			-	
		MA	02494-1945	Amoun	t of Each F	Receipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С		I L				25.00	)
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	м	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R Ded	uction (\$12.	.50 Semi-	Month	ıly)	
<u> </u>	Full Name of Individual (Last, First, Middle Initi BIRD, JULIA, L., ,	al) or Full O	Drganization Name	Date o	f Receipt				
	Mailing Address 2273 E CONTINENTAL BLVD			09	/ D 1				
	City SOUTHLAKE	State TX	Zip Code 76092-9796		saction ID : t of Each F				
	FEC ID number of contributing federal political committee.	С			,	. ,		50.00	)
	Name of Employer (for Individual) SELF		cupation (for Individual) URANCE AGENT		emo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00	P/R Dec	luction (\$30	.00 Semi	-Month	ıly)	
s	UBTOTAL of Receipts This Page (optional)		•				1	52.00	
т	OTAL This Period (last page this line number o	nly)	•	Ľ				-	

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111			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c 15		2	17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	e pur ontrib	pose of :	soliciting	, cont	ributio	ons
$\setminus$	NAME OF COMMITTEE (In Full)	-		-						
	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Commit	tee					
A.	Full Name of Individual (Last, First, Middle Initi MILKA, TERRENCE, , MR.,	al) or Full O	rganization Name	Date of	of Re	eceipt				
	Mailing Address 10 WOODS LN			09	M /	D D 30	/ Y	ү 201	۲ ۲ 7	Ý
	City SIMSBURY	State CT	Zip Code 06070-2441			ion ID : I Each Re				
	FEC ID number of contributing federal political committee.	С				-			30.76	6
	Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY		upation (for Individual) COND VP TRUST COMPANY		Vemo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R De	ducti	on (\$15.3	38 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initi DOWD, CHRISTOPHER, P, MR.,	al) or Full O	rganization Name	Date of	of Re	eceipt				
	Mailing Address 35 SUNSET TER			09	M /	D D 30	/ Y	201 <sup>°</sup>		ŕ
	City WEST HARTFORD	State CT	Zip Code 06107-2737			ion ID : F				
	FEC ID number of contributing federal political committee.	С			nt of	Each Re	eceipt th	iis Pei	38.46	6
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR		Vemo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	ductio	on (\$19.2	23 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initi WOOD, GREG, P., ,	al) or Full O	rganization Name	Date of	of Re	eceipt				
	Mailing Address 1249 E 26TH ST			M 09		D D 30	/ Y	201		Ŷ
	City TULSA	State OK	Zip Code 74114-2603			ion ID : I Each Re				
	FEC ID number of contributing federal political committee.	С							83.40	0
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		Memo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 725.60	P/R De	educti	on (\$46.	54 Semi	-Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)		••••••			, .	. ,	1	52.62	2
т	OTAL This Period (last page this line number of	only)	••••••							

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ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)				
11			for each category of the Detailed Summary Page		1a 3	11b 14	11c		12 16	17
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson for	the p	urpose of	soliciting	g cont	tributio	ons
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Comr	nitte	е				
A.	Full Name of Individual (Last, First, Middle Init TREMBLAY, PAULA, M, MS.,	ial) or Full O	rganization Name	Da	te of	Receipt				
	Mailing Address 158 PINE HILL RD				09 <sup>M</sup>	/ D 1		Y 201	17	Ý
	City TOLLAND	State CT	Zip Code 06084-3726			ction ID : of Each F				
	FEC ID number of contributing federal political committee.	С			_	-y i			30.76	6
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual) PUBLIC RELATIONS		Me	mo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.60	P/R	Dedu	ction (\$15	.38 Bi-We	eekly)		
В.	Full Name of Individual (Last, First, Middle Init LACOMB, KEVIN, , MR.,	ial) or Full O	rganization Name	Da	te of	Receipt				
	Mailing Address 39 CHRISTIAN HILL RD	01-1-	7.0.1	М	09	/ 30		y 201		ſ
	City HIGGANUM	State CT	Zip Code 06441-4031			ction ID :				
	FEC ID number of contributing federal political committee.	C			iount	of Each F		lis re	53.90	0
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) TAX PLANNING AND STRATEG	Y	Me	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 539.00	P/R	Dedu	ction (\$26	.95 Bi-We	ekly)		
С.	Full Name of Individual (Last, First, Middle Init HASLAM, JOHN, H., ,	ial) or Full O	rganization Name	Da	te of	Receipt				
	Mailing Address 125 GOETTE TRL				09 <sup>M</sup>	/ D 10 30		201		Y
	City SAVANNAH	State GA	Zip Code 31410-1056			ction ID : of Each F				
	FEC ID number of contributing federal political committee.	С			_	, .	.,		41.7(	0
	Name of Employer (for Individual) SELF		ipation (for Individual) JRANCE AGENT		Me	mo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R	Dedu	ction (\$20	.77 Semi	-Mont	thly)	
s	UBTOTAL of Receipts This Page (optional)		•		_	,	. ,		126.36	6
ד	OTAL This Period (last page this line number of	only)	••••••	. L		-				

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       Image: Mark 11a       11a       11b       11c       12       13       14       15       16       17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements maname and a	ay not be sold or used by any pe address of any political committee	prson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	ompany Political Action	Committee
Α.	Full Name of Individual (Last, First, Middle Initia CHICARES, ELIZABETH, W, MS., Mailing Address 186 BELLE WOODS DR	ll) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	09 30 2017 Transaction ID : PR791351756261
	GLASTONBURY	CT	06033-1667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.32
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P - CFO & CHIEF ACTUARY	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.20	P/R Deduction (\$96.16 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia JOHNSON, JOHN, A., ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 1 WILLOW RIDGE RD			M M / D D / Y Y Y Y 09 30 2017
	City	State	Zip Code	Transaction ID : PR791354056261
	BAYVILLE	NY	11709-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia DEFRANCIS, CHRISTOPHER, , M		Organization Name	Date of Receipt
	Mailing Address 41 MAYNARD RD			09 / D D / Y Y Y Y 2017
	City NORTHAMPTON	State MA	Zip Code 01060-2809	Transaction ID : PR791365056261
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1154.00	P/R Deduction (\$57.70 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	332.72
т	OTAL This Period (last page this line number or	וy)		

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т	EMIZED RECEIPTS			separate schedule(s)	(che	eck only	/ on	e)				
11				ich category of the ed Summary Page	×	11a 13		11b	11c		2	17
	ny information copied from such Reports and S for commercial purposes, other than using the					for the	purp	ose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	rance Co	mpan	y Political Action	Cor	nmitte	ee					
Α.	Full Name of Individual (Last, First, Middle Init BRINKMAN, NATHAN, G., ,	ial) or Full O	rganizati	on Name	Date of Receipt							
	Mailing Address 9217 EAGLEWOOD DR					м м 09	/	D D D 30	/ Y	y 201	Y 1 7	
	City VERONA	State WI		Code 593-7803					PR7913 eceipt th			
	FEC ID number of contributing federal political committee.	С						y			25.00	)
	Name of Employer (for Individual) SELF		•	for Individual) AGENT		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 212.50	   P	P/R Ded	uctio	n (\$15.0	00 Semi	-Montl	hly)	
B.	Full Name of Individual (Last, First, Middle Init BALINT, WILLIAM, F., ,	ial) or Full O	rganizati	on Name		Date of	Rec	ceipt				
	Mailing Address 21 ELMCREST DR					м м 09	/	D D 30	/ Y	201	ΥΥΥ 7	
	City	State		Code					PR79139			
	CHICOPEE	MA	01	013-3300		Amount	of E	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	C				<u> </u>		, . ,			50.00	)
	Name of Employer (for Individual) SELF			for Individual) AGENT		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-l	Date 🔻								
	Other (specify)		<u>,</u>	450.00	P	/R Dedu	uctio	n (\$25.(	00 Semi-	-Montł	hly)	
С.	Full Name of Individual (Last, First, Middle Init HILL, RYAN, M., ,	ial) or Full O	rganizati	on Name		Date of	Red	ceipt				
	Mailing Address 1426 AUTUMNMIST DR					<sup>M</sup> 09	/	30	/ Y	y 201		
	City ALLEN	State TX	·	Code 002-4956					PR7914			
			13	02-4950	- 1	Amount	of E	Each R	eceipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	C				<u>_</u>	_	y	y		41.70	)
	Name of Employer (for Individual) SELF		upation ( JRANCE	ior Individual) AGENT		M	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-I	Date ▼ 375.30	F	P/R Ded	uctio	on (\$20.	77 Semi	-Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)			<b>&gt;</b>			_	9	5	1	16.70	)

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IT	EMIZED RECEIPTS		1	for each category of the Detailed Summary Page	) <sub>–</sub>	neck on X 11a 13		e) 11b 14	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the	purp	ose of	solicitin	g contri	butions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	m	pany Political Action	Co	mmit	tee					
A.	Mailing Address 2101 MAPLE LEAF DR		rga			Date o	_	ceipt 30	/ Y	y 2017		
	City PLANO	State TX		Zip Code 75075-3112					PR7914			
	FEC ID number of contributing federal political committee.	C				Amoun	it of I	ach Re	eceipt tl		od 50.00	
	Name of Employer (for Individual) SELF		•	tion (for Individual) ANCE AGENT		N	lemo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00		P/R Dec	ductio	n (\$40.0	00 Semi	i-Monthl	y)	
B.	Full Name of Individual (Last, First, Middle Initia WEHR, JAMES, M., ,	al) or Full O	rga	nization Name		Date o	f Red	ceipt				
	Mailing Address 17485 FRANCIS FARM PL	Ototo		Zin Oode		09	09 / D D / Y Y Y 2017					
	City HAMILTON	State VA		Zip Code 20158-3461					PR7914			
	FEC ID number of contributing federal political committee.	С					Amount of Each Receipt this Peri					
	Name of Employer (for Individual) SELF		•	tion (for Individual) ANCE AGENT		P/R Deduction (\$25.00 Semi-Monthly						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 450.00						y)		
c.	Full Name of Individual (Last, First, Middle Initia ROMAN, RICHARD, W., ,	al) or Full O	rga	nization Name		Date o	f Red	ceipt				
	Mailing Address 594 FAIRWAY DR	State		Zip Code		09		30	/ Y	2017		
	NOVATO	CA		94949-5837					PR7914 eceipt tl			
	FEC ID number of contributing federal political committee.	С						9	,		25.00	
	Name of Employer (for Individual) SELF			tion (for Individual) ANCE AGENT		N	lemo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	regate Year-to-Date ▼ 212.50				ductic	n (\$15.)	00 Sem	i-Monthl	ly)	
s	UBTOTAL of Receipts This Page (optional)			•				9	. ,	12	5.00	
т	OTAL This Period (last page this line number of	nly)		•	-			<b>y</b>			-	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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Any information copied from such Reports or for commercial purposes, other than usi	and Statements ma ng the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose	of soliciting of	contributi	ons					
NAME OF COMMITTEE (In Full)			•								
Assachusetts Mutual Life	Insurance Co	mpany Political Action	Committee								
Full Name of Individual (Last, First, Mid A. MORRISON, RUSSELL, D, MR.,	dle Initial) or Full O	rganization Name	Date of Receipt	Date of Receipt							
Mailing Address 5419 GORHAM DR											
City CHARLOTTE	State NC	Zip Code 28226-6411	Transaction ID Amount of Each								
FEC ID number of contributing federal political committee.	С				53.8	4					
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$2	26.92 Bi-Wee	kly)						
Full Name of Individual (Last, First, Mid B. FINKE, THOMAS, M, MR.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4920 HARDISON RD			09 3		y y 2017	Y					
City CHARLOTTE	State NC	Zip Code 28226-6418	Transaction ID								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual) BARINGS LLC		upation (for Individual) NAGING DIRECTOR	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R Deduction (\$1	92.30 Bi-We	ekly)						
Full Name of Individual (Last, First, Mide GALLOP, MARK, , MR.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 157 FAIRWAY XING				80	үүү 2017	Y					
City GLASTONBURY	State CT	Zip Code 06033-1468	Transaction ID Amount of Each								
FEC ID number of contributing federal political committee.	С			. , .	77.0	0					
Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL		upation (for Individual) IOR MANAGING DIRECTOR - M	Memo Item	I							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 770.00	P/R Deduction (\$3	38.50 Bi-Wee	kly)						
SUBTOTAL of Receipts This Page (option	nal)		, .	. , .	515.4	4					
TOTAL This Period (last page this line nu	mber only)										

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)       X     11a       11b     11c       12       13     14       15     16       17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee							
Α.	Full Name of Individual (Last, First, Middle Init           DAMERON, JOHN, S., ,           Mailing Address         6559 CROSS FIELD LN	ial) or Full O	rganization Name	Date of Receipt							
	City	State	Zip Code	09 <u>30</u> 2017							
	CHARLOTTE	NC	28226-7582	Transaction ID : PR791531156261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
B.	Full Name of Individual (Last, First, Middle Init WATERMAN, KAREN, , MS.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 5 DRURY LN			09 / D D / Y Y Y Y 2017							
	City LONGMEADOW	State MA	Zip Code 01106-3209	Transaction ID : PR791541056261							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) RATEGIC CONSULTANT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	P/R Deduction (\$11.55 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Init COSTA, CHERIE, A, MS.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 467 SOUTHWEST ST			09 / D D / Y Y Y Y 2017							
	City FEEDING HILLS	State MA	Zip Code 01030-1057	Transaction ID : PR791589056261 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) RKETING CONSULTANT	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 231.00	P/R Deduction (\$11.55 Bi-Weekly)							
⊢	UBTOTAL of Receipts This Page (optional)			71.20							
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IT.			Use separate schedule(s)	(cheo	k onl	y or	ne)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	erson fo to soli	r the	pur ntrib	pose of outions f	solicitin	g cor h cor	ntributi	ons		
$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Com	mitt	ee							
Α.	Full Name of Individual (Last, First, Middle Initia THOMPSON, PAUL, , MR.,	al) or Full O	l) or Full Organization Name				Date of Receipt						
	Mailing Address 189 MAYFAIR RD				09 / D D / Y Y Y Y 09 30 / 2017								
	City MOORESVILLE	State NC	Zip Code 28117-6022				ion ID : Each R						
	FEC ID number of contributing federal political committee.	С			_			а ар		115.4	0		
	Name of Employer (for Individual) BARINGS LLC		cupation (for Individual) NAGING DIRECTOR		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1154.00	P/F	R Ded	ucti	on (\$57.	70 Bi-W	eekly	')			
в.	Full Name of Individual (Last, First, Middle Initia GOLDSTEIN, RICHARD, , MR.,	al) or Full O	Drganization Name	Date of Receipt									
	Mailing Address 197 LYNNWOOD DR		Zip Code		<sup>M</sup> 09	1	30	/ Y	ү 20	ү 17	Y		
	City	State				ion ID :							
	LONGMEADOW	MA	01106-2013	A	mount	t of	Each R	eceipt tl	his P	eriod			
	FEC ID number of contributing federal political committee.	С			_		7	-7		76.9	2		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		cupation (for Individual) CE PRESIDENT - HR OPERATION	IS	M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/F	R Ded	uctio	on (\$38.⁄	46 Bi-W	eekly	)			
с.	Full Name of Individual (Last, First, Middle Initia SAPERSTEIN, JOEL, W., ,	al) or Full O	Drganization Name	D	ate of	f Re	eceipt						
	Mailing Address 708 WINDSWEPT LN				09 <sup>M</sup>	/	D D D 30	/ Y		17	Y		
	City FRANKLIN LAKES	State NJ	Zip Code 07417-1431				ion ID : Each R						
	FEC ID number of contributing federal political committee.	С		ļ	_		,	,		12.5	0		
	Name of Employer (for Individual) SELF		cupation (for Individual) URANCE AGENT		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	P/I	R Ded	lucti	on (\$15.	00 Sem	i-Mor	ithly)			
s	UBTOTAL of Receipts This Page (optional)		•	[			, .	. ,		204.8	2		
т	OTAL This Period (last page this line number o	nly)	••••••										

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check	only (	one)						
			for each category of the Detailed Summary Page	× 11; 13	_	11b 14	11c 15	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Comm	ittee	e						
Α.	Full Name of Individual (Last, First, Middle Init BOUDREAU, LAWRENCE, , MR.,	ial) or Full O	rganization Name	Date	Date of Receipt							
	Mailing Address 39 RIVERVIEW DR			09 / D D / Y Y Y Y 2017								
	City SUFFIELD	State CT	Zip Code 06078-1419				PR7916 Receipt th					
	FEC ID number of contributing federal political committee.	С						30	0.76			
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) ISTANT VICE PRESIDENT		Merr	io Item						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 307.60	P/R D	educ)	tion (\$15	.38 Bi-W	eekly)					
в.	Full Name of Individual (Last, First, Middle Init FIKES, DONOVAN, C., ,	ial) or Full O	rganization Name	Date	e of F	leceipt						
Mailing Address 25519 WILLARD PATH				м 0	9	/		2017	Ý			
	City	State	Zip Code	Tra	insac	tion ID :	PR7917	6645626	1			
	SAN ANTONIO	TX	78261-1111	Amo	unt o	f Each F	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С						25	5.00			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Merr	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R D	educt	tion (\$12.	.50 Semi	-Monthly	)			
<u>с</u> .	Full Name of Individual (Last, First, Middle Init BLOCK, MARY, S, MS.,	ial) or Full O	rganization Name	Date	e of F	leceipt						
	Mailing Address 67 PERSHING RD				9	/ 30		2017	Y			
	City WINDSOR LOCKS	State CT	Zip Code 06096-2122				<b>PR7917</b> Receipt th					
	FEC ID number of contributing federal political committee.	С				y 1		76	5.92			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual)	E	Men	no Item						
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       769.20			P/R D	)educ	tion (\$38	8.46 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)		•••••			, .	,	132	68			
Т	OTAL This Period (last page this line number of	only)	••••••				- 40-					

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       Image: Mark 11 a mark 11 b mark 11 c mark 12 mark 13 mark 12 mark 15 mark 16 mark 17 mark 13 mark 12 mar				
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pendotress of any political committee	erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Committee				
Α.	Full Name of Individual (Last, First, Middle Initi ERWIN, ROBERT, , MR., Mailing Address 185 COVENTRY LN	ial) or Full C	rganization Name	Date of Receipt				
				09 30 2017				
	City LONGMEADOW	State MA	Zip Code 01106-1629	Transaction ID : PR791800256261				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	BARINGS LLC Receipt For:			_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Deduction (\$26.92 Bi-Weekly)				
В.	Full Name of Individual (Last, First, Middle Initi SILVANIC, Bill, , MR.,	ial) or Full C	rganization Name	Date of Receipt				
	Mailing Address 120 CREAMERY HILL RD			09 / D D / Y Y Y Y 2017				
	City	State	Zip Code	Transaction ID : PR791800456261				
	GRANBY	СТ	06035-1702	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		76.92				
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) P - PRODUCT & MARKETING	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)				
с.	Full Name of Individual (Last, First, Middle Initi MILLER, STEVEN, A., ,	ial) or Full C	rganization Name	Date of Receipt				
	Mailing Address 10797 EAGLE CREST LN			09 / D D / Y Y Y Y 2017				
	City PARKER	State CO	Zip Code 80138-3070	Transaction ID : PR791864256261 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)				
s	UBTOTAL of Receipts This Page (optional)		••••••	155.76				
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	ECEIDTE ,		Use separate schedule(s)	(check d	only o								
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Any information co or for commercial	opied from such Reports and s purposes, other than using the	Statements ma	ay not be sold or used by any pe ddress of any political committee	rson for th	ne pu contri	rpose of	soliciting	contribu	tions				
1	MMITTEE (In Full)	-		-									
/ Massachu	isetts Mutual Life Insi	urance Co	mpany Political Action	Comm	ittee	;							
Full Name of In A. KIM, JONGS	ndividual (Last, First, Middle In SIK, , ,	itial) or Full O	rganization Name	Date	Date of Receipt								
Mailing Addres	s 4536 WILSHIRE BLVD				09 30 2017								
City	_	State	Zip Code	Tra	nsac	tion ID :	PR79188	81856261					
LOS ANGELES	S	CA	90010-3836	Amo	unt of	Each R	eceipt th	is Period					
FEC ID numbe federal political	r of contributing committee.	С						29.	20				
Name of Emplo SELF	oyer (for Individual)		upation (for Individual) URANCE AGENT		Mem	o Item							
Receipt For: Primary Other (sp	General Decify) ▼	Aggregate	Year-to-Date ▼ 262.80	P/R D	educt	ion (\$14.	52 Semi-	Monthly)					
Full Name of In B. ABOWD, E	ndividual (Last, First, Middle In RIC, S., ,	itial) or Full O	rganization Name	Date of Receipt									
Mailing Address 40 CALLA LILY CT				09 / D D / Y Y Y Y Y 2017									
City			Zip Code	Tra	nsact	tion ID :	PR79191	3756261	_				
RENO		NV	89511-6612	Amo	unt of	Each R	eceipt th	is Period					
FEC ID numbe federal political	r of contributing committee.	С					-	83.4	40				
Name of Emplo	oyer (for Individual)		upation (for Individual) URANCE AGENT		Mem	o Item							
Receipt For:		Aggregate	Year-to-Date ▼										
Primary Other (sp	General becify) ▼		, 725.60	P/R D	educt	ion (\$46.	54 Semi-	Monthly)					
Full Name of In C. DIAS, AM	ndividual (Last, First, Middle In Y, , MS.,	itial) or Full O	rganization Name	Date	of R	eceipt							
	<sup>S</sup> 120 CISLAK DR		1	0	9	D D D 30		2017 <sup>°</sup>					
City LUDLOW		State MA	Zip Code 01056-1546					26956261					
	or of contributing committee.	С		Amo	unt of	Each R	eceipt th	is Period 80.0	00				
	oyer (for Individual) ETTS MUTUAL LIFE INS.		upation (for Individual)		Mem	o Item							
Receipt For: Primary Other (sp	General		Year-to-Date ▼ 800.00		educt	ion (\$40.	00 Bi-We	eekly)					
SUBTOTAL of R	eceipts This Page (optional)		•		-	,	,	192.0	30				
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177			Use separate schedule(s)	(ch	eck onl	y or	one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	pur ntrib	oose of	soliciting	g cont	tributio	ons			
$\setminus$	NAME OF COMMITTEE (In Full)	-		_	_									
/	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Cor	nmitt	ee								
<u> </u>	Full Name of Individual (Last, First, Middle Initi BOWLING, FRANK, F., ,	al) or Full O	Full Organization Name				Date of Receipt							
	Mailing Address 1130 SUNSET DR				09 / D D / Y Y Y Y 2017									
	City GALLATIN	State TN	Zip Code 37066-5736					PR7919 leceipt th						
	FEC ID number of contributing				Amoun			ieceipi ii	IIS FE		-			
	federal political committee.	С			<u>L</u> .					25.0	0			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General			F	P/R Ded	lucti	on (\$12.	.50 Semi	-Mont	thly)				
	Other (specify) <b>v</b>		225.00											
R	Full Name of Individual (Last, First, Middle Initi MONROEJR, WILLIAM, F, MR., Jr	rganization Name		Date o	f Re	ceint								
0.	Mailing Address 225 GENERAL HOBBS RD			09		30	/ Y	201	Y Y	Y				
	City	State	Zip Code	_	Transaction ID : PR791969156261									
	JEFFERSON	MA	01522-1565	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.94							4			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) E PRESIDENT - MMLISI		М	emo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary     General       Other (specify) ▼		769.40	F	P/R Ded	uctio	on (\$38.	47 Bi-W	eekly)	1				
С.	Full Name of Individual (Last, First, Middle Initi MORRIS, MAUREEN, , MS.,	al) or Full O	rganization Name		Date o	f Re	ceipt							
	Mailing Address 10 WOODLAND PL				м м 09	/	30		201	17	Y			
	City	State	Zip Code		Trans	sact	ion ID :	PR7919	69456	6261				
	LUDLOW	MA	01056-1680	_	Amoun	t of	Each R	leceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	_	23.0	8			
	Name of Employer (for Individual)         Occupation (for Individual)           MASSACHUSETTS MUTUAL LIFE INS.         AVP TREASURY				M	lemo	Item							
Receipt For: Aggregate Year-to-Date ▼														
	Other (specify)		230.80	F	P/R Dec	ducti	on (\$11	.54 Bi-W	eekly)	)				
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>							125.02	2			
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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only	/ one)								
			for each category of the Detailed Summary Page	¥ 11a 13	11b 14	11c 15	12 16		17				
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the	purpose of ntributions f	soliciting	contrib	utior ittee	าร				
$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committe	ee								
Α.	Full Name of Individual (Last, First, Middle Init CONANT, JAMES, A., ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1120 UNIVERSITY DR NE			09	/ D D 30	/ Y	ү ү 2017	Y	1				
	City ATLANTA	State GA	Zip Code 30306-3317	Transaction ID : PR792024056261 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Me	emo Item								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Dedu	uction (\$12.	50 Semi-	Monthly	')					
В.	Full Name of Individual (Last, First, Middle Init HOUSTON, LINDA, C, MS., Mailing Address 3 FOREST RD	tial) or Full O	rganization Name	_	Receipt			- M					
		04-44-	The Original	09	30	/ Y	2017	Y					
	City WEST HARTFORD	State CT	Zip Code 06119-1625		action ID :								
	FEC ID number of contributing federal political committee.	C	Amount	of Each R	eceipt th		a 3.90						
	Name of Employer (for Individual) BARINGS LLC		upation (for Individual) E PRESIDENT	Me	emo Item								
	Receipt For:			_									
	Primary General	Aggregate	Year-to-Date V	P/P Dedu	uction (\$26.)	05 Bi_\//o	okly)						
	Other (specify)		539.00		ματιστη (φ20.	33 DI-116	eriy)						
с.	Full Name of Individual (Last, First, Middle Init BOUCHARD, JANINE, M., ,	tial) or Full O	rganization Name	Date of	Receipt								
	Mailing Address 34 L ST			M M 09	/ D D 30	/ Y	2017 <sup>°</sup>	Y	]				
	City HULL	State MA	Zip Code 02045-1706		action ID : of Each R								
	FEC ID number of contributing federal political committee.	С			. <u>.</u> .	9	2	5.00					
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Me	emo Item								
	Receipt For: Aggregate Year-to-Date	Year-to-Date ▼											
	Other (specify)				uction (\$12.	.50 Semi-	-Monthly	/)					
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ITE	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Check only one)       Image: The second
or	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Cor	mpany Political Action	Committee
Α.	Full Name of Individual (Last, First, Middle Initia KIMPEL, COLIN, W., ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 6201 WALHONDING RD			09 / 09 / 2017
	City BETHESDA	State MD	Zip Code 20816-2138	Transaction ID : PR792055856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) SELF		pation (for Individual) IRANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)
В.	Full Name of Individual (Last, First, Middle Initia WATERMAN, KEVIN, B, MR., Mailing Address 110 JOSEPH LN	al) or Full Or	ganization Name	Date of Receipt
	City SOUTH WINDSOR	State CT	Zip Code 06074-1464	09     30     2017       Transaction ID : PR792064156261       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.76
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		pation (for Individual) PRESIDENT & ACTUARY	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 307.60	P/R Deduction (\$15.38 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia CHOWDHRY, ASHISH, M., ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2 2ND ST APT 3306			09 / D D / Y Y Y Y 2017
	City JERSEY CITY	State NJ	Zip Code 07302-7025	Transaction ID : PR792081856261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) SELF		pation (for Individual) RANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
s	JBTOTAL of Receipts This Page (optional)		····· •	105.76

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FEC Schedule A (Form 3X) Rev. 06/2016

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ı			Use separate schedule(s)	(check or	nly one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 13	11b	11c	1:		17		
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	NAME OF COMMITTEE (In Full)										
$\rangle$	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Commit	tee						
Α.	Full Name of Individual (Last, First, Middle Initi PRATHER, KEVEN, P., ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 10761 CLARK RD			09 / D D / Y Y Y Y 09 2017							
	City CHARDON	State OH	Zip Code 44024-9779			D:PR7920					
	FEC ID number of contributing federal political committee.	С						25.00	)		
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT		lemo Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R De	duction (\$	12.50 Sem	i-Month	ıly)			
в.	Full Name of Individual (Last, First, Middle Initi RHO, SEAN, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1717 N VERDUGO RD			09	// D	30	2017	Y Y 7			
	City	State	Zip Code	Tran	saction II	D : PR7920	904562	261			
	GLENDALE	CA	91208-2934	Amour	nt of Each	n Receipt t	his Per	iod			
	FEC ID number of contributing federal political committee.	С						25.00	)		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		lemo Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00	P/R Dee	duction (\$	12.50 Sem	i-Month	ly)			
с.	Full Name of Individual (Last, First, Middle Initi STARKS, MACARTHUR, , MR.,	ial) or Full O	rganization Name	Date of	of Receipt	t					
	Mailing Address 34 NOTTINGHAM DR			09		30 /	2017				
	City EAST LONGMEADOW	State MA	Zip Code 01028-2630			<b>D : PR792</b> n Receipt t			_		
	FEC ID number of contributing federal political committee.	С			5	,		25.00	)		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) FINANCE		lemo Iter	n					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	P/R De	duction (\$	312.50 Bi-W	/eekly)				
⊢	UBTOTAL of Receipts This Page (optional)				5			75.00			

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1771			Use separate schedule(s)		(check onl	y one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<ul><li>✗ 11a</li><li>13</li></ul>	11b	11c		2	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by an address of any political comm	ny pers nittee to	on for the solicit co	purpose of ntributions	f soliciting	g conti h com	ributio mitte	ons		
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	Massachusetts Mutual Life Insur	ance Co	ompany Political Acti	ion C	Committ	ee						
Α.	Full Name of Individual (Last, First, Middle Initi LAU, JONATHAN, D., ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 275 ASPEN RD				09 / D D / Y Y Y Y 2017							
	City	State	Zip Code		Transaction ID : PR792101356261							
	BIRMINGHAM	MI	48009-3705		Amoun	t of Each F	Receipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	С				-			50.00	0		
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		м	emo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_	P/R Ded	uction (\$25	5.00 Semi	i-Montl	hly)			
	Other (specify) <b>v</b>		450.00									
В.	Full Name of Individual (Last, First, Middle Initi DOMINGUE, MICHAEL, , ,	al) or Full O	Organization Name		Date of Receipt							
	Mailing Address 107 SHELBURNE CIR			м м 09	/ D 30	D / Y	201	7 7	Y			
	City	State	Zip Code		Trans	action ID :	PR7921	02856	261			
	LAFAYETTE	LA	70508-6440	Amoun	t of Each F	Receipt th	nis Per	riod				
	FEC ID number of contributing federal political committee.	С							25.00	0		
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE BROKER		м	emo Item						
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		P/R Ded	uction (\$12	.51 Semi	-Month	ıly)					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi O'CONNOR, MICHAEL, , MR.,	al) or Full O	Organization Name		Date o	f Receipt						
	Mailing Address 17 TWIN HILL RD				M M 09	/ D 30		201 <sup>°</sup>		Y		
	City	State	Zip Code		Trans	saction ID	: PR7921	07756	261	_		
	HUBBARDSTON	MA	01452-1216		Amoun	t of Each F	Receipt tl	nis Per	riod			
	FEC ID number of contributing federal political committee.	С					,	3	384.60	0		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) NERAL COUNSEL		M	emo Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 3846.00		P/R Dec	luction (\$19	92.30 Bi-\	Veekly	()			
s	UBTOTAL of Receipts This Page (optional)	▶		y	, ,	4	159.60	)				
т	OTAL This Period (last page this line number o	only)		🕨								

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	x       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	ompany Political Action C	ommittee
Α.	Full Name of Individual (Last, First, Middle Initia MACWADE, LENORE, T, MS., Mailing Address 20 MOUNTAIN HILL RD	al) or Full C	Drganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : PR792119056261
	N GROSVENORDL	СТ	06255-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		23.08
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		cupation (for Individual) NTINUOUS IMPROVEMENT CONS	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle InitiaLAYSON, DOLFORD, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2081 HAVENVIEW CT		M m         /         D         /         Y	
	City SNELLVILLE	State GA	Zip Code 30078-7795	Transaction ID : PR792124356261
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) SELF		cupation (for Individual) SURANCE AGENT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
с.	Full Name of Individual (Last, First, Middle Initia ALLARD, THOMAS, , MR.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 16 GRANDVIEW ST			09 / D D / Y Y Y Y 2017
	City SOUTH HADLEY	State MA	Zip Code 01075-2943	Transaction ID : PR792128356261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		cupation (for Individual) CLAIM CONSULTANT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$12.50 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		••••••	73.08
Г	OTAL This Period (last page this line number o	nly)	▶	1 1 7 1 1 7 1 1 7 1

S	CHEDULE A (FEC Form 3X)	[	Use separate schedule(s)	FOR LINE NUMBER: PAGE 169 OF 209					
IT	EMIZED RECEIPTS		for each category of the	(check only one)					
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Ar	ny information copied from such Reports and Sta	atements ma	ay not be sold or used by any n						
	for commercial purposes, other than using the								
$\backslash$	NAME OF COMMITTEE (In Full)								
$ \rangle$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Committee					
V	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name						
Α.	CONLIN, ELLEN, S, MS.,	, , ,	• · · ·	Date of Receipt					
	Mailing Address 20 WELLESLEY DR			M M / D D / Y Y Y Y					
	City	State	Zip Code	09 30 2017					
	LONGMEADOW	MA	01106-2833	Transaction ID : PR792129556261 Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С		53.84					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	MASSACHUSETTS MUTUAL LIFE INS.		& ASSISTANT GENERAL COUN						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>						
	Primary General			P/R Deduction (\$26.92 Bi-Weekly)					
	Other (specify) <b>v</b>		538.40	1					
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name						
В.	KIPNISS, Michael, S., ,	,		Date of Receipt					
	Mailing Address 115 WHITE COLUMNS DR								
	City	State	Zip Code	09 30 2017					
	ALPHARETTA	GA	30004-3057	Transaction ID : PR792446856261 Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С		25.00					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	SELF		URANCE AGENT						
	Receipt For:	Aggregate	Year-to-Date ▼	-					
	Primary General			P/R Deduction (\$12.50 Semi-Monthly)					
	Other (specify) <b>v</b>		225.00	1					
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name						
C.	MILLER, JOHN, J., ,			Date of Receipt					
	Mailing Address 13 WHIPPANY AVE			09 30 2017					
	City	State	Zip Code	Transaction ID : PR792501456261					
	WARREN	NJ	07059-5774	Amount of Each Receipt this Period					
	FEC ID number of contributing	0							
	federal political committee.	C		83.40					
	Name of Employer (for Individual)	Оссь	upation (for Individual)	Memo Item					
	SELF		JRANCE AGENT	-					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify)	· · · ·	725.60	P/R Deduction (\$46.54 Semi-Monthly)					
				1					
Г									
s	UBTOTAL of Receipts This Page (optional)			162.24					
$\vdash$									

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

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17			Use separate schedule(s)	(check on	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15	12	17				
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	I ay not be sold or used by any pe Iddress of any political committee	erson for the	purpose of	soliciting	contribut	tions				
	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Committ	tee							
Α.	Full Name of Individual (Last, First, Middle Init FERRANTE, PAUL, D., ,	tial) or Full O	organization Name	Date o	f Receipt							
	Mailing Address 648 SHORE ACRES DR			09 30 2017								
	City MAMARONECK	State NY	Zip Code 10543-4011		saction ID : Internation ID : International ID : In							
	FEC ID number of contributing federal political committee.	С					50.0	00				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	M	lemo Item							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)								
в.	Full Name of Individual (Last, First, Middle Init KENNY, BRENDAN, J., , Mailing Address 500 E 77TH ST APT 52	tial) or Full O	organization Name	Date o	f Receipt	/ Y	YY	Y				
				09	30		2017					
	City	State	Zip Code		saction ID : I							
	NEW YORK	NY	10162-0025	Amoun	t of Each R	eceipt thi	s Period					
	FEC ID number of contributing federal political committee.	С					50.0	)0				
	Name of Employer (for Individual) SELF		upation (for Individual) SURANCE AGENT	Memo Item								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Ded	luction (\$25.0	00 Semi-l	Monthly)					
с.	Full Name of Individual (Last, First, Middle Init ROLNICK, RUSSELL, J., ,	tial) or Full O	organization Name	Date o	f Receipt							
	Mailing Address 8 TALL PINES CT			09	/ D D 30	/ Y	2017	Y				
	City WEST NYACK	State NY	Zip Code 10994-1341		saction ID :							
	FEC ID number of contributing federal political committee.	С			, , ,	,	41.	70				
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	N	lemo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.30	P/R Dec	duction (\$20.	77 Semi-	Monthly)					
s	UBTOTAL of Receipts This Page (optional)		•		· · ·		141.7	70				

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

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ıт.							(check only one)						
11			for each category of the Detailed Summary Page	<b>×</b> 11a 13		11b	11c		2 6	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per ddress of any political committee	rson for the	e pur ontrit	pose of	soliciting	cont	ributio	ons			
	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	ttee								
Α.	Full Name of Individual (Last, First, Middle Initi LARGE, BRIAN, C., ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 141 WOLFPIT AVE			09 30 / Y Y Y Y 2017									
	City NORWALK	State CT	Zip Code 06851-3429				PR79273 eceipt th						
	FEC ID number of contributing federal political committee.	С							50.00	)			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Memo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R De	educti	on (\$25.	00 Semi-	Month	hly)				
в.	Full Name of Individual (Last, First, Middle Initi KATES, DAVID, S., ,	ial) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 88 MIDDLE RD			09 / D D / Y Y Y Y 2017									
	City	State	Zip Code				PR79306						
	SANDS POINT	NY	11050-2634	Amou	nt of	Each R	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	C			25.00								
	Name of Employer (for Individual) SELF	Occi INS	Memo Item										
	Receipt For:       Primary       General	Aggregate	Year-to-Date ▼	P/R Deduction (\$12.50 Semi-Monthly)									
	Other (specify) ▼		, 225.00										
C.	Full Name of Individual (Last, First, Middle Initi KRASNIPOL, STEVEN, E., ,	ial) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 820 ARBORETUM DR			M 09		D D D 30	/ Y	201					
	City	State NC	Zip Code				PR79319						
	WILMINGTON	INC.	28405-5220	Amou	nt of	Each R	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С		25.00						)			
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	_ <b>_</b> _	Memo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R De	educti	on (\$12.	50 Semi	-Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)					, .	,	1	00.00	)			
т	OTAL This Period (last page this line number of	only)	•			-			-				

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ITEMIZED RECEIPTS	5	for each category of the Detailed Summary Page	$\mathbf{X}$ 11a     11b     11c     12       13     14     15     16     17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Massachusetts Mut		mpany Political Action	Committee
A. SELIGMAN, STEPHEN, Mailing Address 520 COLON		rganization Name	Date of Receipt
City	State	Zip Code	09 30 2017 Transaction ID : PR793285756261
WESTFIELD	NJ	07090-3011	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		25.00
Name of Employer (for Indiv SELF		upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
Full Name of Individual (Las B. GOLISH, GLEN, R., ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 22261 HOL			09 / D D / Y Y Y Y 09 30 2017
City BOCA RATON	State FL	Zip Code 33433-4865	Transaction ID : PR793450556261
FEC ID number of contributi federal political committee.			Amount of Each Receipt this Period 83.40
Name of Employer (for Indiv SELF	,	upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 725.60	P/R Deduction (\$46.54 Semi-Monthly)
Full Name of Individual (Las C. Maletteri, Michael, J.	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1273 WELL			09 / D D / Y Y Y Y Y 2017
City LAKE OSWEGO	State OR	Zip Code 97034-5047	Transaction ID : PR793567756261 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		200.00
Name of Employer (for Indiv SELF	,	upation (for Individual) IERAL INSURANCE AGENT	Memo Item
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 1950.00	P/R Deduction (\$100.00 Bi-Weekly)
SUBTOTAL of Receipts This F	Page (optional)	•	308.40
TOTAL This Period (last page	this line number only)	••••••	· · · · · · · · · · · · · · · · · · ·

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ITEMIZED	RECEIPTS		Use separate schedule(s)	(check o	(check only one)							
			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	<b>_</b>			
	n copied from such Reports and cial purposes, other than using th											
	COMMITTEE (In Full)											
Aassac	husetts Mutual Life Ins	urance Co	mpany Political Action	Commi	ttee	)						
A. GEORGE	of Individual (Last, First, Middle I , IAN, R., ,	nitial) or Full O	rganization Name	Date	of Re	eceipt						
	ress 600 CLEMSON DR				09 30 2017							
City PITTSBUR	GH	State PA	Zip Code 15243-1736					21456261 is Period				
	nber of contributing ical committee.	С					-	83.4	10			
SELF	nployer (for Individual)		upation (for Individual) URANCE AGENT		Mem	o Item						
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 716.55	P/R Deduction (\$48.35 Semi-Monthly)								
	of Individual (Last, First, Middle Iı LMANN, MARK, J., ,	nitial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Add	ress 206 COVENTRY RD			09 / D D / Y Y Y Y 30 2017								
City CHALFONT		State PA	Zip Code 18914-2970					<b>4756261</b> is Period				
FEC ID nun	nber of contributing ical committee.	С						25.0	)0			
Name of Er SELF	nployer (for Individual)		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)								
	of Individual (Last, First, Middle Iı ach, Gregory, L., ,	nitial) or Full O	rganization Name	Date	of Re	eceipt						
	ress 1 RAND CT	1-		M 09	)	30		2017				
City COTO DE (	CAZA	State CA	Zip Code 92679-5148					31556261 is Period				
	nber of contributing ical committee.	С				<b>y</b>		119.0	)6			
SELF	nployer (for Individual)		upation (for Individual) IERAL INSURANCE AGENT		Mem	o Item						
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 1165.60	P/R De	educt	ion (\$59	.53 Bi-We	eekly)				
SUBTOTAL o	f Receipts This Page (optional)		•••••			,		227.4	6			
TOTAL This F	Period (last page this line numbe	r only)	••••••	. L.	_	-	-					

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any p	erson for the purpose of soliciting contributions
	ing the name and a	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committee
/			
Full Name of Individual (Last, First, Mid A. COHN, SETH, M., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 247 UNDERWOOD DR			M = M / D = D / Y = Y = Y = Y
City	State	Zip Code	09 30 2017
ATLANTA	GA	30328-2942	Transaction ID : PR794231456261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.60
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 388.30	P/R Deduction (\$35.28 Semi-Monthly)
Full Name of Individual (Last, First, Mid B. PALFFY, AMIE, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 20138 ENNIS DR			09 30 2017
City	State	Zip Code	Transaction ID : PR794427856261
STRONGSVILLE	OH	44149-0992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)
Full Name of Individual (Last, First, Mid <b>DORMAN, MARK, J.</b> , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3980 FAIRWAY DR			09 / D D / Y Y Y Y 2017
City MEDINA	State OH	Zip Code 44256-7847	Transaction ID : PR794449356261
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	С		50.00
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (option	nal)		145.60

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

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	47				
Any information copied from such Reports or for commercial purposes, other than using	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committed	erson for the	purpose of	15 soliciting rom such	contribu	tions ee.				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committ	ee							
Full Name of Individual (Last, First, Mide A. PERME, CHRISTOPHER, A., ,	dle Initial) or Full O	rganization Name	Date o	f Receipt							
Mailing Address 11676 STATE ROUTE 8			м м 09								
City GARRETTSVILLE	State OH	Zip Code 44231-9105		t of Each R							
FEC ID number of contributing federal political committee.	С			-		83.4	40				
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	м	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.60	P/R Ded	luction (\$46.	54 Semi-	Monthly)					
Full Name of Individual (Last, First, Mido B. OCWIEJA, JOHN, F., ,	dle Initial) or Full O	rganization Name	Date o	f Receipt							
Mailing Address 300 N CANAL ST STE 3	3		09	/ D D 30	/ Y	2017	Y				
City	State	Zip Code	Transaction ID : PR794655556261								
CHICAGO	IL	60606-1312	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	С			83.40						
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		725.60	P/R Ded	uction (\$46.	54 Semi-	Monthly)					
Full Name of Individual (Last, First, Mide C. STEPHENS, DAVID, R., ,	dle Initial) or Full O	rganization Name	Date o	f Receipt							
Mailing Address 209 79TH ST UNIT B			M M 09	30		2017 <sup>Y</sup>					
City VIRGINIA BCH	State VA	Zip Code 23451-1973		saction ID : t of Each Re							
FEC ID number of contributing federal political committee.	C				7	50.	00				
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Dec	luction (\$25.	00 Semi-	Monthly)					
SUBTOTAL of Receipts This Page (option	al)			. , .	,	216.8	30				
TOTAL This Period (last page this line nu	mber only)				-						

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IT.			Use separate schedule(s)				(check only one)						
				for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12		17	
	y information copied from such Reports and S for commercial purposes, other than using the					for the		oose of	solicitin	g contrib			
	NAME OF COMMITTEE (In Full)		luui			Solicit Col			Tom Suc				
	Massachusetts Mutual Life Insu	irance Co	m	pany Political Action	Со	ommitte	ee						
Α.	Full Name of Individual (Last, First, Middle In KATZ, WALTER, E., ,	iitial) or Full Organization Name				Date of	Re	ceipt					
	Mailing Address 4414 BREAKWOOD DR					09 30 2017							
	City HOUSTON	State TX						<b>5965626</b> his Peric					
	FEC ID number of contributing federal political committee.	С					-	8	3.40				
	Name of Employer (for Individual) SELF		•	tion (for Individual) ANCE AGENT		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 708.90	]	P/R Dedu	uctio	on (\$49.	88 Sem	i-Monthly	/)		
в.	Full Name of Individual (Last, First, Middle In ROBERTSON, Shad, S., ,	itial) or Full O	rga	nization Name		Date of	Re	ceipt					
	Mailing Address 569 SHANES LN			Zip Code		м м 09	1	30	/ Y	2017	Y		
	City WEATHERFORD	State TX				-		<b>7445626</b> his Peric					
	FEC ID number of contributing federal political committee.	С	83.40										
	Name of Employer (for Individual) SELF	Occupation (for Individual) INSURANCE AGENT				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$46.54 Semi-Monthly)										
С.	Full Name of Individual (Last, First, Middle In THOMAS, GREGORY, B., ,	itial) or Full O	)rga	nization Name		Date of	Re	ceipt					
	Mailing Address 6223 PONDEROSA WAY	1		1		м м 09	1	30		2017	Y		
	City PARKER	State CO		Zip Code 80134-5623						76555620 his Peric			
	FEC ID number of contributing federal political committee.	С			50.00								
	Name of Employer (for Individual) SELF		•	tion (for Individual) NCE AGENT		Me	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 450.00				P/R Deduction (\$25.00 Semi-Monthly)						
s	UBTOTAL of Receipts This Page (optional)			•••••	• -			<b>9</b>	5	216	6.80	]	

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1							
Any information copied from such Repor or for commercial purposes, other than t	ts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Lif	e Insurance Co	mpany Political Actior	I Committee							
Full Name of Individual (Last, First, M MU, CATHY, , ,	,	rganization Name	Date of Receipt							
Mailing Address 3273 WITHERS AVE			09 / D D / Y Y Y Y Y 2017							
City LAFAYETTE	State CA	Zip Code 94549-1942	Transaction ID : PR795843456261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Semi-Monthly)							
Full Name of Individual (Last, First, M B. FURSTNER, Eric, C., ,	liddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3003 OAK RD # 250			09 30 2017							
City WALNUT CREEK	State	Zip Code 94597-4541	Transaction ID : PR795969856261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		133.40							
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.10	P/R Deduction (\$66.64 Semi-Monthly)							
Full Name of Individual (Last, First, M C. WIRTZ, EDWARD, J., ,	liddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 12 BRANDING IRON			09 / D D / Y Y Y Y 30 2017							
City ROLLING HILLS ESTATES	State CA	Zip Code 90274-2501	Transaction ID : PR796003956261 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.40							
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.60	P/R Deduction (\$47.54 Semi-Monthly)							
SUBTOTAL of Receipts This Page (opt	ional)		241.80							
TOTAL This Period (last page this line	number only)									

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ידו			Use separate schedule(s)	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c		2	17	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for th	e pur	rpose of	soliciting	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Commi	ttee	)					
Α.	Full Name of Individual (Last, First, Middle Initi WHITMORE, EDGAR, F., ,	ial) or Full O	rganization Name	Date	of Re	eceipt					
	Mailing Address 25471 PRADO DE ORO				09 30 2017						
	City CALABASAS	State CA	Zip Code 91302-3664				PR7960 <sup>-</sup> eceipt th				
	FEC ID number of contributing federal political committee.	С							83.40	)	
	Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT		Mem	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 725.60	P/R De	educt	ion (\$46.	54 Semi-	-Montł	hly)		
в.	Full Name of Individual (Last, First, Middle Initi STEARNS, CRAIG, E., ,	ial) or Full O	rganization Name	Date	of Re	eceipt					
	Mailing Address 136 HENRY ST			09 / D D / Y Y Y Y 2017							
	City	State	Zip Code				PR79604				
	FAIRFIELD	СТ	06824-2820	Amou	int of	Each R	eceipt th	is Pei	riod		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) INSURANCE AGENT			50.00						
	Name of Employer (for Individual) SELF				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			educti	ion (\$25.	00 Semi-	Month	nly)		
с.	Full Name of Individual (Last, First, Middle Initi ADAMS, MAX, A., ,	ial) or Full O	rganization Name	Date	of Re	eceipt					
	Mailing Address 16232 NW 79TH AVE			M 09		30	/ Y	201 <sup>°</sup>			
	City MIAMI LAKES	State FL	Zip Code 33016-6132				PR79632 eceipt th				
	FEC ID number of contributing federal political committee.	С				y	,		83.40	)	
	Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 725.60	P/R De	educt	ion (\$46.	54 Semi	-Montl	hly)		
s	UBTOTAL of Receipts This Page (optional)		•			, .	. ,	2	16.80	)	
т	OTAL This Period (last page this line number o	only)				-			-		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	_	11b	11c 15		2 6 [	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	rson for	the p	ourpo	ose of a	soliciting	conti	ributic	ons			
	NAME OF COMMITTEE (In Full)													
	Massachusetts Mutual Life Insur	ance Co	ompany Political Action	Comi	nitte	e								
Α.	Full Name of Individual (Last, First, Middle Initi MCCARRON, PATRICK, , MR.,	al) or Full O	Drganization Name	Date of Receipt										
	Mailing Address 35 SOVEREIGN DR		Zip Code	09 / 0 / Y Y Y Y Y 2017										
	City FLANDERS	State NJ					PR79641 eceipt th							
	FEC ID number of contributing federal political committee.	С								23.08	3			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		supation (for Individual) TERNAL WHOLESALER		Me	mo l	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R	Dedu	ictior	n (\$11.5	54 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initi TOWILL, WILLIAM, F, MR.,	al) or Full O	Drganization Name	Date of Receipt										
	Mailing Address 44 ZENITH LN	State Zip Code					09 / D D / Y Y Y Y 2017							
	City	State	Transaction ID : PR796591456261											
	GLASTONBURY	СТ	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C			23.08									
	Name of Employer (for Individual) BARINGS LLC	Occi DIR	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼	230.80			Dedu	ction	n (\$11.5	i4 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Initi MILGRAM, ARKADY, , ,	al) or Full O	Drganization Name	Da	ate of	Rec	eipt							
	Mailing Address 1391 OAK TRAIL ST			4 6	09 <sup>M</sup>	1	30	L	201	7				
	City NEWBURY PARK	State CA	Zip Code 91320-5918					PR7966						
	FEC ID number of contributing federal political committee.	С			nount	οι Ε		eceipt th		50.00	)			
	Name of Employer (for Individual) SELF		cupation (for Individual) URANCE AGENT	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 342.27	P/R	Dedu	uctior	า (\$46.5	55 Semi	-Montł	nly)				
s	UBTOTAL of Receipts This Page (optional)		•			,		,		96.16	;			
т	OTAL This Period (last page this line number of	only)								-				

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check on	(check only one)							
Detailed Summary Page       Image 11a       11b         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of or for commercial purposes, other than using the name and address of any political committee to solicit contributions for NAME OF COMMITTEE (In Full)         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	11c	12	17								
Any information copied from su or for commercial purposes, oth	ch Reports and Statements ma her than using the name and ar	ay not be sold or used by any p ddress of any political committee	erson for the	purpose o	of soliciting	g contribut	tions				
	,										
Aassachusetts Mut	ual Life Insurance Co	mpany Political Action	Commit	tee							
A. NELSON, DAVID, R., , I	li ,	rganization Name	Date c	of Receipt							
Mailing Address 4794 BORE			09	09 / 0 / Y Y Y Y 09 / 30 / 2017							
City BEAUMONT	State TX	Zip Code 77705-7675		saction ID							
FEC ID number of contributi federal political committee.	ng C				F	50.0	00				
Name of Employer (for Indiv SELF	,	upation (for Individual) URANCE AGENT		lemo Item							
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 425.00	P/R Dec	duction (\$3	0.00 Semi	-Monthly)					
Full Name of Individual (Las B. HIRSCHBERG, MICH	t, First, Middle Initial) or Full Or IAEL, , MR.,	rganization Name	Date c	of Receipt							
Mailing Address 122 PASAD			09		0 / Y	ү ү 2017	Y				
City	State NJ	Zip Code	Transaction ID : PR811444956261 Amount of Each Receipt this Period								
HAWTHORNE FEC ID number of contributi federal political committee.		07506-2806	Amour	nis Period 38.	50						
Name of Employer (for Indiv MASSACHUSETTS MUTUAL		upation (for Individual) "ERNAL WHOLESALER		lemo Item							
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 385.00	P/R Dec	duction (\$1	9.25 Bi-We	ekly)					
Full Name of Individual (Las c. JANCO, PAUL, , MR	t, First, Middle Initial) or Full O	rganization Name	Date c	of Receipt							
Mailing Address 335 CEDAR			M N 09	3	0	2017 <sup>Y</sup>					
City NEW HARTFORD	State CT	Zip Code 06057-2911		saction ID							
FEC ID number of contributi federal political committee.	ng			, , ,	,	49.	70				
Name of Employer (for Indiv MASSACHUSETTS MUTUA	,	upation (for Individual) s Desk Director	Memo Item								
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 497.00	P/R Dee	duction (\$2	24.85 Bi-W	eekly)					
SUBTOTAL of Receipts This I	<sup>2</sup> age (optional)			. , .	. ,	138.2	20				
TOTAL This Period (last page	this line number only)				-						

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### SCHEDULE A (FEC Form 3X) I

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
TEMIZED RECEIPTS for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life I	nsurance Co	mpany Political Action	Committee					
Full Name of Individual (Last, First, Midd A. WHITNEY, MADISON, P, MR.,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 16 CARRIAGE LN			09 30 / Y Y Y Y 2017					
City ESSEX	State CT	Zip Code 06426-1316	Transaction ID : PR811455156261           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		23.10					
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) • RELATIONSHIP MANAGEMEN	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	P/R Deduction (\$11.55 Bi-Weekly)					
B. PLANK, JOSHUA, R., , Mailing Address 9330 TIMBERWOLF LN	Date of Receipt							
City	State	Zip Code	09 30 2017					
ZIONSVILLE	IN	46077-8322	Transaction ID : PR811793656261 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.40					
Name of Employer (for Individual) SELF		upation (for Individual) URANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.60	P/R Deduction (\$41.55 Semi-Monthly)					
Full Name of Individual (Last, First, Midd C. ECKART, SCOTT, W., ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4559 SUNFLOWER CT			09 / D D / Y Y Y Y 2017					
City ZIONSVILLE	State IN	Zip Code 46077-8118	Transaction ID : PR811820956261         Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) SELF		upation (for Individual) JRANCE AGENT	Memo Item					
Receipt For: Primary General Other (specify)								
SUBTOTAL of Receipts This Page (option	al)		156.50					
TOTAL This Period (last page this line nur	nber only)	••••••						

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check on	check only one)						
11			for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 14	11c	12	_	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per ddress of any political committee	son for the to solicit co	purpose of ntributions	soliciting	contrit	oution nittee	ns		
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	ee						
A.	Full Name of Individual (Last, First, Middle Initi YOUNG, JEANNE, G, MS.,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 10 PONDVIEW LN			09	09 / 0 V Y Y Y 09 2017						
	City SOUTHWICK	State MA	Zip Code 01077-9264		Transaction ID : PR904834656261 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С					7	7.00			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	P/R Dec	P/R Deduction (\$38.50 Bi-Weekly)						
В.	Full Name of Individual (Last, First, Middle Initi ZUBER, LEE, M, MR.,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 5 ANDREW CIR		Zip Code	09			2017	Y	]		
	City HAMPDEN	N State			saction ID : t of Each F			-			
	FEC ID number of contributing federal political committee.	С			1.45			5.72	]		
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		upation (for Individual) PAGENCY FOCUS TEAM	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.20	P/R Deduction (\$17.86 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi BELMORE, CINDY, , MS.,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 7 CRYSTAL DR			09	30	JL	2017		]		
	City SOUTHWICK	State MA	Zip Code 01077-9613		saction ID : t of Each F						
	FEC ID number of contributing federal political committee.	С			, <u>,</u> ,		5	3.86			
	Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Receipt For:										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.60	P/R Deduction (\$26.93 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•		. , .	. ,	16	6.58			
Т	OTAL This Period (last page this line number of	only)	•					-			

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(che	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any poddress of any political committee	erson f to so	for the	pur ntrib	pose of	solicitin	g con h cor	ntributi	ions	
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitt	ee						
Α.	Full Name of Individual (Last, First, Middle Initi GOLDY, Jason, R., ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 614 OLD HOLLOW CT				09 / D D / Y Y Y Y 30 2017							
	City CLOVER	State SC	Zip Code 29710-6305					PR9347				
	FEC ID number of contributing federal political committee.	С						-		28.5	0	
	Name of Employer (for Individual) SELF	ipation (for Individual) JRANCE AGENT		М	emc	tem						
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       214.70						on (\$14.	21 Sem	i-Mon	ithly)		
В.	Full Name of Individual (Last, First, Middle Initi COCORES, Christopher, C., ,		Date of	f Re	eceipt							
	Mailing Address 9 HUNT PL	04-44			м м 09	/	30	/ Y	20 <sup>°</sup>	ү 17	Y	
	City MECHANICSBURG	State PA	Zip Code 17050-2912	-				PR9347				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						0	
	Name of Employer (for Individual) SELF	Occu INS		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1833.40	P	P/R Deduction (\$108.32 Semi-Monthly)							
— C.	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name		Date of	f Re	ceipt					
	Mailing Address				M M	_	D D	/ Y	Y	Y	Y	
	City	State	Zip Code		Amoun	t of	Each R	eceipt ti	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С					,					
	Name of Employer (for Individual)	pation (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify)		Year-to-Date ▼									
$\vdash$	UBTOTAL of Receipts This Page (optional)			- -		-	, .		-	278.5 681.1		

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 184 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
· · · · · · · · · · · · · · · · · · ·			13 14 ¥ 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by any address of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	ompany Political Action	n Committee
Full Name of Individual (Last, First, Middle MassMutual Political Action Committee		Organization Name	Date of Receipt
Mailing Address 1295 State Street			09 07 Y Y Y Y 2017
City Springfield	State MA	Zip Code 01111	Transaction ID : 76596690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.41
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1785.86	Aug-Sept Refund of Operating Expenditures
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			260.41
TOTAL This Period (last page this line numb	er only)		260.41

### SCHEDULE A (FEC Form 3X) MIZED DECEIDTS

FOR LINE NUMBER:

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IEMIZED RECEIPIS	for each categ		11a 11b 11c 12							
	Detailed Sumr	nary Page	13 14 15 16 <b>X</b> 1							
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or the name and address of any po	used by any pe litical committee	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Company Polit	ical Action	Committee							
Full Name of Individual (Last, First, Middle MassMutual Federal Credit Union	Initial) or Full Organization Name	;	Date of Receipt							
Mailing Address 1295 State Street										
City Springfield	StateZip CodeMA01111	Transaction ID : 76587805 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.55							
Name of Employer (for Individual)	Occupation (for Indivi	dual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	265.67	Sept-17 Interest - Money Market Account							
Full Name of Individual (Last, First, Middle	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name									
Mailing Address										
City	State Zip Code		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occupation (for Indivi	Memo Item								
Receipt For: Primary General Other (specify) ▼	Primary General General									
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	;	Date of Receipt							
Mailing Address										
City	State Zip Code		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer (for Individual)	Memo Item									
Receipt For: Primary General Other (specify)										
SUBTOTAL of Receipts This Page (optional			40.55							
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TOTAL This Period (last page this line number only)......

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SCHEDULE B (FEC Form 3X)						BER:			PA	GE 186 OF 209					
ITEMIZED DISBURSEMENTS	TS Use separate schedule(s) for each category of the			heck only											
		Summary Page		<b>X</b> 21b 28a		22 28b	23 28c	_	26 29	27 30b					
Any information copied from such Reports and a or for commercial purposes, other than using th															
NAME OF COMMITTEE (In Full)	•					•									
Aassachusetts Mutual Life Insi	urance Com	pany Politica	I Ad	ction C	om	mitte	ee								
Full Name (Last, First, Middle Initial) A. American Express Merchant So Mailing Address P.O. Box 53852	- American Express Merchant Services							Date of Disbursement							
City	City State Zip Code														
Phoenix	AZ	85072			FE	EC Ide	entificatio	n Nı	umber						
Purpose of Disbursement Sept-17 AMEX Processing Fees						) Tra	nsaction	ID ·	7659	6115					
Candidate Name					Ar					nent this Period					
Office Sought: House Dist Senate President	Primary							Sep	t-17 A	97.33 MEX Processing Fees					
State: District:		, , , , , , , , , , , , , , , , , , ,				Me	mo Item								
Full Name (Last, First, Middle Initial) - Chase PaymenTech						ate of	Disburse	emei	nt	Y Y Y					
Mailing Address P.O. Box 29534	L	09		)7	L	2017									
City Phoenix		FE	EC Ide	entificatio	n Nı	umber									
Purpose of Disbursement Sept-17 Chase PaymenTech Fees Candidate Name		01 egory/	<b>Transaction ID : 76596211</b> Amount of Each Disbursement this Period												
		Туре													
Office Sought: House Disk Senate President	Disbursement For: Primary Genera Other (specify)						mo Item	Sep	t-17 C	163.08 hase PaymenTech Fe					
State: District:															
Full Name (Last, First, Middle Initial)					Da	ate of	Disburse								
Mailing Address						M = M	/ D	D	/ Y	ŶŶŶŶŶ					
City	State	Zip Code			FE	EC Ide	entificatio	n Nı	umber						
Purpose of Disbursement	Purpose of Disbursement														
Candidate Name Category/ Type							of Each	Dis	burser	nent this Period					
Office Sought: House Dist Senate President	Dursement For: Primary Other (spec	General							- <del>1</del> -						
State: District:		-, .				Me	mo Item								
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SC	HEDULE B (FEC Form 3X)			F	OR	LINE	NUM	BER <sup>.</sup>				P	AGE	187 OF 20	09
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				k only	one)			00					
			Summary Page		<u> </u>	21b 28a		22 28b	_	23 28c	┝	26		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na					/ perso	on foi	the	purp	ose d		solicit		ontributions	
$\backslash$	NAME OF COMMITTEE (In Full)	•				_		• • •							
	Massachusetts Mutual Life Insural	nce Com	pany Politic	al A	ctic	on C	om	mitte	ee						
Α.	Full Name (Last, First, Middle Initial) Sean Patrick Maloney For Congre Mailing Address PO Box 270				Da	ate of 09	Dis /	burse	D	ent /		017			
	<u></u>	<u></u>	7:0.1							_	_				
	City Newburgh	State NY	Zip Code 12550				FE	C Ide	entifi	catior	n N	Numb	ər		
	Purpose of Disbursement Event: Sept. 27, 2017			C	)11	٦	С		-	51242 ction	-	: 762	3686	7	
	Candidate Name			Cate			Ar							t this Period	
	Maloney, Sean, Patrick, Rep., Office Sought: x House Disburse	ment For: 2	2018	T	ype		Г							2500.00	1
	Office Sought:	Primary Other (spec	General				Event: Sept. 27, 20 Memo Item					1 40 1			
	Full Name (Last, First, Middle Initial)														
	B. Structured Finance PAC								Dis	burse	eme	ent	YY	YY	
	Mailing Address c/o SFIG - Suite 625 1775 Pennsylvania Ave., NW							09 11 2017							
	City Washington	State DC	Zip Code 20006				FE	C Ide	entifi	catior	n١	Jumb	ər		
	Washington Purpose of Disbursement 2018 PAC Contribution	DC	20006	(	)11	7	С		Ξ						
	Candidate Name			Category/ Type			Transaction ID : 76236868 Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify)				2500.00 2018 PAC Contribution Memo Item						1 - 40 - 1		
	Full Name (Last, First, Middle Initial)							ato of	Dia	burse		ont			
0.	George Holding For Congress Inc.						_		015		D		Y Y	YY	
	Mailing Address PO Box 97187							09	ľ	1				017	
	City	State	Zip Code				FE	C Ide	entifi	catior	n N	Numb	ər		
	Raleigh Purpose of Disbursement	NC	27624	_	_	_	С	•	C00	4992:	36	-		_	
	2017 Candidate Contribution (Luncheon Series)			C	)11		C		-			):762	3686	9	
	Candidate Name	Categ					Ar							t this Period	
	Holding, George, , Rep., Office Sought: x House Disburse	House Disbursement For: 2018												5000.00	1
	Sonoto										20	17 Ca		ate Contributi	ion
	State: NC District: 02	Other (spec	cify) 🔻					Me	mo I			unche			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 188 OF 209				
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		Summary Page	21b 28a	22         ★         23         26         27           28b         28c         29         30b				
Any information copied from such Reports and State or for commercial purposes, other than using the name			d by any perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
Massachusetts Mutual Life Insura	nce Com	pany Politica	al Action C	ommittee				
Full Name (Last, First, Middle Initial)								
A. Lahood For Congress				Date of Disbursement				
Mailing Address P.O. Box 10735				09 13 Y Y Y Y Y 2017				
,	State	Zip Code		FEC Identification Number				
Peoria Purpose of Disbursement	IL	61612						
ACLI Event: Sept. 13, 2017			011	C C00575050				
Candidate Name				Transaction ID: 76236870 Amount of Each Disbursement this Period				
LaHood, Darin, , Rep.,			Category/ Type	Amount of Lach Disbursement this renou				
Office Sought: 🗶 House Disburse	ment For: 2	2013		1500.00				
Senate	Primary	<b>x</b> General		ACLI Event: Sept. 13, 2017				
State: IL District: 18	Other (spec	city) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Roger Williams For U S Congress	Commit	tee		Date of Disbursement				
Mailing Address P.O. Box 91061	09 14 2017							
City	State Zip Code TX 78709							
Austin Purpose of Disbursement		78709		<b>C</b> C00498121				
PFS Event: Sept. 26, 2017			011	U				
Candidate Name			Category/	Transaction ID : 76236871 Amount of Each Disbursement this Period 3000.00				
Williams, Roger, , Rep.,			Туре					
· · ·	ment For: 2							
Senate X President	Primary Other (spec	General		PFS Event: Sept. 26, 2017				
State: TX District: 25	Other (spec	лгу)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Joe Kennedy For Congress				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address PO Box 590464				09 12 2017				
City	State	Zip Code		FEC Identification Number				
Newton	MA	02459						
Purpose of Disbursement In-District Event: Sept. 28, 2017			044	C C00512970				
Candidate Name			011	Transaction ID : 76245416				
Kennedy, Joseph, P., Rep., III			Category/ Type	Amount of Each Disbursement this Period				
	ment For: 2	2018	71	2500.00				
Senate 🗶				In-District Event: Sept. 28, 201				
President	Other (spec	cify) 🔻		Memo Item				
State: MA District: 04								
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SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 189 OF 209
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$\backslash$	NAME OF COMMITTEE (In Full)				
	Massachusetts Mutual Life Insurar	nce Com	pany Politic	al Action C	Committee
-	Full Name (Last, First, Middle Initial) 4 MA PAC				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address P.O. Box 590464		1		09 12 2017
	City Newton	State MA	Zip Code 02459		FEC Identification Number
	Purpose of Disbursement In-District Event: Sept. 28, 2017			011	C C00543504
	Candidate Name				Transaction ID : 76245418
	4 MA PAC			Category/ Type	Amount of Each Disbursement this Period
	_	ment For:			2500.00
	Senate	Primary	General		In-District Event: Sept. 28, 2017
	State: District:	Other (spec	cify) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
Β.	Trey For Congress	Date of Disbursement			
	Mailing Address PO Box 421		09 19 2017		
	0.4				
	City Jeffersonville	State IN	Zip Code 47130		FEC Identification Number
	Purpose of Disbursement				C C00590463
	In-District Event: Sept. 19, 2017			011	Transaction ID : 76321692
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Hollingsworth, Trey, , Rep., Office Sought:	rsement For: 2013			2500.00
	Office Sought: X House Disburse	Primary	General		In-District Event: Sept. 19, 2017
	President	Other (spec	cify)		
	State: IN District: 09		• ·		Memo Item
-	Full Name (Last, First, Middle Initial)				
U.	Zeldin For Congress				Date of Disbursement
	Mailing Address 47 Flintlock Drive				09 15 / Y Y Y Y 2017
	City	State	Zip Code		FEC Identification Number
	Shirley Purpose of Disbursement	NY	11967		C C00552547
	2017 Candidate Contribution			011	
	Candidate Name			Category/	Transaction ID : 76322316 Amount of Each Disbursement this Period
	Zeldin, Lee, M., Rep.,			Туре	
		ment For: 2			2500.00
	President	Primary Othor (spor	General		2017 Candidate Contribution
	State: NY District: 01	Other (spec	siry) ▼		Memo Item
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	y information copied from such Reports and State for commercial purposes, other than using the nar									
$\backslash$	NAME OF COMMITTEE (In Full)	0		. 1 . A						
	Massachusetts Mutual Life Insurar	nce Com	pany Politica	al Ad	ction C	committee				
Α.	Full Name (Last, First, Middle Initial) Insured Retirement Institute PAC					Date of Disbursement				
	Mailing Address 1100 Vermont Avenue, NW 10th Floor					09 20 2017				
	City Washington	State DC	Zip Code 20005			FEC Identification Number				
	Purpose of Disbursement 2017 IRI PAC Support		20000	0	)11	C C00490474				
	Candidate Name			Cate	egory/	Transaction ID : 76327735 Amount of Each Disbursement this Period				
	Insured Retirement Institute PAC Office Sought: House Disburse	ment For:		Ţ	уре	5000.00				
	Senate President	Primary Other (spec	General cify) ▼			2017 IRI PAC Support Memo Item				
	State: District:									
В.	Full Name (Last, First, Middle Initial) Terri PAC					Date of Disbursement				
	Mailing Address 499 S Capitol Street SW Suite 404	09 18 2017								
	City WASHINGTON		FEC Identification Number							
	Purpose of Disbursement 2017 PAC Support Candidate Name			la de la compañía de	)11	C C00525030 Transaction ID : 76330085				
	Terri PAC				egory/ ype	Amount of Each Disbursement this Period				
	Senate	ment For: Primary	General			2500.00 2017 PAC Support				
	State: District:	Other (spec	cify)			Memo Item				
с.	Full Name (Last, First, Middle Initial)					Date of Disbursement				
	Mailing Address PO Box 3154					09 / D D / Y Y Y Y 09 05 2017				
	City West Chester	State PA	Zip Code 19381			FEC Identification Number				
	Purpose of Disbursement Events: 3Q17			0	011	C C00554899 Transaction ID : 76359243				
	Candidate Name Costello, Ryan, , ,	egory/ ype	Amount of Each Disbursement this Period							
		ment For: 2	2018			5000.00				
	State: Data District: and State: Data State: Data State: Data State: District: Distric	Primary Other (spec	General cify) ▼			Events: 3Q17 Memo Item				
	State: PA District: 06									
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 191 OF 209			
ITEMIZED DISBURSEMENTS	for each c	rate schedule(s) category of the Summary Page	(check only 21b 28a	/ one) 22 X 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Comp	pany Politica	al Action C	Committee			
Full Name (Last, First, Middle Initial) A. Friends Of Jim Clyburn Mailing Address Post Office Box 12567				Date of Disbursement 09 / 19 / Y Y Y Y 2017			
City Columbia	State SC	Zip Code 29211		FEC Identification Number			
Purpose of Disbursement AALU Event: Sept. 26, 2017			011	C C00255562 Transaction ID : 76359251			
Candidate Name Clyburn, James, E., Rep., Office Sought: x House Disbursen	nent For: 20	012	Category/ Type	Amount of Each Disbursement this Period 2500.00			
Senate	Primary Other (speci	X General		AALU Event: Sept. 26, 2017 Memo Item			
Full Name (Last, First, Middle Initial) B. Patriots Leading A Majority PAC		Date of Disbursement					
Mailing Address 402 A South Capitol Street, SE		7		09 19 2017			
	State DC	Zip Code 20003	011 Category/	FEC Identification Number C Transaction ID : 76362656 Amount of Each Disbursement this Period			
	nent For: Primary Other (speci	General (fy)	Туре	5000.00 2017 PAC Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Friends Of Erik Paulsen				Date of Disbursement			
Mailing Address P.O. Box 44369 250 Prairie Center Drive				09 / D D / Y Y Y Y 20 2017			
City S Eden Prairie Purpose of Disbursement 2017 ACLI Event	State MN	Zip Code 55344	011	FEC Identification Number			
Senate x	nent For: 2( Primary Other (speci	General	Category/ Type	Transaction ID : 76367683 Amount of Each Disbursement this Period 5000.00 2017 ACLI Event Memo Item			
	Other (speci	ify) ▼	F				

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only					
			category of the Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b				
	y information copied from such Reports and State for commercial purposes, other than using the na								
	NAME OF COMMITTEE (In Full)								
	Massachusetts Mutual Life Insura	nce Com	pany Politic	al Action C	Committee				
Α.	Full Name (Last, First, Middle Initial) Tom Rice For Congress				Date of Disbursement				
	Mailing Address PO Box 70098				09 20 2017				
			1						
	City Myrtle Beach	State SC	Zip Code 29572		FEC Identification Number				
	Purpose of Disbursement Event: May 24, 2017		23372	011	C C00506048				
	Candidate Name				Transaction ID : 76367744 Amount of Each Disbursement this Period				
	Rice, Tom, , Rep.,			Category/ Type					
		ement For: 2			5000.00				
	State: SC District: 07	Primary Other (spec	General cify) ▼		Event: May 24, 2017 Memo Item				
	Full Name (Last, First, Middle Initial)								
Β.					Date of Disbursement				
	Mailing Address PO Box 7183	09 20 2017							
	City Tupelo	State MS	Zip Code 38802		FEC Identification Number				
	Purpose of Disbursement 2017 Candidate Contribution	011	C C00091892						
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Cochran, Thad, , Sen., Office Sought:   House   Disburse	ement For:	2020	Туре	2500.00				
	÷	Primary	General		2017 Candidate Contribution				
	State: MS District:	Other (spec	cify)		Memo Item				
~	Full Name (Last, First, Middle Initial)				Date of Disbursement				
0.	The Senate Victory Fund PAC								
	Mailing Address P.O. Box 7274				09 20 2017				
	City Tupelo	State MS	Zip Code 38802		FEC Identification Number				
	Purpose of Disbursement 2017 PAC Support			011	С				
	Candidate Name	011 Category/ Type	Transaction ID: 76367769 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For:		. , ۲۰	2500.00				
	Senate	Primary	General		2017 PAC Support				
	State: District:	Other (spec	cify) 🔻		Memo Item				
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S	HEDULE B (FEC Form 3X)			FOR LU	NE NUMBER: PAGE 193 OF 209
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check of	only one)
			Summary Page		1b 22 <b>X</b> 23 26 27 3a 28b 28c 29 30b
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	0			0
/	Massachusetts Mutual Life Insural	nce Com	ipany Politica	al Action	Committee
Α.	Full Name (Last, First, Middle Initial) ICE PAC Mailing Address PO BOX 752				Date of Disbursement
	City Long Lake	State MN	Zip Code 55356		FEC Identification Number
	Purpose of Disbursement Event: Sept. 13, 2017		55550	011	C Transaction ID : 76367824
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
		ment For:		туре	2500.00
	State: District:	Primary Other (spe	General cify) ▼		Event: Sept. 13, 2017 Memo Item
	Full Name (Last, First, Middle Initial)				
Β.	David Scott For Congress				Date of Disbursement
	Mailing Address P.O. Box 960821	09 20 2017			
	City Riverdale	State GA	Zip Code 30296		FEC Identification Number
	Purpose of Disbursement 2017 Candidate Contribution	-		011	C C00369801 Transaction ID : 76372892
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Scott, David, Albert, Rep., Office Sought: x House Disburse	ement For:	2018	Туре	2500.00
		Primary	General		2017 Candidate Contribution
	State: GA District: 13	Other (spe	cify)		Memo Item
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 499 S. Capitol Street, SW Suite 422				09 20 2017
	City Washington	State DC	Zip Code 20003		FEC Identification Number
	Purpose of Disbursement 2017 PAC Support			011	C C00430579
	Candidate Name			011 Category/	Transaction ID : 76372894 Amount of Each Disbursement this Period
	Brave PAC			Type	
	Office Sought: House Disburse Senate	ment For: Primary	General		5000.00
	President	Other (spe			2017 PAC Support
	State: District:				
s	UBTOTAL of Disbursements This Page (optional).			••••••	10000.00
т	OTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 194 OF 209
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	nce Com	pany Politica	al Action C	ommittee
Full Name (Last, First, Middle Initial) A. Ted Budd For Congress Mailing Address PO Box 97127				Date of Disbursement
,	State NC	Zip Code		FEC Identification Number
Raleigh Purpose of Disbursement Event: Sept. 28, 2017	NC .	27624	011	C C00614776 Transaction ID : 76373228
Candidate Name Budd, Theodore, P., Rep.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought:	nent For: 2 Primary Other (spec	General		2500.00 Event: Sept. 28, 2017 Memo Item
Full Name (Last, First, Middle Initial) B. Steve Russell For Congress Mailing Address PO Box 95023				Date of Disbursement
Oklahoma City Purpose of Disbursement 2017 Candidate Support Candidate Name Russell, Steve, , Rep., Office Sought:	State OK ment For: 2 Primary	General	011 Category/ Type	FEC Identification Number C C00558510 Transaction ID : 76373245 Amount of Each Disbursement this Period 2500.00 2017 Candidate Support
State: OK District: 05 Full Name (Last, First, Middle Initial)	Other (spec	лгу <i>)</i>		Memo Item
C. KRISTI PAC Mailing Address P.O. Box 312				Date of Disbursement 09 / 21 / Y Y Y Y 2017
City Sioux Falls Purpose of Disbursement	State SD	Zip Code 57101		FEC Identification Number
Event: Sept. 26, 2017 Candidate Name KRISTI PAC			011 Category/ Type	Transaction ID : 76373794 Amount of Each Disbursement this Period
Office Sought:     House     Disburser       Senate     President     Image: Construct to the senate       State:     District:	nent For: Primary Other (spec	General cify) ▼		Event: Sept. 26, 2017 Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				7500.00

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TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	7 one) 22 X 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	nce Com	pany Politica	I Action C	committee			
Full Name (Last, First, Middle Initial) • Kristi For Congress Mailing Address PO Box 852				Date of Disbursement			
City Sioux Falls	State SD	Zip Code 57101		FEC Identification Number			
Purpose of Disbursement 2017 Candidate Support			011	C C00476853 Transaction ID : 76374529			
Candidate Name Noem, Kristi, Lynn, Rep., Office Sought: x House Disburse	ement For: 2		Category/ Type	Amount of Each Disbursement this Period 5000.00			
Office Sought:     X     House     Disburse       Senate     President     X       State:     SD     District:     00	- -	General		2017 Candidate Support Memo Item			
Full Name (Last, First, Middle Initial)  Mark Pocan For Congress Mailing Address PO Box 327				Date of Disbursement 09 21 2017			
City Madison Purpose of Disbursement D&H Event: Oct. 12, 2017 Candidate Name	State WI	Zip Code 53701	011 Category/	FEC Identification Number C C00502179 Transaction ID : 76383028 Amount of Each Disbursement this Period			
· · ·	ement For: 2 Primary Other (spec	General	Туре	2500.00 D&H Event: Oct. 12, 2017 Memo Item			
Full Name (Last, First, Middle Initial) Pioneer PAC				Date of Disbursement			
Mailing Address 701 8th Street, NW Suite 500		09 21 Y Y Y Y 2017					
City Washington Purpose of Disbursement Void - Uncleared Disbursement Candidate Name	State DC	Zip Code 20001	011	FEC Identification Number C C00325357 Transaction ID : 76383036			
Pioneer PAC	ement For: Primary Other (spec	General	Category/ Type	Amount of Each Disbursement this Period - 2500.00 Void - Uncleared Disburseme			

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 196 OF 209				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page		y one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and or for commercial purposes, other than using th							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Company Politi	cal Action C	Committee				
Full Name (Last, First, Middle Initial) A. Carolyn's PAC Mailing Address 24 East 93rd Street - Suite 1	В		Date of Disbursement				
City New York	State Zip Code NY 10128		FEC Identification Number				
Purpose of Disbursement ACLI/NAIFA Event: Sept. 27, 2017		011	C C00341990 Transaction ID : 76383150				
Candidate Name Carolyn's PAC		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼		ACLI/NAIFA Event: Sept. 27, 2 Memo Item				
Full Name (Last, First, Middle Initial) Poliquin For Congress	Date of Disbursement						
Mailing Address PO Box 50			09 22 2017				
City Oakland	StateZip CodeME04963		FEC Identification Number				
Purpose of Disbursement Event: Oct. 10, 2017 Candidate Name		011 Category/	C C00518654 Transaction ID : 76383151 Amount of Each Disbursement this Period				
Poliquin, Bruce, , ,         Office Sought:       x       House       Dis         Senate       President         State:       ME       District:       02	bursement For: 2018 Primary General Other (specify)	Туре	3000.00 Event: Oct. 10, 2017 Memo Item				
Full Name (Last, First, Middle Initial)	Date of Disbursement						
Mailing Address 1020 N. Fairfax Street Suite 201			09 21 2017				
City Alexandria Purpose of Disbursement Event: Oct. 4, 2017	StateZip CodeVA22314	011	FEC Identification Number				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼		Event: Oct. 4, 2017 Memo Item				
Senate President	Other (specify)	······ •					

S	CHEDULE B (FEC Form 3X)			F	OR LI	NE I	NUMBER: PAGE 197 OF 209
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C		only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
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$\backslash$	NAME OF COMMITTEE (In Full)		n a mar Dalitian				
	Massachusetts Mutual Life Insurar	nce Com	pany Politica	al Ac	ctior	n C	ommittee
Α.	Full Name (Last, First, Middle Initial) Committee To Re-elect Linda San	chez					Date of Disbursement
	Mailing Address 410 1st St Se Suite 310						09 22 2017
	City Washington	State DC	Zip Code 20003				FEC Identification Number
	Purpose of Disbursement Event: Oct. 4, 2017		20003	0	)11	1	C C00384057
	Candidate Name			Cate	egory	/	Transaction ID : 76383779 Amount of Each Disbursement this Period
	Sanchez, Linda, T., Rep.,	_			ype		2500.00
	Senate X President	ment For: 2 Primary Other (spec	General				Event: Oct. 4, 2017 Memo Item
	State: CA District: 38						
в.	Full Name (Last, First, Middle Initial) Katherine Clark For Congress						Date of Disbursement
	Mailing Address PO Box 159		09 21 Y Y Y Y Y 2017				
	Belmont	State MA	Zip Code 02478				FEC Identification Number
	Purpose of Disbursement In-District Event: Oct-17 Candidate Name			C	)11		C C00541888 Transaction ID : 76384128
	Clark, Katherine, M, Rep.,				egory. ype	/	Amount of Each Disbursement this Period
		ment For: 2	2018		700		1000.00
	Senate <b>x</b>		General				In-District Event: Oct-17
	State: MA District: 05	Other (spec	city)				Memo Item
с.	Full Name (Last, First, Middle Initial) Katherine Clark For Congress						Date of Disbursement
	Mailing Address PO Box 159						M         M         /         D         J         Y
	City Belmont	State MA	Zip Code 02478				FEC Identification Number
	Purpose of Disbursement In-District Event: Oct-17		02478	0	)11	1	C C00541888
	Candidate Name Clark, Katherine, M, Rep.,			Cate	egory. ype	/	Transaction ID : 76384189 Amount of Each Disbursement this Period
	• •	ment For: 2	2013		, , , , , , , , , , , , , , , , , , ,		2500.00
	Senate President	Primary Other (spec	General Cify) ▼				In-District Event: Oct-17 Memo Item
	State: MA District: 05						
s	UBTOTAL of Disbursements This Page (optional).				)		6000.00
т	OTAL This Period (last page this line number only	)			····· ]		, ,

	HEDULE B (FEC Form 3X)		rate schedule(s)	FOR LINE I	-
ITI	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurar	nce Com	pany Politica	I Action C	ommittee
Α.	Full Name (Last, First, Middle Initial) Strange For Senate Mailing Address PO Box 3670				Date of Disbursement
	Montgomery Purpose of Disbursement	State AL	Zip Code 36109		FEC Identification Number
	2017 Candidate Support Candidate Name Strange, Luther, , , III			011 Category/ Type	Transaction ID : 76385333 Amount of Each Disbursement this Period
		ment For: 2 Primary Other (spec	General		2500.00 2017 Candidate Support Memo Item
В.	Full Name (Last, First, Middle Initial) Denny Heck For Congress Mailing Address PO Box 235				Date of Disbursement
	City Olympia Purpose of Disbursement ICI Event: 12/13/17 Candidate Name Heck, Denny, , Rep.,	State WA	Zip Code 98507	011 Category/	FEC Identification Number C C00472159 Transaction ID : 76386665 Amount of Each Disbursement this Period
	Office Sought: 🗙 House Disburser	ment For: 2 Primary Other (spec	General	Туре	2500.00 ICI Event: 12/13/17 Memo Item
C.	Full Name (Last, First, Middle Initial) HECK PAC Mailing Address 119 First Ave., South - Ste. 320				Date of Disbursement 09 25 2017
	City Seattle Purpose of Disbursement	State WA	Zip Code 98104		FEC Identification Number
	ICI Event: 12/13/17 Candidate Name HECK PAC			011 Category/ Type	C C00548792 Transaction ID : 76386666 Amount of Each Disbursement this Period
	Office Sought: House Disbursed Senate President State: District:	Disbursement For: Primary General Other (specify) ▼			ICI Event: 12/13/17 Memo Item
s	UBTOTAL of Disbursements This Page (optional).			····· •	7500.00
T	<b>DTAL</b> This Period (last page this line number only	)		••••••	, ,

S	CHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER:				PAGE	199 O	F 209
ITEMIZED DISBURSEMENTS		Use sepa for each		heck	only	r one)							
			Summary Page			21b 28a	22 28b		23 28c	2	L	27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na				any	persor	n for the	purpo	ose o	f solic	iting o	contributi	
$\mathbb{N}$	NAME OF COMMITTEE (In Full)	-				-							
	Massachusetts Mutual Life Insura	nce Com	pany Politica	al Ac	ctio	n Co	ommitte	ee					
A.	Full Name (Last, First, Middle Initial) First State PAC						Date of	Disb				YYY	
	Mailing Address P.O. Box 3006						09	/	22			2017	
	City Wilmington	State DE	Zip Code 19804				FEC Ide	entific	ation	Num	ber		
	Purpose of Disbursement ICI Event: Nov. 7, 2017		19804	0	11		С	C003	6364	8			
	Candidate Name										63867	15 nt this P	oriod
	First State PAC			Cate Ty	;gory /pe	″	Amount			Jisbui	Seine		enou
	Office Sought: House Disburse Senate	ement For: Primary	General									2500.00	
	State: District:	Other (spec	cify) ▼				Me	mo Ite		JEVE	nt: No	ov. 7, 201	1
	Full Name (Last, First, Middle Initial)												
Β.	Diane Black For Congress						Date of	Disb	urser			YYY	
	Mailing Address PO Box 1437							09 22 2017					
	City Gallatin	State TN	Zip Code 37066				FEC Ide	entific	ation	Num	ber		
	Purpose of Disbursement 2017 Candidate Contribution			0	11		С	C0047	7287	8			
	Candidate Name			Cate	1	/					3875 seme	<b>59</b> nt this P	eriod
	Black, Diane, , ,				/pe	<i></i>	/ inouni			Jibbui			
		ement For: 2										5000.00	- 10 C
	President	Primary Other (spec	Cify) General				Π.,			2017 C	andid	late Cont	ribution
	State: TN District: 06	]					IVIE	mo Ite	em				
C.	Full Name (Last, First, Middle Initial) French Hill For Arkansas						Date of	Disb	urser	nent			
	Mailing Address PO Box 7841						09 / 22 / 2017						
	City Little Rock	State AR	Zip Code 72217				FEC Ide	entific	ation	Num	ber		
	Purpose of Disbursement 2017 Candidate Contribution	<b>`</b>					С	C005	5127	5			
	Candidate Name			0 Cate	11 egory	//					5 <b>3875</b> seme	<b>60</b> nt this P	eriod
	Hill, French, , Rep.,	ement For: 2	2010		/pe			-			-	2500.00	
	Office Sought: Senate Disburse	Primary	2018 General						_	047 0		1.485	
	State: AR District: 02	Other (spec					Me	mo Ite		2017 (	,andic	late Cont	ridution
Γ								_	_	_	_		_
s	UBTOTAL of Disbursements This Page (optional).						Ļ.	- 7			7	10000.0	0
т	OTAL This Period (last page this line number only	/)						,			,		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 200 OF 209
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	/ one) 22 ★ 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	nce Com	pany Politica	al Action C	ommittee
Α.	Full Name (Last, First, Middle Initial) Synergy PAC				Date of Disbursement
	Mailing Address 6849 Old Dominion Drive, Suite 2	22			09 22 2017
	City McLean	State VA	Zip Code 22101		FEC Identification Number
	Purpose of Disbursement 2017 PAC Support			011	C C00409623 Transaction ID : 76387564
	Candidate Name Synergy PAC			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		2017 PAC Support Memo Item
В.	State:     District:       Full Name (Last, First, Middle Initial)       NEW PAC       Mailing Address     P.O. Box 7480				Date of Disbursement
	City Visalia Purpose of Disbursement	State CA	Zip Code 93290		FEC Identification Number
	2017 PAC Support Candidate Name			011 Category/ Type	Transaction ID : 76393455 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spee	General cify)		2017 PAC Support Memo Item
С.	Full Name (Last, First, Middle Initial) Devin Nunes for Congress				Date of Disbursement
	Mailing Address PO BOX 891				09 25 2017
	City Prixley	State CA	Zip Code 93256		FEC Identification Number
	Purpose of Disbursement 2017 Candidate Support Candidate Name Nunes, Devin, , ,			011 Category/ Type	<b>Transaction ID : 76393456</b> Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: CA District: 21	ement For: 2 Primary Other (spe	General		2500.00 2017 Candidate Support Memo Item
s	UBTOTAL of Disbursements This Page (optional).			••••••	12500.00
т	OTAL This Period (last page this line number only	/)		••••••	, ,

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 201 OF 209
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)         21b         22         X         23         26         27           28a         28b         28c         29         30b
		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Company Political	I Action Committee
Full Name (Last, First, Middle Initial) A. Healthcare Freedom Fund Mailing Address P.O. Box 2485		Date of Disbursement
Springfield	State Zip Code VA 22152	FEC Identification Number
Purpose of Disbursement Event: Sept. 27, 2017 Candidate Name	[	011 Category/ Amount of Each Disbursement this Period
		Type         3000.00           Event: Sept. 27, 2017           Memo Item
Full Name (Last, First, Middle Initial) B. Donald Norcross For Congress Mailing Address PO Box 160		Date of Disbursement
Collingswood Purpose of Disbursement Event: Oct. 4, 2017 Candidate Name Norcross, Donald, , Rep., Office Sought:	State Zip Code NJ 08108	011       FEC Identification Number         011       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		Date of Disbursement
Elmhurst Purpose of Disbursement Event: Nov. 3, 2017 Candidate Name Crowley, Joseph, , Rep., Office Sought: K House Disbursem Senate K	State Zip Code NY 11373	011       FEC Identification Number         011       C C00338954         Category/ Type       Transaction ID : 76395459         Amount of Each Disbursement this Period         2500.00         Event: Nov. 3, 2017         Memo Item
State:       NY       District:       14         SUBTOTAL       of Disbursements       This Page (optional)         TOTAL       This Period (last page this line number only).		

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 202 OF 209	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-	ck only 21b 28a		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurar	nce Com	pany Politic	al Acti	on C	ommittee	
Full Name (Last, First, Middle Initial) A. Marcia Fudge For Congress					Date of Disbursement	
Mailing Address 3729 Silsby Rd					M M / D D / Y Y Y Y 09 25 2017	
University Heights	State OH	Zip Code 44118			FEC Identification Number	
Purpose of Disbursement Event: Sept. 27, 2017			011		C C00454694 Transaction ID : 76395490	
Candidate Name Fudge, Marcia, L., Rep., Office Sought: <b>x</b> House Disburse	ment For: 2	2018	Catego Type		Amount of Each Disbursement this Period 2500.00	
State: OH District: 11	Primary Other (spe	General			Event: Sept. 27, 2017 Memo Item	
Full Name (Last, First, Middle Initial) B. Cleaver For Congress					Date of Disbursement	
Mailing Address 4801 Main Street, Suite 1000		EEC Identification Number				
Kansas City Purpose of Disbursement Event: Oct. 3, 2017 Candidate Name	State MO	Zip Code 64112	011		FEC Identification Number C C00395848 Transaction ID : 76395555 Amount of Food Disburgement this Period	
••	ment For: ; Primary Other (spec	General	Catego Type		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 Congress					Date of Disbursement	
Mailing Address 19821 Nw 2nd Avenue Box 354	-					
City Miami Gardens Purpose of Disbursement Event: Sep. 8, 2017	State FL	Zip Code 33169	011		FEC Identification Number C C00460055 Transaction ID : 76401010	
Candidate Name Wilson, Frederica, S., Rep., Office Sought:	ment For: 2 Primary Other (spe	General	Catego Type		Amount of Each Disbursement this Period 3500.00 Event: Sep. 8, 2017	
State: FL District: 24	Strier (sper	ony) ♥			Memo Item	
SUBTOTAL of Disbursements This Page (optional)					11000.00	

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		OR LINE	NUMBER: PAGE 203 OF 209
	EMIZED DISBURSEMENTS	for each	category of the Summary Page		21b 28a	22     X     23     26     27       28b     28c     29     30b
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may r me and addr	not be sold or used ess of any political	l by a com	any pers imittee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurar	nce Com	pany Politica	l Ac	ction C	Committee
Α.	Full Name (Last, First, Middle Initial) Keystone America PAC Mailing Address PO BOX 58746					Date of Disbursement
	City PHILADELPHIA	State PA	Zip Code 19102			FEC Identification Number
	Purpose of Disbursement 2017 PAC Support Candidate Name		[		11	C C00439992 Transaction ID : 76404139
	Keystone America PAC	ment For: Primary	General		egory/ vpe	Amount of Each Disbursement this Period
	State: District:	Other (spec				2017 PAC Support Memo Item
в.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress					Date of Disbursement
	Mailing Address 4916 Thoroughbred Ln City	09 27 2017				
	Brentwood Purpose of Disbursement 2017 Candidate Support	State TN	Zip Code 37027	0	11	FEC Identification Number C C00376939 Transaction ID : 76404242
	Blackburn, Marsha, , Rep., Office Sought: x House Disburset	ment For: 2 Primary Other (spec	2018 General		egory/ /pe	Amount of Each Disbursement this Period 2500.00 2017 Candidate Support Memo Item
с.	Full Name (Last, First, Middle Initial) Portman For Senate Committee					Date of Disbursement
	Mailing Address 9856 Archer Lane	09 / D D / Y Y Y Y 22 / 2017				
	City Dublin Purpose of Disbursement Event:	State OH	Zip Code 43017	0,	11	FEC Identification Number
	Candidate Name Portman, Rob, , , Office Sought: House Disburse	ment For: 2	2017	Cate	egory/ vpe	Transaction ID : 76404699 Amount of Each Disbursement this Period 2500.00
	x     Senate       President       State:       OH	Primary Other (spec	General Cify) ▼			Event: Memo Item
s	UBTOTAL of Disbursements This Page (optional)				►	6500.00
т	OTAL This Period (last page this line number only	)			····· ►	, ,

ITEMIZED DISBURSEMENTS       Disburgenate schedules for each category of the betailed Summary Page       (check only one)         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or for commercial purposes, other than using the name and address of any political committee to solicit contributions from s         NAME OF COMMITTEE (In Full)       Massachusetts Mutual Life Insurance Company Political Action Committee         Full Name (Last, First, Middle Initia)       A.         A. Hatch Election Committee Inc       Date of Disbursement BGR Event Sept. 25, 2017         City Washington Purpose of Disbursement BGR Event Sept. 25, 2017       Data         Candidate Name Hatch, Orrin, Grant, Sen., Office Sought:       Disbursement For: 2018 President         Mate:       UT         Vistate:       UT         Full Name (Last, First, Middle Initia)         B. Promoting Our Republican Team PAC         Mailing Address 8331 LITTLE HARBOR DRIVE	6 27
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from s         NAME OF COMMITTEE (In Full)         Massachusetts Mutual Life Insurance Company Political Action Committee         Full Name (Last, First, Middle Initial)         A. Hatch Election Committee Inc         Mailing Address PO Box 3986         City       State         Purpose of Disbursement         BGR Event: Sept. 25, 2017         Candidate Name         Hatch, Orrin, Grant, Sen.,         Office Sought:         ×       Senate         President         State:       UT         Disbursement For:       2018         BGR Event:       Disbursement For:         State:       UT         District:       Primary         Full Name (Last, First, Middle Initial)         B. Promoting Our Republican Team PAC	
Massachusetts Mutual Life Insurance Company Political Action Committee         Full Name (Last, First, Middle Initial)         A. Hatch Election Committee Inc         Mailing Address PO Box 3986         City       State         Vashington         Purpose of Disbursement         BGR Event: Sept. 25, 2017         Candidate Name         Hatch, Orrin, Grant, Sen.,         Office Sought:         Yesiante         President         State:       Disbursement For: 2018         President         Other (specify)         Full Name (Last, First, Middle Initial)         B. Promoting Our Republican Team PAC	
A. Hatch Election Committee Inc       Date of Disbursement         Mailing Address PO Box 3986       Image: City         City       State       Zip Code         Washington       DC       20027         Purpose of Disbursement       BGR Event: Sept. 25, 2017       011         Candidate Name       011       Category/         Hatch, Orrin, Grant, Sen.,       011       Category/         Office Sought:       Image: President       Disbursement For: 2018         State:       UT       District:       BGR Event         Full Name (Last, First, Middle Initial)       B.       Promoting Our Republican Team PAC	
City Washington       State DC       Zip Code 20027         Purpose of Disbursement BGR Event: Sept. 25, 2017       011         Candidate Name       011         Hatch, Orrin, Grant, Sen.,       011         Office Sought:       House         President       Disbursement For: 2018         Primary       ✓ General         Other (specify)       ✓         Full Name (Last, First, Middle Initial)         B. Promoting Our Republican Team PAC	2017
Washington DC 20027   Purpose of Disbursement BGR Event: Sept. 25, 2017 011   Candidate Name 011 Category/   Hatch, Orrin, Grant, Sen., 011   Office Sought: House   President Disbursement For: 2018   President Other (specify)   State: UT   Full Name (Last, First, Middle Initial)   B. Promoting Our Republican Team PAC	
Candidate Name       Category/ Type         Hatch, Orrin, Grant, Sen.,       Disbursement For: 2018         Office Sought:       House         Y       Senate         President       Other (specify)         State:       UT         Full Name (Last, First, Middle Initial)         B.       Promoting Our Republican Team PAC	
x       Senate President       Primary       x       General Other (specify)       BGR Ev         State:       UT       District:       Memo Item         Full Name (Last, First, Middle Initial)       B.       Promoting Our Republican Team PAC       Date of Disbursement	
Full Name (Last, First, Middle Initial)         B. Promoting Our Republican Team PAC    Date of Disbursement	event: Sept. 25, 2017
Mailing Address     8331 LITTLE HARBOR DRIVE     09     25	Y Y Y Y Y
	2017
City     State     Zip Code       Cincinnati     OH     45244-2768       Purpose of Disbursement     C C00440032	ber
Event: June 14, 2017     011       Candidate Name     Category/ Type       Promoting Our Republican Team PAC     Category/ Type	
Office Sought: House Disbursement For:	2500.00 June 14, 2017
Full Name (Last, First, Middle Initial)         C. The Upper Hand Fund	
Mailing Address 402 A South Capitol St., SE	2017
City     State     Zip Code       Washington     DC     20003       Purpose of Disbursement     C     C00503151	ber
Event: July 18, 2017     011     Transaction ID : 764       Candidate Name     Category/ Type     Category/ Type	
Office Sought: House Disbursement For:	5000.00 July 18, 2017
SUBTOTAL of Disbursements This Page (optional)	12500.00

S	CHEDULE B (FEC Form 3X)			FC	OR LI	NE NUM	IBER:		PA	GE 2	205 OF	209			
IT	EMIZED DISBURSEMENTS	Use sepa for each Detailed \$		heck	only one	e) 22 <b>X</b>	23 28c	26 29		27 30b					
	ny information copied from such Reports and Stater for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurar	nce Com	pany Politica	al Ac	ctior	n Com	mittee								
Α.	Full Name (Last, First, Middle Initial) McHenry For Congress Mailing Address PO Box 2165						Date of Disbursement								
	City Gastonia	State NC	Zip Code 28053			F	EC Identifi	cation	Numbe	r					
	Purpose of Disbursement ACLI Event			0	11	C	C003	39362 ction l	1.00	06835					
	Candidate Name McHenry, Patrick, Timothy, Rep., Office Sought: x House Disburser	ment For: 2	2018		egory/ ype	/ Ar	mount of E	Each [	ach Disbursement this Period						
	State: NC District: 10	Primary						ACLI Event Memo Item							
в.	Full Name (Last, First, Middle Initial)					Date of Disbursement									
	Mailing Address PO Box 261172		09 29 2017												
	City Hartford Purpose of Disbursement Event: Sept. 13, 2017 Candidate Name	C	)11		FEC Identification Number C C00330142 Transaction ID : 76414179										
	Larson, John, B., Rep., Office Sought: x House Disburser	ment For: 2 Primary Other (spec	General	egory/ ype		Amount of Each Disbursement ti 30 Event: Sept. 13, Memo Item					riod				
С.	Full Name (Last, First, Middle Initial) • DIRIGO PAC						Date of Disbursement								
	Mailing Address P.O. Box 1355	70	09 / 29 / 2017												
	City Alexandria Purpose of Disbursement	State VA	Zip Code 22313		FEC Identification Number										
	2017 PAC Support Candidate Name DIRIGO PAC Cat						C C00391797 Transaction ID : 76414692 Amount of Each Disbursement this Period 5000.00 2017 PAC Support Memo Item								
	tate: District: Disbursement For: Senate Disbursement For: Primary General Other (specify) ▼														
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ITEMIZED DISBURSEMENTS       Use separate schedule(s) breach category (and asked to solve (and how the purpose of selicitor that the purpose of selicitor that the purpose of selicitor that the solve (and how the solve (	S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 206 OF 209							
ar for commercial puppess, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fust, Middle Initial) A. HellerHighwater PAC Mailing Address P.O. Box 370672 City Las kagas Puppes of Diabursement Candidate Name HellerHighwater PAC Diabursement For: Office Sought State: Disfort: Puppession B. HellerHighwater PAC Mailing Address P.O. Box 370672 City Las kgas VV State: Disfort: Puppession Candidate Name HellerHighwater PAC Mailing Address P.O. Box 370672 City Les kgas VV State: Disfort: Puppession Candidate Name For: Category Yuppe Confro Sought Other (specify) Category Yuppe Category Yuppe Category Yuppe Category Category Xuppe			for each	category of the	(check only 21b	v one) 22 <b>X</b> 23 26 27							
Massachusetts Mutual Life Insurance Company Political Action Committee         A. HellerHighwater PAC         Mailing Address P.O. Box 370672         City         Candidate Name         HellerHighwater PAC         Office Sought:         House         Office Sought:         HellerHighwater PAC         Mailing Address P.O. Box 370672         City         State:         Disbursement         Your - HellerHighwater PAC         Mailing Address P.O. Box 370672         City         State:         Disbursement         Now         B. HellerHighwater PAC         Mailing Address P.O. Box 370672         City         State:         Disbursement         Propose of Disbursement         Woild Cast, First, Middle Initial)         Cardidate Name         HellerHighwater PAC         Office Sought:       President         D													
A. HellerHighwater PAC       Date of Disbursement         City       State       NV       Bit37         Purpose of Disbursement       Otto       2017         Cadidate Name       Otto       Cadigony         HellerHighwater PAC       Disbursement For:       State         Office Sought:       Barate       Disbursement For:       State         Distressment       Other (specify) ▼       Memo Item         Full Name (Last, First, Middle Initial)       B.       HellerHighwater PAC         Mailing Address       P.O. Box 370672       Other (specify) ▼         City       State       Other (specify) ▼         Rul Name (Last, First, Middle Initial)       B.       HellerHighwater PAC         Mailing Address       P.O. Box 370672       Other (specify)         City       State       Other (specify)         Vid HellerHighwater PAC       Other (specify)       Transaction ID : 76588003         Manout of Each Disbursement       NV       89137         Purpose of Disbursement       Other (specify)       Transaction ID : 76588003         Manout of Each Disbursement       Other (specify)       Transaction ID : 76588003         Manout of Each Disbursement       Other (specify)       Transaction ID : 76588003         Of			nce Com	pany Politica	I Action C	ommittee							
Las Vegas       NV       89137         Purpose of Disbursement       011         Candidate Name       011         HellerHighwater PAC       011         Office Sought:       House         State:       Disbursement For:         Purpose of Disbursement For:       011         President       Other (specify)         State:       Disbursement For:         Purpose of Disbursement       Other (specify)         Mailing Address P.O. Box 370672       Date of Disbursement         City       State         Nod       8137         HellerHighwater PAC       011         Cardidate Name       Category:         Type       011         Cardidate Name       Disbursement For:         Office Sought:       House         Senate       Primary         Office Sought:       House         Disbursement For:       Other (specify)         Cardidate Name       Category:         Type       75858003         Anount of Each Disbursement this Period         Office Sought:       House         Senate       Primary         Office Sought:       House         Other (specify)       State <td>Α.</td> <td>HellerHighwater PAC</td> <td></td> <td></td> <td></td> <td colspan="8">M M / D D / Y Y Y Y</td>	Α.	HellerHighwater PAC				M M / D D / Y Y Y Y							
Purpose of Disbursement       011         Candidate Name       011         HellerHighwater PAC       Category         Office Sought:       Bistoris         B. HellerHighwater PAC       Other (specify)         Full Name (Last, First, Middle Initial)       B.         B. HellerHighwater PAC       Disbursement         Mailing Address       P.O. Box 370672         City Las Vegas       State         Purpose of Disbursement       NV         Void - HellerHighwater PAC       011         Cardidate Name       011         HellerHighwater PAC       011         Cardidate Name       NV         HellerHighwater PAC       011         Cardidate Name       Disbursement For:         Office Sought:       Disbursement For:         Other (specify)       Category/         Full Name (Last, First, Middle Initial)       Disbursement For:         Colifice Sought:       Disbursement For:         Other (specify)		-											
HellerHighwater PAC       Category         Office Sought:       House       Disbursement For:       5000.00         State:       President       Other (specify)       General         Office Sought:       President       Other (specify)       Memo Item         B.       HellerHighwater PAC       Date of Disbursement       Date of Disbursement         Mailing Address       P.O. Box 370672       Other (specify)       Date of Disbursement         City       State       Zip Code       B137         Purpose of Disbursement       NV       B137         Purpose of Disbursement       Code/Tigor       Tansaction ID: 76588003         Amount of Each Disbursement For:       Senate       President         President       Disbursement For:       President         Office Sought:       Senate       President       Other (specify)         State:       Disbursement For:       200.00       Void - HellerHighwater PAC         Mailing Address 2201 Wisconsin Ave., NW       Sute 320       City       Memo Item         Gridge Women PAC       011       Category'       Type       11         Mailing Address 2201 Wisconsin Ave., NW       Sute 320       City       State       2000.00         Office Sought:		Purpose of Disbursement		69137	011								
Office Sought:       House       Disbursement For:       General         President       Other (specify)       Memo item         Full Name (Last, First, Middle Initial)       B.       HellerHighwater PAC         Mailing Address P.O. Box 370672       Date of Disbursement         City       State       Zip Code         Las Vegas       NV       B9137         Purpose of Disbursement PAC       Other (specify)         Cardidate Name       Disbursement For:         HellerHighwater PAC       Category/ Type         Office Sought:       House         Disbursement For:       Category/ Type         Office Sought:       House         Disbursement For:       -2500.00         Void - HellerHighwater PAC       Other (specify)         Office Sought:       House         Disbursement For:       -2500.00         Void - Women2Women PAC       Date of Disbursement         Mailing Address 2201 Wisconsin Ave., NW       State         Office Sought:       State       Disbursement For:         Void - Women2Women PAC       Other (specify)         Mailing Address 2201 Wisconsin Ave., NW       Category/ Type         Office Sought:       House       Disbursement For:         Office Soug													
State:       District:         Full Name (Last, First, Middle Initial)         B. HellerHighwater PAC         Malling Address P.O. Box 370672         City         Las Vegas         Purpose of Disbursement         Void - HellerHighwater PAC         Candidate Name         HellerHighwater PAC         Office Sought:         Bate of Disbursement this Period         Office Sought:         Bate of Disbursement thild         Ctive         State:         District:         HullerHighwater PAC         Office Sought:         HeilerHighwater PAC         Office Sought:         House         Disbursement For:         State:         District:         Full Name (Last, First, Middle Initial)         C.         Women2Women PAC         Mailing Address 2201 Wisconsin Ave., NW         Suite 320         City         Women2Women PAC         Office Sought:         House         Disbursement For:         Void - Women2Women PAC         Office Sought:         House         Disbursement For:         Senate		Office Sought: House Disburse Senate	Primary										
B. HellerHighwater PAC       Date of Disbursement         Mailing Address       P.O. Box 370672         City       State       Zip Code         NV       89137         Purpose of Disbursement       011         Void - HellerHighwater PAC       011         Candidate Name       011         HellerHighwater PAC       011         Office Sought:       House       Disbursement For:         State:       District:       Other (specify)         State:       District:       Other (specify)         Mailing Address 2201 Wisconsin Ave., NW       State       Zip Code         Mailing Address 2201 Wisconsin Ave., NW       State       Zip Code         Mailing Address 2201 Wisconsin Ave., NW       011       Category/         Void - Memen2Women PAC       011       Category/         Candidate Name       011       Category/         Mailing Address 2201 Wisconsin Ave., NW       20007       FEC Identification Number         Void - Women2Women PAC       011       Category/         Candidate Name       Disbursement For:       02007         Void - Women2Women PAC       011       Category/         Category       011       Category/         Office Sought:			State: District:										
City       State       Zip Code         NV       89137         Purpose of Disbursement       011         Void - HellerHighwater PAC       011         Candidate Name       011         HellerHighwater PAC       011         Office Sought       House         Disbursement For:       -2500.00         Void - HellerHighwater PAC       Void - HellerHighwater PAC         Office Sought       Benate         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       C         C. Women2Women PAC       Date of Disbursement         Mailing Address       220 Visconsin Ave., NW         Suite 320       City         Void - Women2Women PAC       011         Candidate Name       011         Women2Women PAC       011         Candidate Name       011         Void - Women2Women PAC       011         Candidate Name       011         Women2Women PAC       011         Office Sought:       Disbursement For:         State:       Disbursement For:         Office Sought:       Senate         President       Other (specify) <t< td=""><td>B.</td><td>HellerHighwater PAC</td><td colspan="7">M M / D D / Y Y Y Y</td></t<>	B.	HellerHighwater PAC	M M / D D / Y Y Y Y										
Las Vegas       NV       89137         Purpose of Disbursement Void - HellerHighwater PAC       011         Candidate Name       011         HellerHighwater PAC       011         Office Sought:       House         Disbursement For:       -2500.00         Void - HellerHighwater PAC       Void - HellerHighwater PAC         Office Sought:       House         Disbursement For:       -2500.00         Void - HellerHighwater PAC       Void - HellerHighwater PAC         Office Sought:       Disbursement For:         Purpose of Disbursement PAC       Other (specify)         Mailing Address 2201 Wisconsin Ave., NW       Suite 320         City       State       Dc         Void - Women2Women PAC       011         Void - Women2Women PAC       011         Candidate Name       Disbursement For:         Void - Women2Women PAC       011         Category/       Type         Office Sought:       House       Disbursement For:         President       Disbursement For:       -2500.00         Void - Women2Women PAC       0ther (specify)       Category/         Office Sought:       House       Disbursement For:       -2500.00         Void - Women2Women		Mailing Address P.O. Box 370672	09 01 2017										
Void - HellerHighwater PAC       011         Candidate Name       011         HellerHighwater PAC       Category/ Type         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       C         C. Women2Women PAC       Disbursement         Mailing Address 2201 Wisconsin Ave., NW       Date of Disbursement         Suite 320       City         Void - Women2Women PAC       011         Void - Women2Women PAC       011         Office Sought:       House         Disbursement For:       011         Void - Women2Women PAC       011         Category/       Transaction ID : 76588006         Amount of Each Disbursement For:       Senate         President       Disbursement For:         President       Other (specify)         State:       District:         Subtrotal of Disbursements This Page (optional)		Las Vegas											
HellerHighwater PAC       Type         Office Sought:       House       Disbursement For:		Void - HellerHighwater PAC Candidate Name		Transaction ID : 76588003									
Senate   President   State:   District:     Full Name (Last, First, Middle Initial)   C. Women2Women PAC     Mailing Address   2201 Wisconsin Ave., NW   Suite 320     City   Washington   Purpose of Disbursement   Void - Women2Women PAC     Other (specify)     Tansaction Number   Candidate Name   Women2Women PAC   Office Sought:   House   Disbursement For:   Senate   Primary   General   Office Sought:   House   Disbursement For:   Senate   Primary   General   Other (specify)     State:   Disbursements This Page (optional)													
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       2201 Wisconsin Ave., NW         Suite 320       State         City       State         Purpose of Disbursement       D011         Void - Women2Women PAC       011         Candidate Name       011         Office Sought:       House         Disbursement State:       Disbursement For:         Office Sought:       President         Void - Women2Women PAC       Other (specify)         Office Sought:       House         Disbursement State:       Disbursement For:         Office Sought:       Disbursement For:         Substrict:       Other (specify)		Senate President	Primary			Void - HellerHighwater PAC							
Mailing Address 2201 Wisconsin Ave., NW       09       11       2017         Suite 320       City       State       Zip Code       DC       20007         Purpose of Disbursement       DC       20007       FEC Identification Number       Coole14958         Void - Women2Women PAC       011       Category/ Type       Coole14958       Transaction ID : 76588006         Manuation of Each Disbursement this Period       011       Category/ Type       Coole14958       Mount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       -2500.00       Void - Women2Women PAC         Office Sought:       House       Disbursement For:       -2500.00       Void - Women2Women PAC         State:       District:       Other (specify) ▼       Memo Item       0.00	с.												
Washington       DC       20007         Purpose of Disbursement Void - Women2Women PAC       011       Candidate Name       011         Candidate Name       011       Category/ Type       Category/ Type       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For: Senate       Other (specify)       Category/ Type       -2500.00         State:       District:       Other (specify)       Category/ Type       Memo Item													
Void - Women2Women PAC       011         Candidate Name       011         Candidate Name       Category/ Type         Women2Women PAC       Category/ Type         Office Sought:       House         Disbursement For:       - 2500.00         President       Other (specify)         State:       District:         Subtrotal of Disbursements This Page (optional)		Washington				FEC Identification Number							
Women2Women PAC     Type       Office Sought:     House       Senate     Primary       President     Other (specify)       State:     Disbursements This Page (optional)		Void - Women2Women PAC		Transaction ID : 76588006									
Senate       Primary       General       Void - Women2Women PAC         President       Other (specify)       Memo Item         SUBTOTAL of Disbursements This Page (optional)													
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	•				~								
	Massachusetts Mutual Life Insura	nce Com	pany Politic	al Ac		n Co	ommittee							
Α.	Full Name (Last, First, Middle Initial) Women2Women PAC		Date of Disbursement											
	Mailing Address 2201 Wisconsin Ave., NW Suite 320						09 / D D / Y Y Y Y 2017							
	City Washington	State DC	Zip Code 20007				FEC Identification Number							
	Purpose of Disbursement 2017 W2W Contribution			0	11	٦	C C00614958							
	Candidate Name			Cate	egory	//	Transaction ID: 76588007 Amount of Each Disbursement this Period							
	Women2Women PAC				ype		5000.00							
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_	Full Name (Last, First, Middle Initial)													
в.	Peter Norbeck Leadership PAC						Date of Disbursement							
	Mailing Address 22 Rio Vista Lane		09 27 2017											
	City	State VA	Zip Code				FEC Identification Number							
	Richmond Purpose of Disbursement Void - Uncleared 2016 Disbursement	23226	0	)11	٦	C C00571976								
	Candidate Name			Cate			Transaction ID : 76597282 Amount of Each Disbursement this Period							
	Peter Norbeck Leadership PAC						Anount of Each Disbussement this Fellou							
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	President						Void - Uncleared 2016 Disbursement Memo Item							
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C.	Narragansett Bay PAC		Date of Disbursement											
	Mailing Address P.O. Box 8628		09 20 2017											
	City Cranston	State RI	Zip Code 02920				FEC Identification Number							
	Purpose of Disbursement Void - Uncleared 2016 Disbursement		11		С С00403592									
	Candidate Name		Transaction ID: 76597283 Amount of Each Disbursement this Period											
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$\backslash$	NAME OF COMMITTEE (In Full)	•						•								
	Massachusetts Mutual Life Insurar	ice Com	pany Politica	I AC	CTIC	on (	or	mitte	ee							
Α.	Full Name (Last, First, Middle Initial) MITCHELL, PAUL, , , Mailing Address 328 GREYBULL DR								Date of Disbursement							
											-					
	City BEAR	State DE	Zip Code 19701-2174				F	EC Ide	entif	icatior	n N	umbe	r			
	Purpose of Disbursement Partial Refund - ACH Correction	DE	10	7		С										
	Candidate Name		L	Cate Ty	egor /pe	ry/	A	Transaction ID : 76323465 Amount of Each Disbursement this Period							Period	
	Office Sought: House Disburser Senate President						77.50 Partial Refund - ACH Memo Item									
	State: District:									nom						
В.	Full Name (Last, First, Middle Initial) PHILLIPS, T RAY, , ,							Date of Disbursement								
	Mailing Address 6202 N SHERMAN DR								09 01 2017							
	City INDIANAPOLIS	State IN	Zip Code 46220-4439				F	FEC Identification Number								
	Purpose of Disbursement NSF - Aug-17 ACH Candidate Name	40220-4439						C Transaction ID : 76596872 Amount of Each Disbursement this Period								
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General	- 15	/pe			90.00 NSF - Aug-17 ACH Memo Item								
<u>с</u> .	Full Name (Last, First, Middle Initial)							Date of	Dis	sburse	eme	nt				
	Mailing Address 230 LITTLE ROUND TOP							09 01 / Y Y Y Y 2017							Y	
	City	State	Zip Code						0.511	lootic	·					
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	Purpose of Disbursement NSF - Aug-17 ACH 010							C Transaction ID : 76596874								
	Candidate Name Category/ Type							Amount of Each Disbursement this Period							Period	
	Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       District:							Me	mo	Item	NS	F - Au	g-17	40.0 ACH	0	
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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	nce Com	pany Politica	I Action Co	ommittee								
Full Name (Last, First, Middle Initial) A. HALSTEAD, LESLIE, A., ,				Date of Disbursement								
Mailing Address 4511 MEREDITH CREEK DR				09 01 2017								
GLEN ALLEN	State VA	Zip Code 23060-3421		FEC Identification Number								
Purpose of Disbursement NSF - Aug-17 ACH			010	C Transaction ID : 76596900								
Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General Sify) ▼		50.00 NSF - Aug-17 ACH Memo Item								
Full Name (Last, First, Middle Initial) B. MIRANDA, TERESITA, , , Mailing Address 3 GREENWAY PLZ STE 1	Date of Disbursement											
City HOUSTON Purpose of Disbursement	HOUSTON TX 77046-0395											
NSF - Aug-17 ACH Candidate Name												
Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General cify)		22.50 NSF - Aug-17 ACH Memo Item								
Full Name (Last, First, Middle Initial)				Date of Disbursement								
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City		FEC Identification Number										
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