

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="98617.43"/>	<input type="text" value="98617.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="101725.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61619.36"/>	<input type="text" value="462194.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="163344.90"/>	<input type="text" value="560811.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79256.97"/>	<input type="text" value="476723.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84087.93"/>	<input type="text" value="84087.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Report Covering the Period: From: M M / D D / Y Y Y Y
05 / 01 / 2018 To: M M / D D / Y Y Y Y
05 / 31 / 2018

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).....	33505.39	294689.59
(ii) Unitemized	27319.06	146259.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	60824.45	440949.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	60824.45	440949.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	756.97	3551.06
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.94	193.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	61619.36	462194.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61619.36	462194.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	756.97	3567.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	756.97	3567.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	473000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	106.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79256.97	476723.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79256.97	476723.50

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	60824.45	440949.26
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60824.45	440899.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	756.97	3567.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	756.97	3551.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	16.44

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amending to correct beginning balances

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. ESTLER, Stephen, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2177 NE 63RD ST
 City FT LAUDERDALE State FL Zip Code 33308-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806141
 Amount of Each Receipt this Period 83.33
 Memo Item

B. HERZOG, Paul, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 HIGHLAND CT
 City GERMANTOWN HILLS State IL Zip Code 61548-9056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 176.47

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806147
 Amount of Each Receipt this Period 26.47
 Memo Item

C. JENSEN, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 COPELAND RD
 City ODESSA State FL Zip Code 33556-3261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806150
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 134.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KOWALSKI, Ken, Croydon, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 WILLOW LAWN DR
 City LYNCHBURG State VA Zip Code 24503-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806155
 Amount of Each Receipt this Period 41.67
 Memo Item

B. MELTZER, Alan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S OCEAN BLVD APT 3K
 City BOCA RATON State FL Zip Code 33432-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806160
 Amount of Each Receipt this Period 208.33
 Memo Item

C. OWENS, Lilburn, Horace, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 HIGHLAND CIR
 City TUPELO State MS Zip Code 38804-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806165
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.83
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ROOT, David, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 HOLLYWOOD BLVD #304
 City HOLLYWOOD State FL Zip Code 33020-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 180.88

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806171
 Amount of Each Receipt this Period 27.94
 Memo Item

B. SKOOG, John, Curtis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 PINE LN
 City EAGAN State MN Zip Code 55123-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806175
 Amount of Each Receipt this Period 20.83
 Memo Item

C. WAHL, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 TODMORDEN LN
 City ROSE VALLEY State PA Zip Code 19086-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.25

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806181
 Amount of Each Receipt this Period 43.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 92.42
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WILSON, John, Walter, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1321 VASSAR ST

City HOUSTON	State TX	Zip Code 77006-6029
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806183

Amount of Each Receipt this Period
25.00

Memo Item

B. DEGEN, John, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1231 W 66TH ST

City KANSAS CITY	State MO	Zip Code 64113-1805
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806186

Amount of Each Receipt this Period
25.00

Memo Item

C. LEBOLD, Edward, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 945 OAK TER

City LAKE OSWEGO	State OR	Zip Code 97034-4664
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
187.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806188

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CAVASSO, Campbell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41-530 WAIKUPANAHA ST
 City WAIMANALO State HI Zip Code 96795-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806191
 Amount of Each Receipt this Period 25.00
 Memo Item

B. VANBENSCHOTEN, Richard, Pierce, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 5TH AVE APT 3A
 City NEW YORK State NY Zip Code 10065-4952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806193
 Amount of Each Receipt this Period 41.67
 Memo Item

C. O GRADY, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11301 SILVERSTONE DR
 City MECHANICSVILLE State VA Zip Code 23116-5877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806198
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KAMMERAAD, Jeffrey, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 S 168TH AVE
 City HOLLAND State MI Zip Code 49424-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 180.88

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806200
 Amount of Each Receipt this Period 27.94
 Memo Item

B. KARCHEFSKY, Richard, Irving, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7502 CARMELA WAY
 City DELRAY BEACH State FL Zip Code 33446-5668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806207
 Amount of Each Receipt this Period 20.83
 Memo Item

C. PINE, Michael, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 STILL HOLLOW RD
 City NEWBURGH State NY Zip Code 12550-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806214
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HEERDEGEN, Christopher, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6862 SECTION RD
 City OTTAWA LAKE State MI Zip Code 49267-9551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.71

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806221
 Amount of Each Receipt this Period 58.35
 Memo Item

B. CARR, Allen, Wesley, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 RHODA DR
 City LANCASTER State PA Zip Code 17601-3669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806225
 Amount of Each Receipt this Period 25.00
 Memo Item

C. EPPY, Joseph, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 LAS OLAS WAY APT 4103
 City FORT LAUDERDALE State FL Zip Code 33301-2394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806228
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. WIRTZ, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BRANDING IRON LN
 City ROLLING HILLS ESTATES State CA Zip Code 90274-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806229
 Amount of Each Receipt this Period 41.67
 Memo Item

B. TETHER, Jason, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 E FAIRVIEW LN
 City ROCHESTER HILLS State MI Zip Code 48306-4123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806232
 Amount of Each Receipt this Period 20.83
 Memo Item

C. WHITMORE, Edgar, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25471 PRADO DE ORO
 City CALABASAS State CA Zip Code 91302-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806233
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 104.17
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MARTIN, Brian, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12217 CLEGHORN RD
 City COCKEYSVILLE State MD Zip Code 21030-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806234
 Amount of Each Receipt this Period 41.67
 Memo Item

B. LOGAN, Brian, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 SOUTHVIEW DR
 City MECHANICSBURG State PA Zip Code 17055-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806236
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DAVIS, Jonathan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OVERLOOK RD
 City WESTPORT State CT Zip Code 06880-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806238
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	108.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GREENBERG, Stefan, Erich, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BAILIWICK RD
 City GREENWICH State CT Zip Code 06831-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806239
 Amount of Each Receipt this Period 25.00
 Memo Item

B. STARR, Mitchell, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 SW 4TH ST
 City PLANTATION State FL Zip Code 33324-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806243
 Amount of Each Receipt this Period 104.17
 Memo Item

C. MCDONALD, Todd, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAGLE RIDGE DR
 City TROY State NY Zip Code 12180-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806244
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	191.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SCHNEIDER, Corey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 STRATTON RD
 City SCARSDALE State NY Zip Code 10583-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806247
 Amount of Each Receipt this Period 208.33
 Memo Item

B. BYERS, John, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 JACOBS MILL RD
 City LONG LAKE State MN Zip Code 55356-9320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806248
 Amount of Each Receipt this Period 62.50
 Memo Item

C. JONES, Jason, Hughes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8555 VALEMONT DR
 City ATLANTA State GA Zip Code 30350-2850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806253
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. VESSELL, Jerry, Donald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 CALLOWAY DR
 City BRENTWOOD State TN Zip Code 37027-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806256
 Amount of Each Receipt this Period 41.67
 Memo Item

B. HINRICHS, Ivan, Carl, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2418 LA MAISON DR
 City CHARLOTTE State NC Zip Code 28226-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806264
 Amount of Each Receipt this Period 20.83
 Memo Item

C. FEHRS, David, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 BUCKTHORN DR
 City BADEN State PA Zip Code 15005-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806265
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DECOURSEY, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1467 MORNINGCREST CT
 City INDIANAPOLIS State IN Zip Code 46280-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806272
 Amount of Each Receipt this Period 62.50
 Memo Item

B. THOMALLA, Kenneth, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 FOREST EDGE DR
 City PALOS PARK State IL Zip Code 60464-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806277
 Amount of Each Receipt this Period 104.17
 Memo Item

C. DEBOER, Bruce, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6839 RIDGEWOOD TRL
 City TOLEDO State OH Zip Code 43617-1181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.58

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806279
 Amount of Each Receipt this Period 35.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	201.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CORNETT, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 STEELMAN RD
 City PURVIS State MS Zip Code 39475-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.97

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806281
 Amount of Each Receipt this Period 33.33
 Memo Item

B. HOMER, Robert, L., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10751 WILSHIRE AVE NE
 City ALBUQUERQUE State NM Zip Code 87122-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806285
 Amount of Each Receipt this Period 25.00
 Memo Item

C. GARBUT, Brett, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FARMINGTON LN
 City MELVILLE State NY Zip Code 11747-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806292
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	79.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SUNDET, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4739 161 CT
 City URBANDALE State IA Zip Code 50323-0013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806294
 Amount of Each Receipt this Period 25.00
 Memo Item

B. SEROTTE, Steven, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 VERNAL WAY
 City MILL VALLEY State CA Zip Code 94941-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806295
 Amount of Each Receipt this Period 41.67
 Memo Item

C. ADAMS, Max, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 NE 27TH ST APT 1603
 City MIAMI State FL Zip Code 33137-5093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806296
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BASEHORE, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1785 ELIZA WAY
 City MECHANICSBURG State PA Zip Code 17050-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.32

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806297
 Amount of Each Receipt this Period 151.22
 Memo Item

B. SCHROEDER, Mary Jane, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4740 ALTA CANYADA RD
 City LA CANADA State CA Zip Code 91011-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806301
 Amount of Each Receipt this Period 25.00
 Memo Item

C. BIRD, Julie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2273 E CONTINENTAL #120
 City SOUTHLAKE State TX Zip Code 76092-9799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806302
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	201.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SEGALL, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FAITH LN
 City ARDSLEY State NY Zip Code 10502-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806304
 Amount of Each Receipt this Period 41.67
 Memo Item

B. OCWIEJA, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N CANAL ST APT 3603
 City CHICAGO State IL Zip Code 60606-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806307
 Amount of Each Receipt this Period 41.67
 Memo Item

C. VELTUS, Julie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5735 RIDGECREST DR
 City RACINE State WI Zip Code 53403-9758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.63

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806308
 Amount of Each Receipt this Period 26.22
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	109.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MILLER, John, J.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WHIPPANY AVE
 City WARREN State NJ Zip Code 07059-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806312
 Amount of Each Receipt this Period 41.67
 Memo Item

B. GOLISH, Glen, R.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22261 HOLLYHOCK TRL
 City BOCA RATON State FL Zip Code 33433-4865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806316
 Amount of Each Receipt this Period 41.67
 Memo Item

C. WIGHT, Edward, Ira, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 KATESFORD RD
 City COCKEYSVILLE State MD Zip Code 21030-2246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806317
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FURSTNER, Eric, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 CASOLYN RANCH CT

City DANVILLE	State CA	Zip Code 94506-4756
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806318

Amount of Each Receipt this Period
25.00

Memo Item

B. WRIGHT, Darren, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6020 E CALLE DEL MEDIA

City SCOTTSDALE	State AZ	Zip Code 85251-3018
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806329

Amount of Each Receipt this Period
41.67

Memo Item

C. GOETZ, Adam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 QUINCY LANE

City WEXFORD	State PA	Zip Code 15090-6836
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
247.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806332

Amount of Each Receipt this Period
31.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.14
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GEORGE, Ian, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 CLEMSON DR
 City PITTSBURGH State PA Zip Code 15243-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806333
 Amount of Each Receipt this Period 41.67
 Memo Item

B. PERME, Christopher, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11676 STATE ROUTE 88
 City GARRETTSVILLE State OH Zip Code 44231-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806338
 Amount of Each Receipt this Period 41.67
 Memo Item

C. BALINT, William, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ELMCREST DR
 City CHICOPEE State MA Zip Code 01013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806339
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 108.34
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SHAUGHNESSY, Thomas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 S ORANGE AVE # 74011
 City BROKEN ARROW State OK Zip Code 74011-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806340
 Amount of Each Receipt this Period 41.67
 Memo Item

B. CARROCCIO, Holly, Brown, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 MAPLE LEAF DR
 City PLANO State TX Zip Code 75075-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806341
 Amount of Each Receipt this Period 25.00
 Memo Item

C. KENNY, Brendan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLSIDE RD
 City SOUTHAMPTON State NY Zip Code 11968-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806342
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HASLAM III, John, H., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 GOETTE TRL
 City SAVANNAH State GA Zip Code 31410-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806350
 Amount of Each Receipt this Period 20.83
 Memo Item

B. WOOD, Greg, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 E 26TH ST
 City TULSA State OK Zip Code 74114-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806351
 Amount of Each Receipt this Period 41.67
 Memo Item

C. WEHR, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17485 FRANCIS FARM PL
 City HAMILTON State VA Zip Code 20158-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806353
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KATZ, Walter, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 RICHMOND AVE STE 200

City HOUSTON	State TX	Zip Code 77006-5480
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806357

Amount of Each Receipt this Period
41.67

Memo Item

B. DEKAVALLAS, Gus, Emmenuel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7039 E MAIN ST #A 205

City SCOTTSDALE	State AZ	Zip Code 85251-4350
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
198.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806359

Amount of Each Receipt this Period
12.50

Memo Item

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

Mailing Address 124 ELM ST

City WILLIAMSTOWN	State MA	Zip Code 01267-2576
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806369

Amount of Each Receipt this Period
26.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LARGE, Brian, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 WOLFPIT AVE
 City NORWALK State CT Zip Code 06851-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806373
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. THOMAS, Gregory, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6223 N PONDEROSA WAY
 City PARKER State CO Zip Code 80134-5623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806379
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. STEPHENS, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 79TH ST UNIT B
 City VIRGINIA BCH State VA Zip Code 23451-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806380
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROLNICK, Russell, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 TALL PINES CT
 City WEST NYACK State NY Zip Code 10994-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806385
 Amount of Each Receipt this Period 20.83
 Memo Item

B. DORMAN, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 FAIRWAY DR
 City MEDINA State OH Zip Code 44256-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806387
 Amount of Each Receipt this Period 25.00
 Memo Item

C. ABOWD, Eric, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 WILBUR MAY PKWY APT 4504
 City RENO State NV Zip Code 89521-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806391
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ROBERTSON, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 SHANES LN
 City WEATHERFORD State TX Zip Code 76087-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806396
 Amount of Each Receipt this Period 41.67
 Memo Item

B. ROBERTSON, William, Shane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 FM 126
 City NOLAN State TX Zip Code 79537-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806402
 Amount of Each Receipt this Period 25.00
 Memo Item

C. KIMPEL, Colin, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 WALHONDING RD
 City BETHESDA State MD Zip Code 20816-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806403
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STOKESBARY, Kevin, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7133 SAINT ANDREWS LN SE
 City SNOQUALMIE State WA Zip Code 98065-9092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 180.88

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806406
 Amount of Each Receipt this Period 27.94
 Memo Item

B. STEARNS, Craig, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 HENRY ST
 City FAIRFIELD State CT Zip Code 06824-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.94

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806418
 Amount of Each Receipt this Period 26.47
 Memo Item

C. COHN, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 UNDERWOOD DR
 City ATLANTA State GA Zip Code 30328-2942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806423
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.41
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LAU, Jonathan, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 ASPEN RD
 City BIRMINGHAM State MI Zip Code 48009-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806426
 Amount of Each Receipt this Period 25.00
 Memo Item

B. FERRANTE, Paul, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 648 SHORE ACRES DR
 City MAMARONECK State NY Zip Code 10543-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806429
 Amount of Each Receipt this Period 25.00
 Memo Item

C. TODD, Andrew, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9997 DELL RD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806430
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	154.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MILGRAM, Arkady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 OAK TRAIL ST
 City NEWBURY PARK State CA Zip Code 91320-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806433
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. PLANK, Joshua, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 TIMBERWOLF LN
 City ZIONSVILLE State IN Zip Code 46077-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806434
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. ECKART, Scott, Wendell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 SUNFLOWER CT
 City ZIONSVILLE State IN Zip Code 46077-8118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806435
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. GILL, Robert, Emmett, , SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WESLEY CT

City EATONTOWN	State NJ	Zip Code 07724-1423
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806460

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1391 VIEW DR

City SAN LEANDRO	State CA	Zip Code 94577-5336
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806464

Amount of Each Receipt this Period
25.00

Memo Item

C. JONES, Christopher, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 WOOD DRIVE

City OYSTER BAY	State NY	Zip Code 11771-3723
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : 77806483

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HERNANDEZ, Carlos, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 SW 84TH AVENUE
 City MIAMI State FL Zip Code 33143-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.97

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806492
 Amount of Each Receipt this Period 33.33
 Memo Item

B. MARTINEZ, Margee, Dinaris, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 ALHAMBRA CIR
 City CORAL GABLES State FL Zip Code 33134-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806493
 Amount of Each Receipt this Period 20.83
 Memo Item

C. HICKS, Ryan, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 GREEN VALLEY LN
 City CANONSBURG State PA Zip Code 15317-3543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806501
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.99
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BENOIT, George, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 JILLIAN WAY
 City WESTPORT State MA Zip Code 02790-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806504
 Amount of Each Receipt this Period
 20.83
 Memo Item

B. HESS, Van, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 35TH ST
 City MANHATTAN BEACH State CA Zip Code 90266-3407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806510
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. GRIFFITH, Matthew, Ashbrook, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 NW 156TH CIR
 City EDMOND State OK Zip Code 73013-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 299.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806514
 Amount of Each Receipt this Period
 33.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HETTIGER, John, Stratton, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12484 BURKE DR
 City CARMEL State IN Zip Code 46032-7284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806533
 Amount of Each Receipt this Period 20.83
 Memo Item

B. FREEMAN, Gregory, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 N MERIDIAN ST
 City INDIANAPOLIS State IN Zip Code 46208-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806540
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MORAN, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W BROADWAY UNIT 607
 City BOSTON State MA Zip Code 02127-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806546
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	66.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHEAN, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 BONNIE BRAE RD
 City HINSDALE State IL Zip Code 60521-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806555
 Amount of Each Receipt this Period 41.67
 Memo Item

B. STARK, Timothy, Darren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4402 POMONA RD
 City DALLAS State TX Zip Code 75209-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806557
 Amount of Each Receipt this Period 41.67
 Memo Item

C. KAPLAN, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 E 71ST ST #16K
 City NEW YORK State NY Zip Code 10021-5242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806558
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LOPEZ, Bavy, Uriah, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2060 ELIZA GLYNNE LN
 City KNOXVILLE State TN Zip Code 37931-3681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806575
 Amount of Each Receipt this Period 25.00
 Memo Item

B. GOLDSMITH, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 ARONA ST
 City SAINT PAUL State MN Zip Code 55108-2351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.86

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806600
 Amount of Each Receipt this Period 65.26
 Memo Item

C. SMITH, Robert, John, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2235 CASITAS WAY
 City PALM SPRINGS State CA Zip Code 92264-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 342.12

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806612
 Amount of Each Receipt this Period 60.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LAROCHE, Brian, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 COMPASS CIR
 City VIRGINIA BCH State VA Zip Code 23451-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806620
 Amount of Each Receipt this Period 25.00
 Memo Item

B. LINDQUIST, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ELIJAH HILL LN
 City LONDONDERRY State NH Zip Code 03053-3958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806627
 Amount of Each Receipt this Period 25.00
 Memo Item

C. ROBINETTE, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 HERBERT CT
 City BRENTWOOD State TN Zip Code 37027-7653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806632
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ARRANTS, Berkely, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 POST OAK GREEN LN
 City HOUSTON State TX Zip Code 77055-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806633
 Amount of Each Receipt this Period 62.50
 Memo Item

B. GODSEY, Joseph, Cornelius, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17269 AVENIDA DE LA HERRADURA
 City PACIFIC PALISADES State CA Zip Code 90272-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 180.88

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806645
 Amount of Each Receipt this Period 27.94
 Memo Item

C. BOTNER, Ryan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 57TH AVE S
 City FARGO State ND Zip Code 58104-7215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806663
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BACH, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 28TH AVE NE
 City FARGO State ND Zip Code 58102-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806665
 Amount of Each Receipt this Period 20.83
 Memo Item

B. ALEMANY ROJAS, Tomasz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 GABLES BLVD
 City WESTON State FL Zip Code 33326-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806668
 Amount of Each Receipt this Period 25.00
 Memo Item

C. TABORDA, Favio, Javier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 MENDOZA AVE
 City CORAL GABLES State FL Zip Code 33134-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806682
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SCOTT, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1127 BALDWIN ST
 City MECHANICSBURG State PA Zip Code 17055-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806684
 Amount of Each Receipt this Period 20.83
 Memo Item

B. HARTUNG, Bret, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 N DAMEN AVE
 City CHICAGO State IL Zip Code 60618-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806698
 Amount of Each Receipt this Period 62.50
 Memo Item

C. HAYWARD, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WESTON RD
 City WELLESLEY State MA Zip Code 02482-6313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 187.51

Date of Receipt 05 / 16 / 2018
Transaction ID : 77806706
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CUNNINGHAM, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4211 GROVE AVE
 City WESTERN SPRINGS State IL Zip Code 60558-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806739
 Amount of Each Receipt this Period 41.67
 Memo Item

B. GILL, Janice, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806768
 Amount of Each Receipt this Period 49.02
 Memo Item

C. LOPEZ, Freddy, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10070 CORBETT ST
 City LAS VEGAS State NV Zip Code 89149-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2018
Transaction ID : 77806781
 Amount of Each Receipt this Period 35.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. MINKA, Stanley, E., , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 EAGLE WAY

City AVONDALE	State PA	Zip Code 19311-9723
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806814

Amount of Each Receipt this Period

12.50

 Memo Item

B. CALDWELL, Celeste, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1385 VERA CRUZ

City MEMPHIS	State TN	Zip Code 38117-6813
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806855

Amount of Each Receipt this Period

12.50

 Memo Item

C. CHANG, David, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 FERNCROFT CT

City DANVILLE	State CA	Zip Code 94526-5517
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
338.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 77806876

Amount of Each Receipt this Period

44.15

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Eisenhard, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 BRIDLEPATH RD
 City EASTON State PA Zip Code 18045-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2018
Transaction ID : 77850242
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Roberts, Peter, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20322 S RANDALL ST
 City ORANGE State CA Zip Code 92869-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2018
Transaction ID : 77852424
 Amount of Each Receipt this Period
 1250.00
 Memo Item

C. Westlund, Terry, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11517 HIGH DR
 City LEAWOOD State KS Zip Code 66211-3082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2018
Transaction ID : 77862131
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rajagopalan, Parthasarathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 RIDGEWOOD CT
 City OAK BROOK State IL Zip Code 60523-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.25

Date of Receipt 05 / 22 / 2018
Transaction ID : 77872197
 Amount of Each Receipt this Period 56.25
 Memo Item

B. Gilley, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7169 CORNING RD
 City ZIONSVILLE State PA Zip Code 18092-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.75

Date of Receipt 05 / 22 / 2018
Transaction ID : 77872201
 Amount of Each Receipt this Period 93.75
 Memo Item

C. Podbielski, Justin, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 CHERRY HILL DR
 City NEWINGTON State CT Zip Code 06111-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.25

Date of Receipt 05 / 22 / 2018
Transaction ID : 77872202
 Amount of Each Receipt this Period 56.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Garrah, Bernard, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2968 WATERFALL WAY
 City WESTLAKE State OH Zip Code 44145-6821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.65

Date of Receipt 05 / 23 / 2018
Transaction ID : 77872230
 Amount of Each Receipt this Period 140.65
 Memo Item

B. Carey, Jeffrey, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 ANDREW COURT
 City SWANSEA State MA Zip Code 02777-5052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.25

Date of Receipt 05 / 23 / 2018
Transaction ID : 77872238
 Amount of Each Receipt this Period 56.25
 Memo Item

C. Picone, Thomas J, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 ASCOT CIR
 City MOUNT KISCO State NY Zip Code 10549-4753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 429.70

Date of Receipt 05 / 23 / 2018
Transaction ID : 77872246
 Amount of Each Receipt this Period 117.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	314.10
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Van Order, Douglas, Wayne, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1524 WOODGROVE WAY

City ROSEVILLE	State CA	Zip Code 95661-4024
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

Transaction ID : 77872247

Amount of Each Receipt this Period
93.75

Memo Item

B. Ilan, Ivan, Manuel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2369 S BEVERLY GLEN BLVD STE 303

City LOS ANGELES	State CA	Zip Code 90064-2470
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

Transaction ID : 77872250

Amount of Each Receipt this Period
56.25

Memo Item

C. Young, Sylvia, C., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9211 63RD PL W

City MUKILTEO	State WA	Zip Code 98275-3531
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

Transaction ID : 77872251

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Greenman, Ari, Benjamin, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 WRIGHT STREET

City WESTPORT	State CT	Zip Code 06880-3117
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

Transaction ID : 77872253

Amount of Each Receipt this Period
56.25

Memo Item

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

Mailing Address 18 Downing St

City Hingham	State MA	Zip Code 02043-2816
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Chief Acctg Officer & Corp Controller
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2018

Transaction ID : 78056103

Amount of Each Receipt this Period
1500.00

Memo Item

C. Alfonso, Ricardo, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 KENSINGTON DR

City NORTH BARRINGTON	State IL	Zip Code 60010-6960
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1120127759910

Amount of Each Receipt this Period
416.70

Memo Item

P/R Deduction (\$416.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	1972.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wietsma, Eric, H, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Valley View Dr
 City Wilbraham State MA Zip Code 01095-2363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of Retirement Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1120474559910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. Scanlon, Sue, J, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Judith Dr
 City Manchester State CT Zip Code 06040-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Compliance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 427.79

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1120474959910
 Amount of Each Receipt this Period 77.78
 Memo Item
 P/R Deduction (\$38.89 Bi-Weekly)

C. TODD, Andrew, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9997 DELL RD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1135598759910
 Amount of Each Receipt this Period 104.17
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 61 Rainbow Trl

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1233812059910

Amount of Each Receipt this Period
76.94

Memo Item

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

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

Mailing Address 5619 CHALLISFORD LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1264218159910

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 6515 GREENWAY BEND DR

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
621.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1264219259910

Amount of Each Receipt this Period
113.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	459.18
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wallace, Amanda, H, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Carriage Dr
 City Tolland State CT Zip Code 06084-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1285750059910
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. O'Donnell, Alethea, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 Snell St
 City Amherst State MA Zip Code 01002-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Compliance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1285752359910
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. Lucido, Bradley, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Rosewood Dr
 City Suffield State CT Zip Code 06078-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP Chief Compliance Off & Dep Gen C
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1285753959910
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	296.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 49 MENDON RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1285754159910

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 33 HILLSIDE RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1334223459910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 150 N Beacon St

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1342766159910

Amount of Each Receipt this Period
53.84

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fanning, Mike, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Colonial Ave
 City North Andover State MA Zip Code 01845-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP - MassMutual U.S.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1360837759910
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Goldman, Victor, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12030 N 62ND ST
 City SCOTTSDALE State AZ Zip Code 85254-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1368736159910
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Barrett, Hugh, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Pondview Dr
 City Springfield State MA Zip Code 01118-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1386532059910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	615.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RYAN, PAULA, T, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 RIDGE RD

City SIMSBURY	State CT	Zip Code 06070-2134
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1391580659910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 1391 VIEW DR

City SAN LEANDRO	State CA	Zip Code 94577-5336
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1417170859910

Amount of Each Receipt this Period
25.00

Memo Item

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

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

Mailing Address 18 Anna Marie Ln

City E Longmeadow	State MA	Zip Code 01028-3018
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - MassMutual Financial Network
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
846.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR1434639359910

Amount of Each Receipt this Period
153.90

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	255.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1 MELLISSA CIR

City GREENVILLE State RI Zip Code 02828-1025

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt
05 / 31 / 2018
Transaction ID : PR1479403859910

Amount of Each Receipt this Period 76.92

Memo Item

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

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

Mailing Address 8 The Glade

City Simsbury State CT Zip Code 06070-1041

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Insurance Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
05 / 31 / 2018
Transaction ID : PR1479403959910

Amount of Each Receipt this Period 192.30

Memo Item

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

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

Mailing Address 4 Craigie St

City Cambridge State MA Zip Code 02138-3470

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director, Head of MassMutua

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
05 / 31 / 2018
Transaction ID : PR1500908559910

Amount of Each Receipt this Period 384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 653.82

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, Cale, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 LONGWOOD DR
 City BATON ROUGE State LA Zip Code 70808-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1500946659910
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. YOUNG, JOHN, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 LAMPERCOCK LN
 City LINCOLN State RI Zip Code 02865-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1541043559910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. Viviano, Mark, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Northfield Rd
 City Longmeadow State MA Zip Code 01106-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) AVP Investment Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1541058559910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	476.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HERNANDEZ, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 SW 84TH AVENUE
 City MIAMI State FL Zip Code 33143-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1541766159910
 Amount of Each Receipt this Period 33.33
 Memo Item
 P/R Deduction (\$33.33 Semi-Monthly)

B. MARTINEZ, Margee, Dinaris, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 ALHAMBRA CIR
 City CORAL GABLES State FL Zip Code 33134-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1541766459910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. LEONARD, TARYN, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 MAGAZINE ST
 City CAMBRIDGE State MA Zip Code 02139-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1560527859910
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	108.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jaeggi, Rachel, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Hoffmann Rd
 City Canton State CT Zip Code 06019-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1564484359910
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. Rasch, Kevin, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 890 Mount Eustis Road
 City Littleton State NH Zip Code 03561-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP & Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1569232359910
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. DEBLOIS, WILLIAM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JAMESON DR
 City REHOBOTH State MA Zip Code 02769-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1581879959910
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	269.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Valle-Yanez, Lorie, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Mountain Rd
 City West Hartford State CT Zip Code 06117-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Diversity & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1606911959910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Cwikla, Thomas, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Deer Mdw
 City Tolland State CT Zip Code 06084-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) External Wholesaler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1606916759910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. HICKS, Ryan, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 GREEN VALLEY LN
 City CANONSBURG State PA Zip Code 15317-3543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1645235159910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	136.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GRIFFITH, Matthew, Ashbrook, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 517 NW 156TH CIR

City EDMOND	State OK	Zip Code 73013-2087
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1645265359910

Amount of Each Receipt this Period
33.33

Memo Item

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

B. Ferrero, Amy, L, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 42 Stonehill Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1663791259910

Amount of Each Receipt this Period
53.84

Memo Item

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

C. HETTIGER, John, Stratton, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12484 BURKE DR

City CARMEL	State IN	Zip Code 46032-7284
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1692497559910

Amount of Each Receipt this Period
20.83

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MILLER, Bryce, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7602 SIMS RD
 City WAXHAW State NC Zip Code 28173-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1702297359910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. FREEMAN, Gregory, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 N MERIDIAN ST
 City INDIANAPOLIS State IN Zip Code 46208-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1710289859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. Orzell, Jennifer, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Westwoods Dr
 City Canton State CT Zip Code 06019-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President & Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1717732359910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	126.92
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MORAN, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W BROADWAY UNIT 607
 City BOSTON State MA Zip Code 02127-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1717744859910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. SHEAN, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 BONNIE BRAE RD
 City HINSDALE State IL Zip Code 60521-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1727302659910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. STARK, Timothy, Darren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4402 POMONA RD
 City DALLAS State TX Zip Code 75209-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1728061459910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 104.17
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KAPLAN, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E 71ST ST #16K

City NEW YORK	State NY	Zip Code 10021-5242
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR172806659910

Amount of Each Receipt this Period
25.00

Memo Item

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

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

Mailing Address 270 Allerton Commons Ln

City Braintree	State MA	Zip Code 02184-8248
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Vice President - Wealth Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1728095759910

Amount of Each Receipt this Period
76.92

Memo Item

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

C. LOPEZ, Bavy, Uriah, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 ELIZA GLYNNE LN

City KNOXVILLE	State TN	Zip Code 37931-3681
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1762108059910

Amount of Each Receipt this Period
25.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	126.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 46 Pinewood Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1779022359910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 21 Bayberry Dr

City Easthampton	State MA	Zip Code 01027-2735
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1841433159910

Amount of Each Receipt this Period
38.50

Memo Item

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

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

Mailing Address 51 Andrew Dr

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1913873359910

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	192.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11 Mountain Spring Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1929995859910

Amount of Each Receipt this Period
384.60

Memo Item

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

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

Mailing Address 2 Emerson Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
317.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1934313159910

Amount of Each Receipt this Period
57.70

Memo Item

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

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

Mailing Address 2235 CASITAS WAY

City PALM SPRINGS	State CA	Zip Code 92264-8202
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
402.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR1934331959910

Amount of Each Receipt this Period
60.53

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	502.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Steinhilber, Carl, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 Charles St
 City Tolland State CT Zip Code 06084-2258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Market Development Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1947062459910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. Blue, Dominic, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Eastham Lane
 City Longmeadow State MA Zip Code 01106-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of Workplace Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1947062959910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. LINDQUIST, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ELIJAH HILL LN
 City LONDONDERRY State NH Zip Code 03053-3958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1950887159910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	117.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bouyea, Michael, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Tigger Lane
 City South Hadley State MA Zip Code 01075-3315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP - Continuous Improvement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 211.75

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1961247259910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. LAROCHE, Brian, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 COMPASS CIR
 City VIRGINIA BCH State VA Zip Code 23451-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1961258959910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. ARRANTS, Berkely, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 POST OAK GREEN LN
 City HOUSTON State TX Zip Code 77055-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1961263959910
 Amount of Each Receipt this Period 62.50
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CHICK, Steven, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 ELM ST
 City WILLIAMSTOWN State MA Zip Code 01267-2576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1965200759910
 Amount of Each Receipt this Period 26.50
 Memo Item
 P/R Deduction (\$26.50 Semi-Monthly)

B. ROBINETTE, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 HERBERT CT
 City BRENTWOOD State TN Zip Code 37027-7653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1980140959910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. GODSEY, Joseph, Cornelius, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17269 AVENIDA DE LA HERRADURA
 City PACIFIC PALISADES State CA Zip Code 90272-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.82

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1980161059910
 Amount of Each Receipt this Period 27.94
 Memo Item
 P/R Deduction (\$27.94 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	75.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 301 CHEROKEE RD

City LAKE FOREST	State IL	Zip Code 60045-3062
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2006647559910

Amount of Each Receipt this Period
77.00

Memo Item

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

B. BOTNER, Ryan, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 57TH AVE S

City FARGO	State ND	Zip Code 58104-7215
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2006660059910

Amount of Each Receipt this Period
41.67

Memo Item

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

C. BACH, Joshua, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 28TH AVE NE

City FARGO	State ND	Zip Code 58102-1704
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2006660459910

Amount of Each Receipt this Period
20.83

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	139.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ALEMANY ROJAS, Tomasz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 GABLES BLVD
 City WESTON State FL Zip Code 33326-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2008497859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. ROBERTSON, William, Shane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 FM 126
 City NOLAN State TX Zip Code 79537-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2016623359910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. TABORDA, Favio, Javier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 MENDOZA AVE
 City CORAL GABLES State FL Zip Code 33134-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2016646459910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SCOTT, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1127 BALDWIN ST
 City MECHANICSBURG State PA Zip Code 17055-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2016658059910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. Murphy, Richard, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Sewall Woods Rd
 City Melrose State MA Zip Code 02176-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Project Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2020232359910
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Concepcion, Luis, O, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Hawks Ridge
 City Avon State CT Zip Code 06001-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) AVP & Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2030723159910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	109.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1109 Hickory Drive

City Western Springs	State IL	Zip Code 60558-5016
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Sales Representative
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2030743259910

Amount of Each Receipt this Period
38.50

Memo Item

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

B. Glynn, Dennis, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Daniel Ridge

City Westfield	State MA	Zip Code 01085-4151
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Product Management Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2030750559910

Amount of Each Receipt this Period
38.50

Memo Item

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

C. Englerth, Troy, K, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7253 W Melinda Lane

City Glendale	State AZ	Zip Code 85308-9538
------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) AVP Group Business
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2030750759910

Amount of Each Receipt this Period
38.50

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	115.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HARTUNG, Bret, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 N DAMEN AVE
 City CHICAGO State IL Zip Code 60618-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2038720459910
 Amount of Each Receipt this Period 62.50
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. HAYWARD, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WESTON RD
 City WELLESLEY State MA Zip Code 02482-6313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2041714659910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. MCGEE, DANIEL, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10812 ALEXANDER MILL DR
 City CHARLOTTE State NC Zip Code 28277-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2045466559910
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	198.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5 Pembroke Dr

City Suffield	State CT	Zip Code 06078-2096
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) CIO - Corporate
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
611.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2052377659910

Amount of Each Receipt this Period
111.12

Memo Item

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

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

Mailing Address 41 BEAVER CREEK CT

City FAR HILLS	State NJ	Zip Code 07931-2594
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2052379359910

Amount of Each Receipt this Period
77.00

Memo Item

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

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

Mailing Address 945 E Broadway

City Boston	State MA	Zip Code 02127-2479
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2106069759910

Amount of Each Receipt this Period
38.50

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	226.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FLYNN, DANIEL, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7917 SKYE LOCHS DR
 City WAXHAW State NC Zip Code 28173-7493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.16

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2106071659910
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

B. Cove, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Blue Granite Drive
 City Holly Springs State NC Zip Code 27540-6453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.80

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2139277259910
 Amount of Each Receipt this Period 55.60
 Memo Item
 P/R Deduction (\$27.80 Bi-Weekly)

C. Greene, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 439 GREENFIELD LN
 City PAINESVILLE State OH Zip Code 44077-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 343.09

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2154013159910
 Amount of Each Receipt this Period 5.59
 Memo Item
 P/R Deduction (\$0.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	172.31
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STOKESBARY, Kevin, Edward, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7133 SAINT ANDREWS LN SE

City SNOQUALMIE	State WA	Zip Code 98065-9092
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2159450559910

Amount of Each Receipt this Period
27.94

Memo Item

P/R Deduction (\$27.94 Semi-Monthly)

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

Mailing Address 479 CHESTNUT ST

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2166460259910

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 31 Penniman Ter

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
261.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2166461759910

Amount of Each Receipt this Period
47.62

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	344.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SPRINGER, DAVID, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1170 ADAMS LN

City SOUTHLAKE	State TX	Zip Code 76092-8501
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) BARINGS LLC		Occupation (for Individual) MANAGING DIRECTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 289.52

Date of Receipt
05 / 31 / 2018
Transaction ID : PR2202061259910

Amount of Each Receipt this Period
52.64

Memo Item

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

B. Acselrod, David, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12 Burr School Rd

City Westport	State CT	Zip Code 06880-3816
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.		Occupation (for Individual) Head of PCG Integration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.50

Date of Receipt
05 / 31 / 2018
Transaction ID : PR2202068959910

Amount of Each Receipt this Period
77.00

Memo Item

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

C. LOPEZ, Freddy, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 10070 CORBETT ST

City LAS VEGAS	State NV	Zip Code 89149-1204
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 305.88

Date of Receipt
05 / 31 / 2018
Transaction ID : PR2204073859910

Amount of Each Receipt this Period
35.30

Memo Item

P/R Deduction (\$35.30 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	164.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kochen, Neil, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Sunny Reach Dr
 City West Hartford State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY Occupation (for Individual) Vice President, Trust Co. Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2244918859910
 Amount of Each Receipt this Period 133.40
 Memo Item
 P/R Deduction (\$66.70 Bi-Weekly)

B. Rutley, Jennifer, R, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Thornton Rd
 City Needham State MA Zip Code 02492-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of MMFA Strategic Research & D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2345426559910
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Huntley, David, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Hawthorn Rd
 City Amherst State MA Zip Code 01002-9710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Financial Risk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1178.65

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2345715759910
 Amount of Each Receipt this Period 214.30
 Memo Item
 P/R Deduction (\$107.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	424.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Friend, Ernest, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Cortland Cir
 City Lunenburg State MA Zip Code 01462-1494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Solutions Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2348661059910
 Amount of Each Receipt this Period 53.40
 Memo Item
 P/R Deduction (\$26.70 Bi-Weekly)

B. CHRISTIE, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7220 LINWOOD AVE
 City UPPER DARBY State PA Zip Code 19082-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2476162859910
 Amount of Each Receipt this Period 4.12
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

C. DEKAVALLAS, Gus, Emmenuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7039 E MAIN ST #A 205
 City SCOTTSDALE State AZ Zip Code 85251-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.66

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2476405459910
 Amount of Each Receipt this Period 12.50
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	70.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JONES, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 WOOD DRIVE
 City OYSTER BAY State NY Zip Code 11771-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2476554059910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. THOMPSON, Shannon, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 STILLMERE CT
 City WINSTON SALEM State NC Zip Code 27101-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2476627959910
 Amount of Each Receipt this Period 19.15
 Memo Item
 P/R Deduction (\$19.15 Semi-Monthly)

C. Kaltenbach, Geoffrey, Lane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CALLE MATTIS
 City SAN CLEMENTE State CA Zip Code 92673-7050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2476690259910
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	210.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CUNNINGHAM, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4211 GROVE AVE
 City WESTERN SPRINGS State IL Zip Code 60558-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2476821459910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. GILL, Janice, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 313.74

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2476869059910
 Amount of Each Receipt this Period 49.02
 Memo Item
 P/R Deduction (\$49.02 Semi-Monthly)

C. CALDWELL, Celeste, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1385 VERA CRUZ
 City MEMPHIS State TN Zip Code 38117-6813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 223.05

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2478084459910
 Amount of Each Receipt this Period 12.50
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 103.19
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sherman, Renee, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Daria Dr

City Bolton	State CT	Zip Code 06043-7800
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Vice President - Wealth Mgt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2478172359910

Amount of Each Receipt this Period
73.70

Memo Item

P/R Deduction (\$36.85 Bi-Weekly)

B. Bargery, Brett, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3541 N JASPER MTN CIR

City MESA	State AZ	Zip Code 85207-9130
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2478194759910

Amount of Each Receipt this Period
166.70

Memo Item

P/R Deduction (\$83.35 Bi-Weekly)

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

Mailing Address 77 Raffaele Dr

City Waltham	State MA	Zip Code 02452-0313
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2484673959910

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	490.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Garrick, Alyssa, D, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7104 Maricopa Road

City Charlotte	State NC	Zip Code 28277-3577
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP, Business Planning
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2484682659910

Amount of Each Receipt this Period
73.70

Memo Item

P/R Deduction (\$36.85 Bi-Weekly)

B. GILL, Robert, Emmett, , SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 WESLEY CT

City EATONTOWN	State NJ	Zip Code 07724-1423
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2490277659910

Amount of Each Receipt this Period
41.67

Memo Item

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

C. LaPiana, Paul, A, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6615 Green Knoll Drive

City Dallas	State TX	Zip Code 75230-2809
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Sales and Distribution
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1833.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2505805859910

Amount of Each Receipt this Period
333.40

Memo Item

P/R Deduction (\$166.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	448.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CHANG, David, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 FERNCROFT CT
 City DANVILLE State CA Zip Code 94526-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.47

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2507035059910
 Amount of Each Receipt this Period 44.15
 Memo Item
 P/R Deduction (\$44.15 Semi-Monthly)

B. MELTZER, Alan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S OCEAN BLVD APT 3K
 City BOCA RATON State FL Zip Code 33432-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR789845159910
 Amount of Each Receipt this Period 208.33
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

C. CAVASSO, Campbell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41-530 WAIKUPANAHA ST
 City WAIMANALO State HI Zip Code 96795-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR789862859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	277.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. HEERDEGEN, Christopher, L.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6862 SECTION RD

City OTTAWA LAKE	State MI	Zip Code 49267-9551
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR789871359910

Amount of Each Receipt this Period
41.67

Memo Item

P/R Deduction (\$58.35 Semi-Monthly)

B. SCHNEIDER, Corey, A.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 STRATTON RD

City SCARSDALE	State NY	Zip Code 10583-7555
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR789873259910

Amount of Each Receipt this Period
208.33

Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

C. ROOT, David, H.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 HOLLYWOOD BLVD #304

City HOLLYWOOD	State FL	Zip Code 33020-6615
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR789881659910

Amount of Each Receipt this Period
27.94

Memo Item

P/R Deduction (\$27.94 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	277.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEBOLD, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 OAK TER
 City LAKE OSWEGO State OR Zip Code 97034-4664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR789897759910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. Bienenfeld, Howard, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 SW 33RD LN
 City FT LAUDERDALE State FL Zip Code 33312-6364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR789932759910
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

C. HINRICHS, Ivan, Carl, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2418 LA MAISON DR
 City CHARLOTTE State NC Zip Code 28226-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR789935259910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	291.66
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JENSEN, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 COPELAND RD
 City ODESSA State FL Zip Code 33556-3261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR789937159910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. SKOOG, John, Curtis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 PINE LN
 City EAGAN State MN Zip Code 55123-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR789968759910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. DEGEN, John, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1231 W 66TH ST
 City KANSAS CITY State MO Zip Code 64113-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR789976859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	70.83
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WILSON, John, Walter, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1321 VASSAR ST

City HOUSTON	State TX	Zip Code 77006-6029
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR789980059910

Amount of Each Receipt this Period
25.00

Memo Item

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

B. EPPY, Joseph, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 LAS OLAS WAY APT 4103

City FORT LAUDERDALE	State FL	Zip Code 33301-2394
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR789983159910

Amount of Each Receipt this Period
104.17

Memo Item

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

C. PINE, Michael, Scott, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 STILL HOLLOW RD

City NEWBURGH	State NY	Zip Code 12550-8836
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790031859910

Amount of Each Receipt this Period
20.83

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STARR, Mitchell, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 SW 4TH ST
 City PLANTATION State FL Zip Code 33324-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790035459910
 Amount of Each Receipt this Period 104.17
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

B. DECOURSEY, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1467 MORNINGCREST CT
 City INDIANAPOLIS State IN Zip Code 46280-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790044859910
 Amount of Each Receipt this Period 62.50
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

C. HERZOG, Paul, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 HIGHLAND CT
 City GERMANTOWN HILLS State IL Zip Code 61548-9056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.94

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790046259910
 Amount of Each Receipt this Period 26.47
 Memo Item
 P/R Deduction (\$26.47 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	193.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARCHEFSKY, Richard, Irving, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7502 CARMELA WAY
 City DELRAY BEACH State FL Zip Code 33446-5668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR79006959910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. VANBENSCHOTEN, Richard, Pierce, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 5TH AVE APT 3A
 City NEW YORK State NY Zip Code 10065-4952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790069059910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. HOMER, Robert, L., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10751 WILSHIRE AVE NE
 City ALBUQUERQUE State NM Zip Code 87122-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790081659910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	87.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sinks, R. Timothy, Timothy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3428 HAMPTON AVE
 City NASHVILLE State TN Zip Code 37215-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790086659910
 Amount of Each Receipt this Period 416.70
 Memo Item
 P/R Deduction (\$416.60 Monthly)

B. ESTLER, Stephen, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2177 NE 63RD ST
 City FT LAUDERDALE State FL Zip Code 33308-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790109459910
 Amount of Each Receipt this Period 83.33
 Memo Item
 P/R Deduction (\$83.33 Semi-Monthly)

C. MCDONALD, Todd, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAGLE RIDGE DR
 City TROY State NY Zip Code 12180-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790131859910
 Amount of Each Receipt this Period 62.50
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	562.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BLAIS, ALAN, L, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 SHADY DELL LN

City SOMERS	State CT	Zip Code 06071-2136
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790151859910

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Dickey, Andrew, C, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2934 E Crestview St

City Springfield	State MO	Zip Code 65804-3420
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Director - Strategic Investme
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790159359910

Amount of Each Receipt this Period
153.90

Memo Item

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

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

Mailing Address 95 Bent Tree Dr

City E Longmeadow	State MA	Zip Code 01028-1365
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Director - Strategic Investme
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1057.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790184159910

Amount of Each Receipt this Period
192.32

Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Waddington, Craig, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Spring Meadow Dr
 City Granby State CT Zip Code 06035-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790184559910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Echeverria, David, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Farmington Ave
 City Longmeadow State MA Zip Code 01106-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Dir - Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790188659910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. WHARMBY, DAVID, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 VERPLANK AVE
 City STAMFORD State CT Zip Code 06902-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790192659910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pellerin, Diane, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 13 Pittroff Ave

City South Hadley	State MA	Zip Code 01075-2203
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790198559910

Amount of Each Receipt this Period
46.20

Memo Item

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

B. PHELAN, DONALD, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 24 HAMMERSMITH

City AVON	State CT	Zip Code 06001-2915
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790207859910

Amount of Each Receipt this Period
53.84

Memo Item

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

C. Hoffman, Harvey, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 50 Devonshire Ter

City E Longmeadow	State MA	Zip Code 01028-3139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Operational and Strategic Risk
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1224.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790231459910

Amount of Each Receipt this Period
303.42

Memo Item

P/R Deduction (\$151.71 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	403.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Deitelbaum, John, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Monticello Cir

City Ellington	State CT	Zip Code 06029-8300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP & Deputy Gen Couns USIG Law
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790248259910

Amount of Each Receipt this Period
269.24

Memo Item

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

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

Mailing Address 151 MCKENZIE DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790252059910

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Mailing Address 28 Canterbury Ln

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR790253259910

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	373.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Rokowski, Joseph, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Maximilian Dr
 City Granby State MA Zip Code 01033-9469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY Occupation (for Individual) Vice President - Trust Company
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790254559910
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

B. NASCIMENTO, JAMES, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 LYON ST
 City LUDLOW State MA Zip Code 01056-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790260259910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. Puhala, James, P, MR., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Holcomb St
 City East Granby State CT Zip Code 06026-9531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Compliance & Regulat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790260459910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	257.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. REEVE, KATHY, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **EDGEEMERE HILLS BLDG 14**
85 N MAIN ST UNIT 14A

City **EAST HAMPTON** State **CT** Zip Code **06424-1448**

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

Name of Employer (for Individual) **BARINGS LLC** Occupation (for Individual) **DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
05 / 31 / 2018
Transaction ID : PR790272759910

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address **50 BARBER HILL RD**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.45**

Date of Receipt
05 / 31 / 2018
Transaction ID : PR790296059910

Amount of Each Receipt this Period
53.90

Memo Item

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

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

Mailing Address **3 RIDGEBURY RD**

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **1480.82**

Date of Receipt
05 / 31 / 2018
Transaction ID : PR790301459910

Amount of Each Receipt this Period
269.24

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	361.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 134 FAIRVIEW TER

City S GLASTONBURY	State CT	Zip Code 06073-3304
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790304959910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 15 Winterset Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790320659910

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Kinsey, Patricia, A, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Sunnyside Ter

City Wilbraham	State MA	Zip Code 01095-1304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP - Strategic Initiatives & Data Inte
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
489.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790322559910

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	230.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Kennedy, Rhae, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Briar Cliff Dr
 City Wilbraham State MA Zip Code 01095-1576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director - Investment Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790351859910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Barnhart, Richard, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 344 Westchester Rd
 City Colchester State CT Zip Code 06415-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, Acctg Standards & Ind Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790352059910
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. Bourgeois, Richard, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Echo Hill Rd
 City Wilbraham State MA Zip Code 01095-2663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Senior Vice President - Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 846.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790352259910
 Amount of Each Receipt this Period 153.90
 Memo Item
 P/R Deduction (\$76.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	284.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BUCKLEY, RICHARD, F, MR., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CEDAR RDG

City SOUTH HADLEY	State MA	Zip Code 01075-1795
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790352359910

Amount of Each Receipt this Period
53.84

Memo Item

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

B. BRODERICK, ROBERT, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 ACADEMY DR

City LONGMEADOW	State MA	Zip Code 01106-2154
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790353159910

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 84 Wildflower Cir

City Westfield	State MA	Zip Code 01085-4590
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790354559910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 12 Sherwood Ln

City Avon	State CT	Zip Code 06001-3215
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790355459910

Amount of Each Receipt this Period
115.40

Memo Item

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

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

Mailing Address 165 Converse St Apt 13

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790355959910

Amount of Each Receipt this Period
384.60

Memo Item

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

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

Mailing Address 70 BROOKS RD

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1480.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790370159910

Amount of Each Receipt this Period
269.24

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	769.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Flanagan, Timothy, C., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 BELLE MEADE CT
 City WAXHAW State NC Zip Code 28173-7159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.35

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790380359910
 Amount of Each Receipt this Period 833.35
 Memo Item
 P/R Deduction (\$833.35 Monthly)

B. WOOLRIDGE, VICTOR, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 146 LONGHILL ST
 City SPRINGFIELD State MA Zip Code 01108-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790387659910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. KOWALSKI, Ken, Croydon, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 WILLOW LAWN DR
 City LYNCHBURG State VA Zip Code 24503-3022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790397459910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	928.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MARTIN, Brian, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12217 CLEGHORN RD
 City COCKEYSVILLE State MD Zip Code 21030-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790404159910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. DEBACKER, Stephen, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2662 17TH AVE
 City PREEMPTION State IL Zip Code 61276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790425359910
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

C. SUNDET, Scott, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4739 161 CT
 City URBANDALE State IA Zip Code 50323-0013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790425459910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	316.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BASEHORE, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1785 ELIZA WAY
 City MECHANICSBURG State PA Zip Code 17050-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790435059910
 Amount of Each Receipt this Period 84.60
 Memo Item
 P/R Deduction (\$151.22 Semi-Monthly)

B. LOGAN, Brian, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 SOUTHVIEW DR
 City MECHANICSBURG State PA Zip Code 17055-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790437059910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. DAVIS, Jonathan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OVERLOOK RD
 City WESTPORT State CT Zip Code 06880-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790448759910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	151.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GREENBERG, Stefan, Erich, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BAILIWICK RD
 City GREENWICH State CT Zip Code 06831-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790448859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. SEGALL, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FAITH LN
 City ARDSLEY State NY Zip Code 10502-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790450359910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. GARBUT, Brett, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FARMINGTON LN
 City MELVILLE State NY Zip Code 11747-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790451359910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SEROTTE, Steven, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 VERNAL WAY
 City MILL VALLEY State CA Zip Code 94941-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790451659910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. SHAUGHNESSY, T J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 RIVERWALK WAY
 City MANCHESTER State NH Zip Code 03101-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.26

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790463059910
 Amount of Each Receipt this Period 44.12
 Memo Item
 P/R Deduction (\$44.12 Semi-Monthly)

C. KAMMERAAD, Jeffrey, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 S 168TH AVE
 City HOLLAND State MI Zip Code 49424-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.82

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790466559910
 Amount of Each Receipt this Period 27.94
 Memo Item
 P/R Deduction (\$27.94 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	113.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CORNETT, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 STEELMAN RD
 City PURVIS State MS Zip Code 39475-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790467759910
 Amount of Each Receipt this Period 33.33
 Memo Item
 P/R Deduction (\$33.33 Semi-Monthly)

B. VESSELL, Jerry, Donald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 CALLOWAY DR
 City BRENTWOOD State TN Zip Code 37027-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790470159910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. Wolak, Walter, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 ANGELO DR
 City BETHLEHEM State PA Zip Code 18017-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790525759910
 Amount of Each Receipt this Period 1041.70
 Memo Item
 P/R Deduction (\$208.35 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1116.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BELVEDERE, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 WINDHAM RD
 City ROCKVILLE CENTRE State NY Zip Code 11570-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790530259910
 Amount of Each Receipt this Period 375.00
 Memo Item
 P/R Deduction (\$375.00 Monthly)

B. JONES, Jason, Hughes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8555 VALEMONT DR
 City ATLANTA State GA Zip Code 30350-2850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790541559910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. O GRADY, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11301 SILVERSTONE DR
 City MECHANICSVILLE State VA Zip Code 23116-5877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790544259910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DUDECK, THOMAS, G, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WINTERBERRY RD
 City DEEP RIVER State CT Zip Code 06417-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790544559910
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. Gray, Jonathan, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 Morningside Dr
 City Longmeadow State MA Zip Code 01106-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790544559910
 Amount of Each Receipt this Period
 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. DULCHINOS, DEAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ABBEY LN
 City E LONGMEADOW State MA Zip Code 01028-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR790568559910
 Amount of Each Receipt this Period
 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KRAEZ, KATHLEEN, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 ASHFORD RD
 City LONGMEADOW State MA Zip Code 01106-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790579459910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. TREVALION, DOUGLAS, M, MR., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 COVENTRY LN
 City AGAWAM State MA Zip Code 01001-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790590359910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROBERGE, ROGER, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 ROCKINGHAM CIR
 City EAST LONGMEADOW State MA Zip Code 01028-3197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR790594559910
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHETTLE, ROBERT, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 KELSEY LN

City GLASTONBURY	State CT	Zip Code 06033-5040
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790597159910

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 106 Magnolia Ter

City Springfield	State MA	Zip Code 01108-2533
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790616259910

Amount of Each Receipt this Period
53.84

Memo Item

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

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

Mailing Address 51 Horseshoe Ln

City Somers	State CT	Zip Code 06071-2235
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790658259910

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	146.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 157
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 57 Middle Rd

City Ellington	State CT	Zip Code 06029-3615
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790677159910

Amount of Each Receipt this Period
76.92

Memo Item

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

B. BYERS, John, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3680 JACOBS MILL RD

City LONG LAKE	State MN	Zip Code 55356-9320
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790684859910

Amount of Each Receipt this Period
62.50

Memo Item

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

C. TETHER, Jason, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1029 E FAIRVIEW LN

City ROCHESTER HILLS	State MI	Zip Code 48306-4123
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790687359910

Amount of Each Receipt this Period
20.83

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	160.25
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FEHRS, David, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 BUCKTHORN DR
 City BADEN State PA Zip Code 15005-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790708659910
 Amount of Each Receipt this Period 104.17
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

B. CARR, Allen, Wesley, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 RHODA DR
 City LANCASTER State PA Zip Code 17601-3669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790708859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. WIGHT, Edward, Ira, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 KATESFORD RD
 City COCKEYSVILLE State MD Zip Code 21030-2246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790710959910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	170.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. WAHL, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 TODMORDEN LN
 City ROSE VALLEY State PA Zip Code 19086-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.67

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790723359910
 Amount of Each Receipt this Period 0.42
 Memo Item
 P/R Deduction (\$43.65 Semi-Monthly)

B. THOMALLA, Kenneth, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 FOREST EDGE DR
 City PALOS PARK State IL Zip Code 60464-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790731159910
 Amount of Each Receipt this Period 104.17
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

C. OWENS, Lilburn, Horace, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 HIGHLAND CIR
 City TUPELO State MS Zip Code 38804-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR790766359910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	125.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Echevarria, Sylena, G, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 Woodbrook Ter

City West Springfield	State MA	Zip Code 01089-4444
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790779959910

Amount of Each Receipt this Period
38.50

Memo Item

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

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

Mailing Address 131 Canterbury Cir

City E Longmeadow	State MA	Zip Code 01028-5710
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
338.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790790359910

Amount of Each Receipt this Period
61.54

Memo Item

P/R Deduction (\$30.77 Bi-Weekly)

C. Allen, David, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Winhall Ln

City Hartford	State CT	Zip Code 06105-1000
------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - DGC Dispute Resolution & Legal
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
634.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790809759910

Amount of Each Receipt this Period
115.40

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	215.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 33 TROTWOOD DR

City WEST HARTFORD	State CT	Zip Code 06117-1644
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR790815859910

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

B. SCHROEDER, Mary Jane, Jane, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4740 ALTA CANYADA RD

City LA CANADA	State CA	Zip Code 91011-2027
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791115959910

Amount of Each Receipt this Period
25.00

Memo Item

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

C. O'SHAUGHNESSY, JAMES, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 591 MAIN ST

City CONCORD	State MA	Zip Code 01742-3303
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791165959910

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	101.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. VELTUS, Julie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5735 RIDGECREST DR
 City RACINE State WI Zip Code 53403-9758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.85

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791178759910
 Amount of Each Receipt this Period 26.22
 Memo Item
 P/R Deduction (\$26.22 Semi-Monthly)

B. SHAUGHNESSY, Thomas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 S ORANGE AVE # 74011
 City BROKEN ARROW State OK Zip Code 74011-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791185159910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. Collins, Stephen, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 STANFORD DR
 City SAN ANTONIO State TX Zip Code 78212-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791191559910
 Amount of Each Receipt this Period 416.70
 Memo Item
 P/R Deduction (\$416.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	484.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Taylor, Douglas, W, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 Northfield Road

City Longmeadow	State MA	Zip Code 01106-2144
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Vice President & Appointed Actuary
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791193759910

Amount of Each Receipt this Period
53.84

Memo Item

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

B. GOETZ, Adam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 QUINCY LANE

City WEXFORD	State PA	Zip Code 15090-6836
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791213159910

Amount of Each Receipt this Period
31.47

Memo Item

P/R Deduction (\$31.47 Semi-Monthly)

C. DEBOER, Bruce, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6839 RIDGEWOOD TRL

City TOLEDO	State OH	Zip Code 43617-1181
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
305.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791215859910

Amount of Each Receipt this Period
35.30

Memo Item

P/R Deduction (\$35.30 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	120.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. WRIGHT, Darren, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6020 E CALLE DEL MEDIA

City SCOTTSDALE	State AZ	Zip Code 85251-3018
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791221259910

Amount of Each Receipt this Period
41.67

Memo Item

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

B. BIRD, Julie, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2273 E CONTINENTAL #120

City SOUTHLAKE	State TX	Zip Code 76092-9799
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791255859910

Amount of Each Receipt this Period
25.00

Memo Item

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

C. DOWD, CHRISTOPHER, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 SUNSET TER

City WEST HARTFORD	State CT	Zip Code 06107-2737
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791281159910

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	105.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. WOOD, Greg, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 E 26TH ST
 City TULSA State OK Zip Code 74114-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR791295759910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Lacomb, Kevin, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Christian Hill Rd
 City Higganum State CT Zip Code 06441-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, Tax Planning and Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR791326659910
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. HASLAM III, John, H., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 GOETTE TRL
 City SAVANNAH State GA Zip Code 31410-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR791343059910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	116.40
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Chicares, Elizabeth, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 Belle Woods Dr
 City Glastonbury State CT Zip Code 06033-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP - CFO & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.76

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR791351759910
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

B. DEFRANCIS, CHRISTOPHER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 MAYNARD RD
 City NORTHAMPTON State MA Zip Code 01060-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR791365059910
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. BALINT, William, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 ELMCREST DR
 City CHICOPEE State MA Zip Code 01013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR791395259910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	332.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CARROCCIO, Holly, Brown, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 MAPLE LEAF DR
 City PLANO State TX Zip Code 75075-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791411759910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. WEHR, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17485 FRANCIS FARM PL
 City HAMILTON State VA Zip Code 20158-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791423759910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. MORRISON, RUSSELL, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5419 GORHAM DR
 City CHARLOTTE State NC Zip Code 28226-6411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 296.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR791511159910
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 103.84
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FINKE, THOMAS, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4920 HARDISON RD

City CHARLOTTE	State NC	Zip Code 28226-6418
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791511959910

Amount of Each Receipt this Period
384.60

Memo Item

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

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

Mailing Address 157 Fairway Xing

City Glastonbury	State CT	Zip Code 06033-1468
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL	Occupation (for Individual) Senior Managing Director - MMI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791513759910

Amount of Each Receipt this Period
77.00

Memo Item

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

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

Mailing Address 189 MAYFAIR RD

City MOORESVILLE	State NC	Zip Code 28117-6022
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
586.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791591459910

Amount of Each Receipt this Period
115.40

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	577.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 197 Lynnwood Dr

City Longmeadow	State MA	Zip Code 01106-2013
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR791591659910

Amount of Each Receipt this Period
76.92

Memo Item

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

B. Block, Mary, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Pershing Rd

City Windsor Locks	State CT	Zip Code 06096-2122
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR791784459910

Amount of Each Receipt this Period
76.92

Memo Item

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

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

Mailing Address 185 COVENTRY LN

City LONGMEADOW	State MA	Zip Code 01106-1629
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR791800259910

Amount of Each Receipt this Period
53.84

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 120 Creamery Hill Rd

City Granby	State CT	Zip Code 06035-1702
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Product & Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791800459910

Amount of Each Receipt this Period
76.92

Memo Item

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

B. ABOWD, Eric, Steven, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 WILBUR MAY PKWY APT 4504

City RENO	State NV	Zip Code 89521-3087
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791913759910

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Mailing Address 120 Cislak Dr

City Ludlow	State MA	Zip Code 01056-1546
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of HR Consulting & Talent Dev
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
435.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR791926959910

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	195.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Monroe Jr, Bill, F, MR., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 General Hobbs Rd
 City Jefferson State MA Zip Code 01522-1565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Vice President - MMLISI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR791969159910
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. HOUSTON, LINDA, C, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 FOREST RD
 City WEST HARTFORD State CT Zip Code 06119-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792038759910
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. KIMPEL, Colin, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 WALHONDING RD
 City BETHESDA State MD Zip Code 20816-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792055859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	155.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SNOOK, George, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 SARAH CT
 City MECHANICSBURG State PA Zip Code 17050-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792083359910
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$300.00 Monthly)

B. LAU, Jonathan, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 ASPEN RD
 City BIRMINGHAM State MI Zip Code 48009-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792101359910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. O'Connor, Michael, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Twin Hill Rd
 City Hubbardston State MA Zip Code 01452-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792107759910
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	709.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Conlin, Ellen, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Wellesley Dr

City Longmeadow	State MA	Zip Code 01106-2833
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR792129559910

Amount of Each Receipt this Period
53.84

Memo Item

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

B. MILLER, John, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 WHIPPANY AVE

City WARREN	State NJ	Zip Code 07059-5774
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR792501459910

Amount of Each Receipt this Period
41.67

Memo Item

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

C. FERRANTE, Paul, David, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 648 SHORE ACRES DR

City MAMARONECK	State NY	Zip Code 10543-4011
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : PR792549059910

Amount of Each Receipt this Period
25.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	120.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 157
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. KENNY, Brendan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLSIDE RD
 City SOUTHAMPTON State NY Zip Code 11968-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792549759910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. ROLNICK, Russell, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 TALL PINES CT
 City WEST NYACK State NY Zip Code 10994-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792728159910
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. LARGE, Brian, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 WOLFPIT AVE
 City NORWALK State CT Zip Code 06851-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR792732659910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	70.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GOLISH, Glen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22261 HOLLYHOCK TRL
 City BOCA RATON State FL Zip Code 33433-4865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR793450559910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Maletteri, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1273 WELLS ST
 City LAKE OSWEGO State OR Zip Code 97034-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR793567759910
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. GEORGE, Ian, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 CLEMSON DR
 City PITTSBURGH State PA Zip Code 15243-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR793621459910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	283.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kaltenbach, Gregory, Linn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAND COURT
 City COTO DE CAZA State CA Zip Code 92679-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 654.83

Date of Receipt 05 / 31 / 2018
Transaction ID : PR793731559910
 Amount of Each Receipt this Period 119.06
 Memo Item
 P/R Deduction (\$59.53 Bi-Weekly)

B. COHN, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 UNDERWOOD DR
 City ATLANTA State GA Zip Code 30328-2942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR794231459910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. DORMAN, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 FAIRWAY DR
 City MEDINA State OH Zip Code 44256-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR794449359910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	169.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PERME, Christopher, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11676 STATE ROUTE 88
 City GARRETTSVILLE State OH Zip Code 44231-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.38

Date of Receipt 05 / 31 / 2018
Transaction ID : PR794455159910
 Amount of Each Receipt this Period 18.35
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. OCWIEJA, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N CANAL ST APT 3603
 City CHICAGO State IL Zip Code 60606-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR794655559910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. Powers, Timothy, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 CHADSWORTH DR
 City SUN PRAIRIE State WI Zip Code 53590-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR794959159910
 Amount of Each Receipt this Period 416.70
 Memo Item
 P/R Deduction (\$416.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	476.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STEPHENS, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 79TH ST UNIT B
 City VIRGINIA BCH State VA Zip Code 23451-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR795338759910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. KATZ, Walter, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 RICHMOND AVE STE 200
 City HOUSTON State TX Zip Code 77006-5480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR795359659910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. ROBERTSON, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 SHANES LN
 City WEATHERFORD State TX Zip Code 76087-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR795374459910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	108.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS, Gregory, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6223 N PONDEROSA WAY
 City PARKER State CO Zip Code 80134-5623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR79576559910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. FURSTNER, Eric, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CASOLYN RANCH CT
 City DANVILLE State CA Zip Code 94506-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR795969859910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. WIRTZ, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BRANDING IRON LN
 City ROLLING HILLS ESTATES State CA Zip Code 90274-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR796003959910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	91.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WHITMORE, Edgar, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25471 PRADO DE ORO
 City CALABASAS State CA Zip Code 91302-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR796010159910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. STEARNS, Craig, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 HENRY ST
 City FAIRFIELD State CT Zip Code 06824-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.41

Date of Receipt 05 / 31 / 2018
Transaction ID : PR796044659910
 Amount of Each Receipt this Period 26.47
 Memo Item
 P/R Deduction (\$26.47 Semi-Monthly)

C. ADAMS, Max, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 NE 27TH ST APT 1603
 City MIAMI State FL Zip Code 33137-5093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR796324659910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	109.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MILGRAM, Arkady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 OAK TRAIL ST
 City NEWBURY PARK State CA Zip Code 91320-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR79666659910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. Hirschberg, Mike, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Pasadena Pl
 City Hawthorne State NJ Zip Code 07506-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) External Wholesaler
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR811444959910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. Janco, Paul, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 Cedar Ln
 City New Hartford State CT Zip Code 06057-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR811451359910
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PLANK, Joshua, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 TIMBERWOLF LN
 City ZIONSVILLE State IN Zip Code 46077-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR811793659910
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. ECKART, Scott, Wendell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 SUNFLOWER CT
 City ZIONSVILLE State IN Zip Code 46077-8118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR811820959910
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. Young, Jeanne, G, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Pondview Ln
 City Southwick State MA Zip Code 01077-9264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - - Corp Business Resour
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR904834659910
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	143.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 142 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address **7 Crystal Dr**

City Southwick	State MA	Zip Code 01077-9613
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.23

Date of Receipt
05 / 31 / 2018

Transaction ID : PR932682159910

Amount of Each Receipt this Period
53.86

Memo Item

P/R Deduction (\$26.93 Bi-Weekly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.86
TOTAL This Period (last page this line number only).....	33505.39

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

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

FOR LINE NUMBER: PAGE 143 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MassMutual Political Action Committee

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3551.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2018

Transaction ID : 78056132

Amount of Each Receipt this Period
 756.97

Memo Item

May-18 Refund - Bank Processing Fees

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	756.97
TOTAL This Period (last page this line number only).....▶	756.97

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MassMutual Federal Credit Union

Mailing Address 1295 State Street

City Springfield	State MA	Zip Code 01111
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
193.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2018

Transaction ID : 78019586

Amount of Each Receipt this Period
37.94

Memo Item

May-18 Interest - Money Market Account

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	37.94
TOTAL This Period (last page this line number only).....▶	37.94

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express Merchant Services

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
AMEX Processing Fees - May-18

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C []

Transaction ID : 78056128

Amount of Each Disbursement this Period

[] 584.71

AMEX Processing Fees - May-18

Memo Item

Full Name (Last, First, Middle Initial)

B. Chase PaymenTech

Mailing Address P.O. Box 29534

City
Phoenix

State
AZ

Zip Code
85038

Purpose of Disbursement
Chase PaymenTech Fees - May-18

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	8

FEC Identification Number

C []

Transaction ID : 78056131

Amount of Each Disbursement this Period

[] 172.26

Chase PaymenTech Fees - May-18

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 756.97

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

[] 756.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City
Newburgh

State
NY

Zip Code
12550

Purpose of Disbursement
MM/NYL Event: May 23, 2018

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	8

FEC Identification Number

C C00512426

Transaction ID : 77763953

Amount of Each Disbursement this Period

2500.00

MM/NYL Event: May 23, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City
Newburgh

State
NY

Zip Code
12550

Purpose of Disbursement
MM/NYL Event: May 23, 2018

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	8

FEC Identification Number

C C00512426

Transaction ID : 77763955

Amount of Each Disbursement this Period

5000.00

MM/NYL Event: May 23, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement
Event: May 8, 2018

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	8

FEC Identification Number

C C00313510

Transaction ID : 77765436

Amount of Each Disbursement this Period

2500.00

Event: May 8, 2018

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
ACLI Event: May 9, 2018

011

Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00333427

Transaction ID : 77765437

Amount of Each Disbursement this Period

2500.00

ACLI Event: May 9, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
ACLI Event: May 9, 2018

011

Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00333427

Transaction ID : 77765440

Amount of Each Disbursement this Period

1500.00

ACLI Event: May 9, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546

Purpose of Disbursement
Industry Event: May 9, 2018

011

Category/
Type

Candidate Name

Walorski, Jackie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00468579

Transaction ID : 77765442

Amount of Each Disbursement this Period

1500.00

Industry Event: May 9, 2018

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Handel For Congress, Inc.

Mailing Address 4010 Old Milton Pkwy

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Event: May 9, 2018

Category/
Type

Candidate Name
Handel, Karen, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77765454

Amount of Each Disbursement this Period

Event: May 9, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. John Lewis For Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Event: May 16, 2018

Category/
Type

Candidate Name
Lewis, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77765458

Amount of Each Disbursement this Period

Event: May 16, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Alex Mooney For Congress

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement
Event: May 16, 2018

Category/
Type

Candidate Name
Mooney, Alex, , Rep.,

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: WV District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77765459

Amount of Each Disbursement this Period

Event: May 16, 2018

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Russell For Congress

Mailing Address PO Box 95023

City
Oklahoma City

State
OK

Zip Code
73143

Purpose of Disbursement
Event: May 16, 2018

011

Category/
Type

Candidate Name

Russell, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number

C C00558510

Transaction ID : 77765460

Amount of Each Disbursement this Period

2500.00

Event: May 16, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement
Event: May 16, 2018

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number

C C00546846

Transaction ID : 77765461

Amount of Each Disbursement this Period

2500.00

Event: May 16, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street Nw
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Event: May 17, 2018

011

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number

C C00140715

Transaction ID : 77765462

Amount of Each Disbursement this Period

2500.00

Event: May 17, 2018

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement
ACLI Event: May 17, 2018

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00330142

Transaction ID : 7795106

Amount of Each Disbursement this Period

5000.00

ACLI Event: May 17, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes for Congress

Mailing Address PO BOX 891

City
Pringley

State
CA

Zip Code
93256

Purpose of Disbursement
Event: May 21, 2018

011

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C

Transaction ID : 7795110

Amount of Each Disbursement this Period

1500.00

Event: May 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement
ACLI Event: May 21, 2018

011

Category/
Type

Candidate Name

Collins, Susan, M., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00314575

Transaction ID : 7795111

Amount of Each Disbursement this Period

1500.00

ACLI Event: May 21, 2018

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIRIGO PAC

Mailing Address P.O. Box 1355

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement
ACLI Event: May 21, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	8		

FEC Identification Number

C C00391797

Transaction ID : 7795112

Amount of Each Disbursement this Period

3500.00

ACLI Event: May 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City
Sacramento

State
CA

Zip Code
95833

Purpose of Disbursement
Event: May 21, 2018

011

Category/
Type

Candidate Name

Denham, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	8		

FEC Identification Number

C C00473272

Transaction ID : 7795114

Amount of Each Disbursement this Period

2500.00

Event: May 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City
Carrllton

State
TX

Zip Code
75011

Purpose of Disbursement
Event: May 22, 2018

011

Category/
Type

Candidate Name

Marchant, Kenny, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	7		2	0	1	8		

FEC Identification Number

C C00393348

Transaction ID : 7795120

Amount of Each Disbursement this Period

2500.00

Event: May 22, 2018

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KEN PAC		Date of Disbursement MM / DD / YYYY 05 / 17 / 2018
Mailing Address P.O. Box 110187		FEC Identification Number C 000594473 Transaction ID : 7795121
City Carrollton	State TX	Zip Code 75011
Purpose of Disbursement Event: May 22, 2018		Amount of Each Disbursement this Period 2500.00 Event: May 22, 2018
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Pelican PAC		Date of Disbursement MM / DD / YYYY 05 / 17 / 2018
Mailing Address 1020 N. Fairfax St., Suite 201		FEC Identification Number C Transaction ID : 7795173
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Event: May 23, 2018		Amount of Each Disbursement this Period 5000.00 Event: May 23, 2018
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LEGPAC		Date of Disbursement MM / DD / YYYY 05 / 21 / 2018
Mailing Address 38 Ivy Street, SE		FEC Identification Number C 000385534 Transaction ID : 7795174
City Washington	State DC	Zip Code 20003
Purpose of Disbursement ACLI Event: June 5, 2018		Amount of Each Disbursement this Period 2500.00 ACLI Event: June 5, 2018
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tina Smith For Minnesota

Mailing Address PO Box 14362

City
Saint Paul

State
MN

Zip Code
55114

Purpose of Disbursement
NYL Event: June 12, 2018

011

Category/
Type

Candidate Name

Smith, Tina, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	8

FEC Identification Number

C 00663781

Transaction ID : 7795175

Amount of Each Disbursement this Period

2500.00

NYL Event: June 12, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffries For Congress

Mailing Address 3430 Connecticut Avenue, Nw #11704

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Industry Event: May 22, 2018

011

Category/
Type

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	8

FEC Identification Number

C 00503052

Transaction ID : 77803330

Amount of Each Disbursement this Period

3500.00

Industry Event: May 22, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Devin Nunes for Congress

Mailing Address PO BOX 891

City
Pringley

State
CA

Zip Code
93256

Purpose of Disbursement
FS Event: June 6, 2018

011

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	8

FEC Identification Number

C

Transaction ID : 77803333

Amount of Each Disbursement this Period

3500.00

FS Event: June 6, 2018

Memo Item

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. NEW PAC

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2018

Mailing Address P.O. Box 7480

City: Visalia State: CA Zip Code: 93290

Purpose of Disbursement: FS Event: June 6, 2018

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Category/Type: 011

FEC Identification Number: C _____
Transaction ID : 77803334

Amount of Each Disbursement this Period: 5000.00
FS Event: June 6, 2018

Memo Item

Full Name (Last, First, Middle Initial)
B. Perlmutter For Congress

Date of Disbursement: MM / DD / YYYY
05 / 28 / 2018

Mailing Address 3440 Youngfield Street #264

City: Wheat Ridge State: CO Zip Code: 80033

Purpose of Disbursement: ACLI Event: June 21, 2018

Candidate Name: Perlmutter, Edwin, , Rep.,

Office Sought: House Senate President
State: CO District: 07

Disbursement For: 2013 Primary General Other (specify) ▼

Category/Type: 011

FEC Identification Number: C C00410639
Transaction ID : 77803336

Amount of Each Disbursement this Period: 2500.00
ACLI Event: June 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)
C. ED PAC

Date of Disbursement: MM / DD / YYYY
05 / 28 / 2018

Mailing Address 499 South Capitol Street, SW Suite 422

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: ACLI Event: June 21, 2018

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Category/Type: 011

FEC Identification Number: C C00467837
Transaction ID : 77803338

Amount of Each Disbursement this Period: 2500.00
ACLI Event: June 21, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Build America PAC

Mailing Address 153-01 Jamaica Ave., Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
In-District Event: June 9, 2018

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77877355

Amount of Each Disbursement this Period

In-District Event: June 9, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. VINE PAC

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mutuals Breakfast Event: April 11, 2018

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77884087

Amount of Each Disbursement this Period

Mutuals Breakfast Event: April 11, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Conservative Roundtable

Mailing Address

City State Zip Code

Purpose of Disbursement
ACLI Event: June 5, 2018

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 77952924

Amount of Each Disbursement this Period

ACLI Event: June 5, 2018

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Void - Uncleared Disbursement (Aug-17)

Category/
Type

Candidate Name
Young, Todd, Christopher, Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78056150
Amount of Each Disbursement this Period

Memo Item (Aug-17) Void - Uncleared Disbursement

Full Name (Last, First, Middle Initial)

B. Pittenger For Congress Llc

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement
Void - Uncleared Disbursement (Nov-17)

Category/
Type

Candidate Name
Pittenger, Robert, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78056151
Amount of Each Disbursement this Period

Memo Item (Nov-17) Void - Uncleared Disbursement

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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