

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Massachusetts Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

1295 State Street

☐ Check if different than previously reported. (ACC)

Springfield

MA

01111-0001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00118943

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2015

through

M M M / D D D / Y Y Y Y Y Y
11 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Bruce C. Frisbie

Signature of Treasurer

Mr. Bruce C. Frisbie

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		43944.11
(b) Cash on Hand at Beginning of Reporting Period.....	159045.97	
(c) Total Receipts (from Line 19)	70169.32	783122.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	229215.29	827066.60
7. Total Disbursements (from Line 31)	118628.13	716479.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110587.16	110587.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015
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).....

60436.01

553733.96

(ii) Unitemized

9526.45

217143.69

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

69962.46

770877.65

(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)

69962.46

770877.65

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).....

149.08

3688.26

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

8000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

57.78

556.58

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))..... ▶

70169.32

783122.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

70169.32

783122.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	149.08	3788.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	149.08	3788.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	118500.00	710500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	-20.95	2099.71
(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)).....	-20.95	2099.71
29. Other Disbursements	0.00	91.47
30. Federal Election Activity (2 U.S.C. §431(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)) ..	118628.13	716479.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118628.13	716479.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	69962.46	770877.65
34. Total Contribution Refunds (from Line 28(d))	-20.95	2099.71
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69983.41	768777.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	149.08	3788.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	149.08	3688.26
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	100.00

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 6 OF 270

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CALE P. SMITH

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 15009466

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVID N. JACOWITZ

Mailing Address 19 S PITTSFORD HILL

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 22749919

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR. JOHN A O'NEIL

Mailing Address 10 LESSARD CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2015

Transaction ID : 68619917

Amount of Each Receipt this Period

250.00

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

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

1450.00

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)

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<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

Full Name (Last, First, Middle Initial)

A. GREGORY K. LARGE

Mailing Address 11 BLANCHARD RD

City

GREENWICH

State

CT

Zip Code

06831-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2015					

Transaction ID : 68623071

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GREGORY L. OLSEN

Mailing Address 478 CENTRAL PARK W # A

City

NEW YORK

State

NY

Zip Code

10025-3356

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2015					

Transaction ID : 68623097

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. THOMAS J. HENSKE

Mailing Address 10 POPLAR PLAINS RD

City

WESTPORT

State

CT

Zip Code

06880-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2015					

Transaction ID : 68623659

Amount of Each Receipt this Period

300.00

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STEVEN CROWTHER

Mailing Address 141 CARDINAL WAY

City
FLORENCE

State Zip Code
MA 01062-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2015

Transaction ID : 68696813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. KENT L. WYSE

Mailing Address 3359 MARVIN DR

City
ADRIAN

State Zip Code
MI 49221-9290

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2015

Transaction ID : 68835794

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. WALTER B. BERMAN

Mailing Address 2547 JARDIN TER

City
WESTON

State Zip Code
FL 33327-1517

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2015

Transaction ID : 68835795

Amount of Each Receipt this Period

25.00

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

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

575.00

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

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

FOR LINE NUMBER: PAGE 9 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. IVAN VALDES

Mailing Address 2001 WAYHAVEN CT

City State Zip Code
 MAITLAND FL 32751-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835796

Amount of Each Receipt this Period

41.70

Full Name (Last, First, Middle Initial)

B. TIMOTHY DANIELL

Mailing Address 8151 LA RUE LN

City State Zip Code
 OOLTEWAH TN 37363-6679

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835797

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. IVAN M. ILLAN

Mailing Address 2369 S BEVERLY GLEN BLVD

City State Zip Code
 LOS ANGELES CA 90064-2466

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835798

Amount of Each Receipt this Period

50.00

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

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

141.70

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

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

FOR LINE NUMBER: PAGE 10 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DOUGLAS W. VAN ORDER

Mailing Address 1524 WOODGROVE WAY

City
ROSEVILLE

State Zip Code
CA 95661-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.40

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835799

Amount of Each Receipt this Period

142.90

Full Name (Last, First, Middle Initial)

B. SYLVIA C. YOUNG

Mailing Address 9211 63RD PL W

City
MUKILTEO

State Zip Code
WA 98275-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.46

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835800

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. ZINORA A. KOVEN

Mailing Address 100 PARK AVE FL 16

City
NEW YORK

State Zip Code
NY 10017-5538

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835801

Amount of Each Receipt this Period

50.00

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

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

259.57

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 270
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. FERNANDO OYARZUN

Mailing Address 11355 SW 93RD CT

City
MIAMIState
FLZip Code
33176-4248FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : 68835802

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ARI B. GREENMAN

Mailing Address 80 WRIGHT ST

City

WESTPORT

State

CT

Zip Code

06880-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : 68835803

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JONATHAN PHAN

Mailing Address 3520 FROSTLEAF CT

City

FAIRFAX

State

VA

Zip Code

22033-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : 68835804

Amount of Each Receipt this Period

50.00

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

200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. RYAN O. ROUILLE

Mailing Address 4556 GRAYWOOD TRCE

City
NORCROSSState
GAZip Code
30092-1026FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68835805

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHE R. CAIRA

Mailing Address 6521 SAN GABRIEL CIR

City
BUENA PARKState
CAZip Code
90620-2915FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68835888

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ANN H. LAUFMAN

Mailing Address 5514 RUTHERGLENN DR

City
HOUSTONState
TXZip Code
77096-4034FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : 68835892

Amount of Each Receipt this Period

41.67

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

191.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL J. SHANAHAN

Mailing Address 8412 NORMAN ESTATES WAY

City	State	Zip Code
RALEIGH	NC	27613-5963

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : 68835893

Amount of Each Receipt this Period

83.35

Full Name (Last, First, Middle Initial)

B. BERNARD T. GARRAH

Mailing Address 32651 GREYSTONE CIR

City	State	Zip Code
AVON LAKE	OH	44012-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

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
11	/	24	/	2015

Transaction ID : 68835894

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. WILLIAM SCHINDLER

Mailing Address 205 WEISER PL

City	State	Zip Code
TRAPPE	PA	19426-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : 68835898

Amount of Each Receipt this Period

100.00

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

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

308.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. TERRILL B. JOHNSON

Mailing Address 4519 37TH AVE

City

ROCK ISLAND

State

IL

Zip Code

61201-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835901

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHE M. ROGERS

Mailing Address 1836 WENDY BLVD

City

COLUMBIA

State

TN

Zip Code

38401-7396

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2015

Transaction ID : 68835902

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JEREMY P. DICKER

Mailing Address 7535 SHORE CLIFF DR

City

LOS ANGELES

State

CA

Zip Code

90045-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 27 / 2015

Transaction ID : 68835934

Amount of Each Receipt this Period

2500.00

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

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

2600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDREW D. LEE

Mailing Address 35 LANCASTER COUNTY RD

City	State	Zip Code
HARVARD	MA	01451-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2015

Transaction ID : 68836793

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LEONARD J. MONTANARI

Mailing Address 31 FREDERICK ST

City	State	Zip Code
NEWINGTON	CT	06111-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2015

Transaction ID : 68836794

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. JEFFERY A. CLEMONS

Mailing Address 10768 RIVENDELL AVE

City	State	Zip Code
LAS VEGAS	NV	89135-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2015

Transaction ID : 68836795

Amount of Each Receipt this Period

1000.00

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: PAGE 16 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HARRIS S. FISHMAN

Mailing Address 935 PINE VALLEY CIR

City State Zip Code
 RYDAL PA 19046-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 27 / 2015

Transaction ID : 68836796

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FERNANDO F. LOPEZ

Mailing Address 1483 AVE ASHFORD # 40

City State Zip Code
 SAN JUAN PR 00907-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 68836802

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL J. MALETTERI

Mailing Address 1273 WELLS ST

City State Zip Code
 LAKE OSWEGO OR 97034-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2015

Transaction ID : 7935677

Amount of Each Receipt this Period

200.00

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

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

3700.00

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RONALD R ROBINSON

Mailing Address 22 TEN ACRE LN

City

WEST HARTFORD

State

CT

Zip Code

06107-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP ADVANCED MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1039279443644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES L. MCDANIEL

Mailing Address 11311 HIGHWAY 22

City

PONCHATOULA

State

LA

Zip Code

70454-7323

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1119975543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. RICARDO M. ALFONSO

Mailing Address 11 KENSINGTON DR

City

NORTH BARRINGTON

State

IL

Zip Code

60010-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1120127743644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

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

144.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 18 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MICHAEL WOODS

Mailing Address 1202 ROSETTE WAY

City

MARIETTA

State

GA

Zip Code

30062-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.47

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1120439843644

Amount of Each Receipt this Period

32.54

P/R Deduction (\$16.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ERIC H WIETSMA

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP - RS SALES & PARTICIPANT DEVELOPI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1120474543644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MS. SUSAN J SCANLON

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.36

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1120474943644

Amount of Each Receipt this Period

77.78

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

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

164.16

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: PAGE 19 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. **MR. MARK ROELLIG**

Mailing Address 11 COBTAIL WAY

City

SIMSBURY

State

CT

Zip Code

06070-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1120475443644

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

B. **ANDREW W. TODD**

Mailing Address 8374 LABONT WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55344-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2257.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1135598743644

Amount of Each Receipt this Period

243.06

P/R Deduction (\$121.53 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. **SHANE C. PAROUSE**

Mailing Address 33 WILLOW ST

City

FLORAL PARK

State

NY

Zip Code

11001-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1155637243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

656.82

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. DEBRA PALERMINO

Mailing Address 16 RIDGE RD

City
BRISTOL

State Zip Code
CT 06010-7362

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
EVP - HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1156272843644

Amount of Each Receipt this Period

192.30

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

Full Name (Last, First, Middle Initial)

B. MS. KELLY A TAYLOR

Mailing Address 9 BLUEBIRD DR

City
ENFIELD

State Zip Code
CT 06082-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
TRAVEL MANAGEMENT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1156279243644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. TIMOTHY CARMON

Mailing Address 61 RAINBOW TRL

City
SOUTH WINDSOR

State Zip Code
CT 06074-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT - RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1233812043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

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

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

323.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 270

<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

Full Name (Last, First, Middle Initial)

A. SEAN GOODEN

Mailing Address 10151 WOODROSE LN

City	State	Zip Code
HIGHLANDS RANCH	CO	80129-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1233883043644

Amount of Each Receipt this Period

166.70

P/R Deduction (\$166.70 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM E BARTOL

Mailing Address 650 DEEP RIVER RD

City	State	Zip Code
COLCHESTER	CT	06415-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1264213343644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. ANTHONY SCIACCA

Mailing Address 5619 CHALLISFORD LN

City	State	Zip Code
CHARLOTTE	NC	28226-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3074.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1264218143644

Amount of Each Receipt this Period

425.50

P/R Deduction (\$212.75 Bi-Weekly)

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

622.96

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 270

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KENNETH MI GACEVICH

Mailing Address 6515 GREENWAY BEND DR

City
CHARLOTTE

State Zip Code
NC 28226-5561

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1264219243644

Amount of Each Receipt this Period

113.00

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

Full Name (Last, First, Middle Initial)

B. MS. CAROLYN ZOLTY

Mailing Address 111 ARGYLE AVE

City
WEST HARTFORD

State Zip Code
CT 06107-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1264219543644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFF T. VELASTEGUI

Mailing Address 5 STUYVESANT ST

City
HUNTINGTON

State Zip Code
NY 11743-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1264259943644

Amount of Each Receipt this Period

60.00

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

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

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

192.24

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 270

<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

Full Name (Last, First, Middle Initial)

A. NEIL A. NISSEN

Mailing Address 21522 48TH AVE

City

OAKLAND GARDENS

State

NY

Zip Code

11364-1314

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1264265443644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. PARTH RANA

Mailing Address 25510 SINGING RAIN

City

SAN ANTONIO

State

TX

Zip Code

78260-6269

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1285664343644

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JASON DEKEUSTER

Mailing Address 2551 38TH AVE NE # UNI

City

MINNEAPOLIS

State

MN

Zip Code

55421-5005

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1285669043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

149.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STUART KWASSMAN

Mailing Address 224 MAIN ST

City

NEWINGTON

State

CT

Zip Code

06111-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & ACTUARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1285751443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. ALETHEA O'DONNELL

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

646.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1285752343644

Amount of Each Receipt this Period

53.90

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

Full Name (Last, First, Middle Initial)

C. MR. BRADLEY LUCIDO

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP CHIEF COMPLIANCE OFF & DEP GEN C

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1285753943644

Amount of Each Receipt this Period

192.30

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

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

265.44

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: PAGE 25 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN PHILLIPS

Mailing Address 49 MENDON RD

City
SUTTON

State Zip Code
MA 01590-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1285754143644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. GEORGE F. LONG

Mailing Address 23711 LEGEND CRST

City
SAN ANTONIO

State Zip Code
TX 78260-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1315456443644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. FRANCIS M. EVANS

Mailing Address 1222 41ST ST

City
LA GRANGE

State Zip Code
IL 60525-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1322672743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

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

108.00

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

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

FOR LINE NUMBER: PAGE 26 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DEAN T BOUDREAU

Mailing Address 6 CLIFFSIDE DR

City
WILBRAHAM

State
MA

Zip Code
01095-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SUPPLIER MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1322703643644

Amount of Each Receipt this Period

23.10

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

Full Name (Last, First, Middle Initial)

B. SEAN HOLLITZ

Mailing Address 2406 29TH ST APT 3A

City
ASTORIA

State
NY

Zip Code
11102-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1334149943644

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

C. CHRISTOPHE M. REINKE

Mailing Address 1616 TREMONT RD

City
COLUMBUS

State
OH

Zip Code
43212-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1334155143644

Amount of Each Receipt this Period

85.72

P/R Deduction (\$42.86 Semi-Monthly)

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

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

158.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY T PRINCE

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1334223443644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. MR. PHILIP S WELLMAN

Mailing Address 150 N BEACON ST

City

HARTFORD

State

CT

Zip Code

06105-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP & CHIEF COMP OFFICER INST. FUNDS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1342766143644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. GREGORY E DEAVENS

Mailing Address 10 HENLEY COMMONS

City

FARMINGTON

State

CT

Zip Code

06032-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT & CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1846.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1342771943644

Amount of Each Receipt this Period

153.90

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

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

284.66

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: PAGE 28 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. **MR. JOHN W CHANDLER**

Mailing Address 118 COLONY RD

City

LONGMEADOW

State

MA

Zip Code

01106-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1355574343644

Amount of Each Receipt this Period

153.90

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

Full Name (Last, First, Middle Initial)

B. **DANIEL P. ROSASCHI**

Mailing Address 23 SCAGLIONE CT

City

HIGHLAND MILLS

State

NY

Zip Code

10930-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.43

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1355617143644

Amount of Each Receipt this Period

39.93

P/R Deduction (\$48.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. **MR. MICHAEL R FANNING**

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP - U.S. INSURANCE GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1360837743644

Amount of Each Receipt this Period

384.60

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

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

578.43

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 270

<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

Full Name (Last, First, Middle Initial)

A. VICTOR B. GOLDMAN

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1368736143644

Amount of Each Receipt this Period

312.50

P/R Deduction (\$156.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JENNIFER P. MANN

Mailing Address 1151 W 14TH PL

City

CHICAGO

State

IL

Zip Code

60608-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

268.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1368759243644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. HUGH BARRETT

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP GOVERNMENT RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1386532043644

Amount of Each Receipt this Period

38.50

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

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

382.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MS. CHRISTINE PEASLEE

Mailing Address 38 CIDER MILL HTS

City

NORTH GRANBY

State

CT

Zip Code

06060-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1387601143644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. VINCENTE DIPIETRO

Mailing Address 3180 WOODS EDGE DR

City

GARNET VALLEY

State

PA

Zip Code

19060-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1391523643644

Amount of Each Receipt this Period

111.12

P/R Deduction (\$55.56 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MS. PAULA T RYAN

Mailing Address 28 BELDENWOOD RD

City

SIMSBURY

State

CT

Zip Code

06070-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1391580643644

Amount of Each Receipt this Period

76.92

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

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

264.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STEPHEN RIXHAM

Mailing Address 2526 SHERWOOD AVE

City
CHARLOTTEState Zip Code
NC 28207-2547FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1417160643644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID GRODIN

Mailing Address 1391 VIEW DR

City
SAN LEANDROState Zip Code
CA 94577-5336FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1417170843644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN VACCARO

Mailing Address 18 ANNA MARIE LN

City
E LONGMEADOWState Zip Code
MA 01028-3018FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VP - SALES & DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.80

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1434639343644

Amount of Each Receipt this Period

153.90

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

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

231.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. PHILLIP HELD

Mailing Address 61 MCKINLEY AVE

City

WILLIAMSVILLE

State

NY

Zip Code

14221-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.70

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1434650243644

Amount of Each Receipt this Period

24.30

P/R Deduction (\$12.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ALI BARGHELAME

Mailing Address 1410 S ELIZABETH ST

City

DENVER

State

CO

Zip Code

80210-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1434658543644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID J COUTU

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1479403843644

Amount of Each Receipt this Period

76.92

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

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

130.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 270
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<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

Full Name (Last, First, Middle Initial)

A. MR. ROGER PUTNAM

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1479403943644

Amount of Each Receipt this Period

192.30

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

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM D OBERG

Mailing Address 99 POKANOKET LN

City

MARSHFIELD

State

MA

Zip Code

02050-8238

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1479405043644

Amount of Each Receipt this Period

76.94

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

Full Name (Last, First, Middle Initial)

C. CHARLES T. CIRAVOLO

Mailing Address 12 DARBY DR

City

HUNTINGTON STATION

State

NY

Zip Code

11746-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR1479442843644

Amount of Each Receipt this Period

25.00

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

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

294.24

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL MCKENZIE

Mailing Address 10 WESTCHESTER DR

City
CANTON

State
MA

Zip Code
02021-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - RS OPERATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1491588243644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

B. DAVID F. GREENBERG

Mailing Address 6103 AQUA AVE APT 70

City

MIAMI BEACH

State

FL

Zip Code

33141-5875

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.22

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1491604443644

Amount of Each Receipt this Period

14.58

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. CHRIS M MENDOZA

Mailing Address 8 RED GAP RD

City

WILBRAHAM

State

MA

Zip Code

01095-2357

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1500913743644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

110.82

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. BERNADETTE HARRIGAN

Mailing Address 66 GOODELL ST

City

BELCHERTOWN

State

MA

Zip Code

01007-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1500914143644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GREGORY SIRKO

Mailing Address 301 DEMONBREUN ST # 2

City

NASHVILLE

State

TN

Zip Code

37201-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1500926043644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN M YOUNG

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1541043543644

Amount of Each Receipt this Period

53.84

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

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

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

98.14

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMAS WALL

Mailing Address 4540 DEEP GLEN WAY

City

DOYLESTOWN

State

PA

Zip Code

18902-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1541046443644

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

B. MR. MARK VIVIANO

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP INVESTMENT OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1541058543644

Amount of Each Receipt this Period

38.50

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

Full Name (Last, First, Middle Initial)

C. MS. ERICA J TRUE

Mailing Address 47 COTTAGE ST

City

BELCHERTOWN

State

MA

Zip Code

01007-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1541058643644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

97.74

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CARLOS HERNANDEZ

Mailing Address 8600 SW 84TH AVE

City
MIAMIState
FLZip Code
33143-6912FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1541766143644

Amount of Each Receipt this Period

77.76

P/R Deduction (\$38.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MARGEE D. MARTINEZ

Mailing Address 11051 SW 46TH ST

City
MIAMIState
FLZip Code
33165-4732FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1541766443644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRIAN S SWEENEY

Mailing Address 67 CORNERSTONE DR

City
SOUTH WINDSORState
CTZip Code
06074-2373FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1554644243644

Amount of Each Receipt this Period

23.08

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

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

149.42

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MONTE B. MILLER

Mailing Address 125 LONGVALE DR

City

KNOXVILLE

State

TN

Zip Code

37920-6544

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.14

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1554866643644

Amount of Each Receipt this Period

22.56

P/R Deduction (\$11.28 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. WILLIAM B. HUFF

Mailing Address 2617 E 3330 S

City

ST GEORGE

State

UT

Zip Code

84790-7291

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1554873643644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. MS. TARYN LEONARD

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1560527843644

Amount of Each Receipt this Period

53.90

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

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

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

136.46

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. NEIL B STANDISH

Mailing Address 17 OLD FLANDERS RD

City
WOODBURY

State Zip Code
CT 06798-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1560527943644

Amount of Each Receipt this Period

23.08

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

Full Name (Last, First, Middle Initial)

B. MR. TODD PICKEN

Mailing Address 27 GREY OAK LN

City
WHATELY

State Zip Code
MA 01093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
CORPORATE VICE PRESIDENT - TREASURI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1560539243644

Amount of Each Receipt this Period

30.80

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

Full Name (Last, First, Middle Initial)

C. FARID MALEK

Mailing Address 3959 SAPPHIRE DR

City
ENCINO

State Zip Code
CA 91436-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1560575043644

Amount of Each Receipt this Period

41.66

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

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

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95.54

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. RACHEL JAEGGI

Mailing Address 29 HOFFMANN RD

City
CANTON

State Zip Code
CT 06019-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT - OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1564484343644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

B. MR. KEVIN RASCH

Mailing Address 48 FOX DEN RD

City
WEST SIMSBURY

State Zip Code
CT 06092-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VP & ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1569232343644

Amount of Each Receipt this Period

115.40

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

Full Name (Last, First, Middle Initial)

C. LACEY L. ROBERTS

Mailing Address 424 HERITAGE BLVD

City
EDMOND

State Zip Code
OK 73025-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.34

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1581825843644

Amount of Each Receipt this Period

32.36

P/R Deduction (\$16.18 Semi-Monthly)

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

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

224.76

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT P. DAMICO

Mailing Address 343 BROOKSBORO DR

City
WEBSTER

State Zip Code
NY 14580-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.22

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1581828143644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ANNE-MARIE SZMYT

Mailing Address 49 GLENN DR

City
WILBRAHAM

State Zip Code
MA 01095-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - IT PROFESSIONAL SER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1581875043644

Amount of Each Receipt this Period

38.50

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

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM DEBLOIS

Mailing Address 11 JAMESON DR

City
REHOBOTH

State Zip Code
MA 02769-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1581879943644

Amount of Each Receipt this Period

87.50

P/R Deduction (\$43.75 Bi-Weekly)

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

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

155.16

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAMON BATES

Mailing Address 5 INGRAHAM RD

City
WELLESLEY

State Zip Code
MA 02482-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT - MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1581880043644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MR. GARETH ROSS

Mailing Address 82 COTTAGE ST

City
AMHERST

State Zip Code
MA 01002-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SVP - ADVANCED BUSINESS ANALYTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1596854843644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MS. KATHLEEN MA ALLEN

Mailing Address 149 LINCOLN RD

City
LONGMEADOW

State Zip Code
MA 01106-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1596856943644

Amount of Each Receipt this Period

30.76

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

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

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

161.52

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN SIKARAS

Mailing Address 8516 W CLARA DR

City
NILES

State Zip Code
IL 60714-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.19

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1602274243644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. MS. LORIE VALLE-YANEZ

Mailing Address 575 MOUNTAIN RD

City
WEST HARTFORD

State Zip Code
CT 06117-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - DIVERSITY & INCLUSION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1606911943644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. HERBERT WI WHITAKER

Mailing Address 58 INDIAN FIELD RD

City
HEBRON

State Zip Code
CT 06248-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP CHANGE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1606915943644

Amount of Each Receipt this Period

38.50

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

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

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

175.42

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KEVIN P SHERIDAN

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP WORKSITE PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1606916143644

Amount of Each Receipt this Period

76.94

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

Full Name (Last, First, Middle Initial)

B. GEORGE BENOIT

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.56

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1619196043644

Amount of Each Receipt this Period

72.10

P/R Deduction (\$36.05 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MARK KNAPP

Mailing Address 4237 VIA MARINA APT 113

City

MARINA DEL REY

State

CA

Zip Code

90292-4552

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1637390743644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

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

169.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HUGO X. CARVAJAL

Mailing Address 79 RIDGEVIEW DR

City	State	Zip Code
WOODLAND PARK	NJ	07424-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1637415943644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JIM GARABEDIAN

Mailing Address 1020 THACKERY LN

City	State	Zip Code
NAPERVILLE	IL	60564-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1637438343644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. VAN M. HESS

Mailing Address 555 35TH ST

City	State	Zip Code
MANHATTAN BEACH	CA	90266-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1637459643644

Amount of Each Receipt this Period

86.78

P/R Deduction (\$43.39 Semi-Monthly)

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

175.94

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL ELDREDGE

Mailing Address 20 COPPER VALLEY CT

City

CHESHIRE

State

CT

Zip Code

06410-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - INVESTMENTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

933.36

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1645209243644

Amount of Each Receipt this Period

77.78

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

Full Name (Last, First, Middle Initial)

B. MR. SRINIVAS DRONAMRAJU

Mailing Address 28 ALLEN RIDGE DR

City

ELLINGTON

State

CT

Zip Code

06029-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP - ENTERPRISE INFORMATION RISK MG

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1645210243644

Amount of Each Receipt this Period

115.40

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

Full Name (Last, First, Middle Initial)

C. JACK STEVENS

Mailing Address 9 WILLIAM ST

City

CAZENOVIA

State

NY

Zip Code

13035-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

223.98

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1645246243644

Amount of Each Receipt this Period

26.04

P/R Deduction (\$13.02 Semi-Monthly)

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

219.22

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW A. GRIFFITH

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1645265343644

Amount of Each Receipt this Period

77.76

P/R Deduction (\$38.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DENNIS STEMPEL

Mailing Address 85 CHRISTOPHER LN

City

FEEDING HILLS

State

MA

Zip Code

01030-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT & GENERAL AUD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1651025543644

Amount of Each Receipt this Period

23.10

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

Full Name (Last, First, Middle Initial)

C. MS. AMY LY FERRERO

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - CAPABILITY DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1663791243644

Amount of Each Receipt this Period

53.84

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

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

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

154.70

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. HEATHER SMILEY

Mailing Address 62 KENDALL HILL RD

City
STERLING

State Zip Code
MA 01564-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SVP - RS MARKETING & COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1663792543644

Amount of Each Receipt this Period

115.40

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

Full Name (Last, First, Middle Initial)

B. ABIGAIL S. SPAULDING

Mailing Address 144 KENNER AVE

City
NASHVILLE

State Zip Code
TN 37205-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1663810143644

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

Full Name (Last, First, Middle Initial)

C. PATRICK D. OLSEN

Mailing Address 5109 GARNER DR

City
DAVENPORT

State Zip Code
IA 52806-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1663823843644

Amount of Each Receipt this Period

20.85

P/R Deduction (\$20.85 Monthly)

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

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

177.92

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL E. ROSEN

Mailing Address 124 ISLE OF VENICE DR

City State Zip Code
 FORT LAUDERDALE FL 33301-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR1663824043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MELISSA J. MORRIS

Mailing Address 4266 20TH ST SW

City State Zip Code
 WAVERLY MN 55390-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR1663825743644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.60 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JONATHAN S. PERRY

Mailing Address 15 BROAD ST APT 2826

City State Zip Code
 NEW YORK NY 10005-1991

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR1663829343644

Amount of Each Receipt this Period

37.66

P/R Deduction (\$18.83 Semi-Monthly)

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

95.98

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

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

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL J. SACHER

Mailing Address 1861 LINDSEY LN

City
CINCINNATI

State Zip Code
OH 45230-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1672298143644

Amount of Each Receipt this Period

111.12

P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. SCOTT BUFFINGTON

Mailing Address 16671 PISTOIA WAY

City
NAPLES

State Zip Code
FL 34110-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - RS NATIONAL SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1688809843644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

C. KELLEN B. DOOP

Mailing Address 4535 CANOGA DR

City
WOODLAND HILLS

State Zip Code
CA 91364-5333

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.31

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1692472043644

Amount of Each Receipt this Period

50.00

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

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

238.12

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN S. HETTIGER

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1692497543644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ANTHONY W. YOUSSEFI

Mailing Address 7928 KIRKFIELD DR

City
NASHVILLE

State
TN

Zip Code
37211-4697

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1702300343644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JEANNETTE STRELITZ

Mailing Address 12280 NW 4TH ST

City
PLANTATION

State
FL

Zip Code
33325-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.54

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1702303043644

Amount of Each Receipt this Period

15.63

P/R Deduction (\$15.63 Semi-Monthly)

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

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

144.79

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT C. CARTY

Mailing Address 1421 GREENFIELD AVE

City

LOS ANGELES

State

CA

Zip Code

90025-8017

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

728.65

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1702305743644

Amount of Each Receipt this Period

146.30

P/R Deduction (\$385.68 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. NICHOLAS S. CHAVIS

Mailing Address 3411 COLLIER CT

City

GLEN ALLEN

State

VA

Zip Code

23060-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1702316643644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRIAN K. VIESELMAYER

Mailing Address 6 YOUNG ST

City

CORTLANDT MANOR

State

NY

Zip Code

10567-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

203.20

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR1702332643644

Amount of Each Receipt this Period

21.84

P/R Deduction (\$10.92 Semi-Monthly)

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

197.30

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN PUCKETT

Mailing Address 7971 STONEHURST DR

City State Zip Code
DUBLIN OH 43016-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1702333843644

Amount of Each Receipt this Period

66.70

P/R Deduction (\$33.35 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT FICHTER

Mailing Address 4277 HICKORY ROCK DR

City State Zip Code
POWELL OH 43065-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1702333943644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. SCOTT GREENFIELD

Mailing Address 58 MIDLAND RD

City State Zip Code
ROSLYN HEIGHTS NY 11577-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR1709973043644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

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

175.28

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN THOMAS

Mailing Address 468 SOUTHBURY LN

City
CHICO

State
CA

Zip Code
95973-8207

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1709983443644

Amount of Each Receipt this Period

84.00

P/R Deduction (\$42.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. GREGORY T. FREEMAN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1710289843644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JENNIFER ORZELL

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1717732343644

Amount of Each Receipt this Period

76.92

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

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

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

219.26

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL F. MORAN

Mailing Address 225 NORTHERN AVE

City
BOSTON

State
MA

Zip Code
02210-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1717744843644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ADAM G. CLAERBOUT

Mailing Address 7141 DICKINSON LN

City
INDIANAPOLIS

State
IN

Zip Code
46259-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727248543644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. WILLIAM CREEDEN

Mailing Address 701 ROYAL CT APT 302

City
CHARLOTTE

State
NC

Zip Code
28202-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727258443644

Amount of Each Receipt this Period

75.00

P/R Deduction (\$37.50 Semi-Monthly)

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

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

206.26

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JASON PERCY

Mailing Address 2535 E 26TH ST

City
TULSA

State
OK

Zip Code
74114-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727261143644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. FRANCES WORTHINGTON

Mailing Address 965 SHADES CREST RD

City

BIRMINGHAM

State

AL

Zip Code

35226-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.48

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727264843644

Amount of Each Receipt this Period

46.10

P/R Deduction (\$23.05 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. EDWARD O. QUINN

Mailing Address 17 AVON AVE

City

CUMBERLAND

State

RI

Zip Code

02864-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.13

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727277843644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

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

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

175.26

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAWN HANCOCK

Mailing Address 18141 MARKSMAN CIR

City
OLNEY

State
MD

Zip Code
20832-1475

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727286943644

Amount of Each Receipt this Period

94.50

P/R Deduction (\$47.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MICHAEL J. SHEAN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.73

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1727302643644

Amount of Each Receipt this Period

57.79

P/R Deduction (\$260.03 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY D. STARK

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.83

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1728061443644

Amount of Each Receipt this Period

104.16

P/R Deduction (\$52.08 Semi-Monthly)

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

256.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BRIAN KAPLAN

Mailing Address 300 E 71ST ST APT 16K

City
NEW YORKState
NYZip Code
10021-5242FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1728066543644

Amount of Each Receipt this Period

56.66

P/R Deduction (\$28.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. WENDY BENSON

Mailing Address 270 ALLERTON COMMONS LN

City
BRAINTREEState
MAZip Code
02184-8248FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - SALES OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1728095743644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. MATTHEW VERDI

Mailing Address 25 NEW SOUTH ST APT 304

City
NORTHAMPTONState
MAZip Code
01060-4056FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP DUE DILIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1728096543644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

152.82

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PAUL W ABDOW

Mailing Address 1945 SUGARLOAF CLUB DR

City
DULUTH

State Zip Code
GA 30097-7449

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL TRUST COMPANY

Occupation
AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1729800743644

Amount of Each Receipt this Period

17.30

P/R Deduction (\$8.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. TIMOTHY BARRY

Mailing Address 246 WOLF SWAMP RD

City
LONGMEADOW

State Zip Code
MA 01106-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP STRATEGIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1737014543644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD A. JONES

Mailing Address 1153 GRAND CYPRESS CV

City
COLLIERVILLE

State Zip Code
TN 38017-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.86

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1737062643644

Amount of Each Receipt this Period

18.23

P/R Deduction (\$18.23 Semi-Monthly)

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

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

54.83

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOSHUA A. MICELI

Mailing Address 710 MORE AVE

City
LOS GATOS

State Zip Code
CA 95032-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.30

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1737080643644

Amount of Each Receipt this Period

43.74

P/R Deduction (\$21.87 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHE J. JACKSON

Mailing Address 7426 COBBLESTONE WEST DR

City
INDIANAPOLIS

State Zip Code
IN 46236-9742

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1759838843644

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRADLEY T. FAIR

Mailing Address 349 OLD PAYNE PL

City
SALTILLO

State Zip Code
MS 38866-8753

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1759864043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

232.90

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHNNY LEECH Jr

Mailing Address 1107 CLAYTON AVE

City

TUPELO

State

MS

Zip Code

38804-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1762091543644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JACKELINE MARQUES FERNANDEZ

Mailing Address 12710 SW 27TH ST

City

MIAMI

State

FL

Zip Code

33175-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.35

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1762098043644

Amount of Each Receipt this Period

20.85

P/R Deduction (\$20.85 Monthly)

Full Name (Last, First, Middle Initial)

C. VICTOR WERLEY

Mailing Address 15 CARDINAL CIR

City

CONWAY

State

AR

Zip Code

72032-8836

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1762099143644

Amount of Each Receipt this Period

60.00

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

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

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

110.01

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

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

FOR LINE NUMBER: PAGE 62 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. BAVY U. LOPEZ

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1762108043644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PIERS L. CURRY

Mailing Address 8901 MAGNOLIA CHASE CIR

City

TAMPA

State

FL

Zip Code

33647-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

253.17

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1762115043644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. DOMENICA S. STUCKEY

Mailing Address 6113 COUNTRYVIEW LN

City

RALEIGH

State

NC

Zip Code

27606-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1774172443644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

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

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

127.10

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOSEPH M. KLOECKNER

Mailing Address 11813 ORENSE DR

City

LAS VEGAS

State

NV

Zip Code

89138-4562

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1774172743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. RODNEY A. EISSENS

Mailing Address 3131 N 11TH ST

City

SHEBOYGAN

State

WI

Zip Code

53083-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.27

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1774173743644

Amount of Each Receipt this Period

46.88

P/R Deduction (\$23.44 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MICHAEL P. CAHILL

Mailing Address 3694 DOTY LN

City

CARMEL

State

IN

Zip Code

46033-4743

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1774173843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

101.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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<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

Full Name (Last, First, Middle Initial)

A. THERESE SHEWITZ

Mailing Address 1721 VICTORIA POINTE CIR

 City
 WESTON

 State
 FL

 Zip Code
 33327-1309

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1776155743644

Amount of Each Receipt this Period

20.85

P/R Deduction (\$20.85 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DONALD GRIFFITH

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1779022343644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. JODIE B. WEST

Mailing Address 6024 CRESTRIDGE LN

 City
 SACHSE

 State
 TX

 Zip Code
 75048-6500

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR1779057943644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

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

152.31

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
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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. GERALD M. MIRRA

Mailing Address 511 NORMANDY VLG

City
NANUETState
NYZip Code
10954-6900FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1824619743644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. AMIR J. POURI

Mailing Address 15021 VENTURA BLVD

City

SHERMAN OAKS

State

CA

Zip Code

91403-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1824621543644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. AARON S. CURRY

Mailing Address 2051 HAWK CLIFF PL

City

EDMOND

State

OK

Zip Code

73025-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1824622843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

118.32

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GARY MOELLER

Mailing Address 24 PARK RD

City

SIMSBURY

State

CT

Zip Code

06070-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP PROCUREMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1824631643644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BRIAN E. BAKER

Mailing Address 205 ARCHWAY CT

City

LYNCHBURG

State

VA

Zip Code

24502-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1828896243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. D R. BUSHNELL

Mailing Address 10616 LAKE SHORE RD

City

IRVING

State

NY

Zip Code

14081-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1828904643644

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Semi-Monthly)

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

81.80

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. DAVID R. KROLL

Mailing Address 5501 E GRANDVIEW RD

City

SCOTTSDALE

State

AZ

Zip Code

85254-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1828924843644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. PAUL LAGONIGRO

Mailing Address 45 QUEENS PEAK

City

CANTON

State

CT

Zip Code

06019-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP FINANCIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1829091643644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. CHRISTOPHER COBURN

Mailing Address 5 SUNHILL DR.

City

FLORENCE

State

MA

Zip Code

01062-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

RELATIONSHIP MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1841433143644

Amount of Each Receipt this Period

50.00

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

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

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

106.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

<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

Full Name (Last, First, Middle Initial)

A. DANE COOPER

Mailing Address 1139 BROOKHAVEN NORTH CIR NE

City	State	Zip Code
BROOKHAVEN	GA	30319-2865

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1841462043644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. MR. CHARLES DA TATRO

Mailing Address 49 GEORGE ST

City	State	Zip Code
MENDON	MA	01756-1139

FEC ID number of contributing federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP & ACTUARY - PRODUCT DEVEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1853990043644

Amount of Each Receipt this Period

76.94

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

Full Name (Last, First, Middle Initial)

C. LESLIE A. HALSTEAD

Mailing Address 4511 MEREDITH CREEK DR

City	State	Zip Code
GLEN ALLEN	VA	23060-3421

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1854024743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

161.94

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. LEE P. SANDERS

Mailing Address 2750 MUSCADINE

City
CONWAYState
ARZip Code
72034-6984FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1857091343644

Amount of Each Receipt this Period

68.20

P/R Deduction (\$34.10 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MARK J. WEINSTOCK

Mailing Address 8 GARFIELD AVE

City
CLIFTONState
NJZip Code
07012-1213FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

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
11	/	30	/	2015

Transaction ID : PR1857093043644

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

C. JEFFREY S. CHIPPER

Mailing Address 527 LIBERTY DR

City
YARDLEYState
PAZip Code
19067-4538FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1857099543644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

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

198.20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. DANIEL S. BLUM

Mailing Address 7633 MADELINE WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95610-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1857115443644

Amount of Each Receipt this Period

23.34

P/R Deduction (\$11.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD C MARTIN

Mailing Address 169 PENN DR

City

WEST HARTFORD

State

CT

Zip Code

06119-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

ADVANCED MARKETS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1857148943644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. GABRIEL SCHULMAN

Mailing Address 385 GRAND ST APT L14

City

NEW YORK

State

NY

Zip Code

10002-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR1869366243644

Amount of Each Receipt this Period

37.66

P/R Deduction (\$18.83 Semi-Monthly)

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

91.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DONALD L LEVI

Mailing Address 6802 MINUTEMAN CIR

City

CRYSTAL LAKE

State

IL

Zip Code

60012-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

TEST AUTOMATION CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1869386243644

Amount of Each Receipt this Period

30.80

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

Full Name (Last, First, Middle Initial)

B. MS. FRANCENE KA FRAME

Mailing Address 4 FARNHAM RD

City

WEST HARTFORD

State

CT

Zip Code

06119-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1873733543644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DOUGLAS E. JONES

Mailing Address 303 CASALOMA DR

City

FOREST

State

VA

Zip Code

24551-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1873743743644

Amount of Each Receipt this Period

60.00

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

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

110.04

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

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

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

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(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DURE

Mailing Address 567 CLEAR CREEK DR

City

DANVILLE

State

IN

Zip Code

46122-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.55

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1873749443644

Amount of Each Receipt this Period

24.30

P/R Deduction (\$12.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. KEVIN C. GUTWEIN

Mailing Address 3713 WEATHER STONE XING

City

ZIONSVILLE

State

IN

Zip Code

46077-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1873751043644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. GENESIS LOERA

Mailing Address 9813 CYNTHIA ANN CT

City

HOUSTON

State

TX

Zip Code

77025-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1903661543644

Amount of Each Receipt this Period

60.00

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

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

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

115.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN FR KENNEDY

Mailing Address 51 ANDREW DR

City
CANTON

State
CT

Zip Code
06019-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - DISTRIBUTION STRATEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1913873343644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. MR. MELVIN TI CORBETT

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP & CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR192995843644

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

C. TIMOTHY D. O'CONNELL

Mailing Address 15 WEBSTER PL

City
NEWTOWN

State
CT

Zip Code
06470-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1930041443644

Amount of Each Receipt this Period

60.00

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

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

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

521.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JEFFREY A. PONSON

Mailing Address 10144 GLEN MANOR AVE

City

BATON ROUGE

State

LA

Zip Code

70809-3874

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1930044143644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. MS. ELEANOR PA WILLIAMS

Mailing Address 57 CLAIRMONT ST

City

LONGMEADOW

State

MA

Zip Code

01106-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1934307443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. ERIC A ENNES

Mailing Address 105 RIVERSIDE DR

City

WRENTHAM

State

MA

Zip Code

02093-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR1934311243644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

98.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MS. TAKESHA KE POLLOCK

Mailing Address 3306 MORELAND CT

City
FORT MILLState Zip Code
SC 29715-8328FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1934313043644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. CHRISTINE FREDERICK

Mailing Address 2 EMERSON LN

City
GRANBYState Zip Code
CT 06035-2713FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1934313143644

Amount of Each Receipt this Period

57.70

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

Full Name (Last, First, Middle Initial)

C. REBECCA S. FOSTER

Mailing Address 1108 WILD PLUM

City
EDMONDState Zip Code
OK 73025-2974FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR1934319743644

Amount of Each Receipt this Period

20.54

P/R Deduction (\$3.65 Semi-Monthly)

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

97.48

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL GOLDSMITH

Mailing Address 1667 ARONA ST

City
SAINT PAUL

State Zip Code
MN 55108-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1354.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1934322543644

Amount of Each Receipt this Period

145.84

P/R Deduction (\$72.92 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT J. SMITH

Mailing Address 491 PASEO SOLEADO

City
PALM SPRINGS

State Zip Code
CA 92264-8477

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.43

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1934331943644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. LALIT JALLAN

Mailing Address 2114 CASTLEHEATH CT

City
KATY

State Zip Code
TX 77450-6072

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1934335843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

258.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 270
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MARTIN LILIENTHAL

Mailing Address 7 HARRISON RD

City

WALLINGFORD

State

CT

Zip Code

06492-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0		2	0	1	5		

Transaction ID : PR1947061743644

Amount of Each Receipt this Period

16.70

P/R Deduction (\$8.35 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. CARL PA STEINHILBER

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.52

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0		2	0	1	5		

Transaction ID : PR1947062443644

Amount of Each Receipt this Period

44.46

P/R Deduction (\$22.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. DOMINIC BLUE

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP & DEPUTY GEN COUNS - CORPORATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0		2	0	1	5		

Transaction ID : PR1947062943644

Amount of Each Receipt this Period

53.84

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

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

115.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL J. REISEL

Mailing Address N71W31034 LOWER CLUB CIR W

City

HARTLAND

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.43

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1947076243644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID COSTELLO

Mailing Address 61 ELLSWORTH ST

City

MEDFORD

State

MA

Zip Code

02155-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.79

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1947084343644

Amount of Each Receipt this Period

16.09

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. KAMAR K. PLUNKETT

Mailing Address 6614 WOODSIDE AVE

City

WOODSIDE

State

NY

Zip Code

11377-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1947096043644

Amount of Each Receipt this Period

84.00

P/R Deduction (\$10.22 Semi-Monthly)

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

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

154.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JAMES J. HORTON

Mailing Address 2714 AMBERWOOD CIR

City

NASHVILLE

State

TN

Zip Code

37221-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1950881143644

Amount of Each Receipt this Period

40.62

P/R Deduction (\$20.31 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JEREMY LINDQUIST

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1950887143644

Amount of Each Receipt this Period

133.34

P/R Deduction (\$66.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL BOUYEA

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP MASSMUTUAL WAY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR1961247243644

Amount of Each Receipt this Period

44.46

P/R Deduction (\$22.23 Bi-Weekly)

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

218.42

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MORGAN MARLIN

Mailing Address 8040 DRAWBRIDGE RD SE

City
SMYRNA

State Zip Code
GA 30080-5780

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.62

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1961256843644

Amount of Each Receipt this Period

51.67

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

Full Name (Last, First, Middle Initial)

B. MICHAEL MODABERPOUR

Mailing Address 625 S FAIRFAX AVE

City
LOS ANGELES

State Zip Code
CA 90036-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.61

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1961258743644

Amount of Each Receipt this Period

39.58

P/R Deduction (\$19.79 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BERKELY ARRANTS

Mailing Address 6036 POST OAK GREEN LN

City
HOUSTON

State Zip Code
TX 77055-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1961263943644

Amount of Each Receipt this Period

66.46

P/R Deduction (\$33.23 Semi-Monthly)

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

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

157.71

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVEN E. CHICK

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1965200743644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. EDWARD J. GARTNER

Mailing Address 1 LOCUST DR

City

LEBANON

State

NJ

Zip Code

08833-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1965218143644

Amount of Each Receipt this Period

84.00

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

Full Name (Last, First, Middle Initial)

C. CHRISTOPHE ROBINETTE

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.27

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1980140943644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

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

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

242.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. KATHRYN BRYAN

Mailing Address 29900 EMERY RD

City

CHAGRIN FALLS

State

OH

Zip Code

44022-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR1980143743644

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

B. BRANDON SHAW

Mailing Address 1567 ONEIDA DR

City

JEFFERSON HILLS

State

PA

Zip Code

15025-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR1980150243644

Amount of Each Receipt this Period

35.00

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

Full Name (Last, First, Middle Initial)

C. JOSEPH C. GODSEY

Mailing Address 730 LACHMAN LN

City

PACIFIC PLSDS

State

CA

Zip Code

90272-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

454.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR1980161043644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

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

163.34

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW BURKS

Mailing Address 2687 S BROOKSIDE BLU

City
LAKELAND

State Zip Code
FL 33813-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1983859243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JOSEPH J. FEMIA

Mailing Address 505 W 37TH ST APT 12

City
NEW YORK

State Zip Code
NY 10018-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.55

Date of Receipt

11 / 30 / 2015

Transaction ID : PR1993210543644

Amount of Each Receipt this Period

24.30

P/R Deduction (\$12.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. THOMAS O'GRADY

Mailing Address 20 HERON DR

City
SOMERS

State Zip Code
CT 06071-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

INVESTIGATIVE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2002825043644

Amount of Each Receipt this Period

19.46

P/R Deduction (\$9.73 Bi-Weekly)

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

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

72.92

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

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

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(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. IAN M FOWLER

Mailing Address 301 CHEROKEE RD

City
LAKE FOREST

State Zip Code
IL 60045-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2006647543644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

B. EVAN S. SUSSMAN

Mailing Address 3201 BIRD AVE

City
MIAMI

State Zip Code
FL 33133-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2006650143644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. JAMES E. MASUR

Mailing Address 66 THORNTON RD

City
NEEDHAM

State Zip Code
MA 02492-4330

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.26

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2006654043644

Amount of Each Receipt this Period

35.88

P/R Deduction (\$17.94 Semi-Monthly)

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

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

172.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. RYAN J. BOTNER

Mailing Address 1414 57TH AVE S

City
FARGOState
NDZip Code
58104-7215FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2006660043644

Amount of Each Receipt this Period

166.70

P/R Deduction (\$83.35 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JOSHUA BACH

Mailing Address 101 28TH AVE NE

City
FARGOState
NDZip Code
58102-1704FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2006660443644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MICHAEL P. LACEY

Mailing Address 4431 PERSHING AVE

City
DOWNERS GROVEState
ILZip Code
60515-2660FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2006677343644

Amount of Each Receipt this Period

106.64

P/R Deduction (\$53.32 Semi-Monthly)

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

321.92

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
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 FOR LINE NUMBER:
 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MICHAEL MELITO

Mailing Address 7 S MADISON AVE

City

UPPER DARBY

State

PA

Zip Code

19082-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2008483443644

Amount of Each Receipt this Period

66.68

P/R Deduction (\$33.34 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. TOMASZ ALEMANY ROJAS

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2008497843644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$12.45 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JACK L. CHOU

Mailing Address 6010 CELEDON CRK

City

PLAYA VISTA

State

CA

Zip Code

90094-2349

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR2008505943644

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Semi-Monthly)

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

171.18

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
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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MICHAEL DALEY

Mailing Address 478 MAYMONT DR

 City
 BALLWIN

 State
 MO

 Zip Code
 63011-3465

 FEC ID number of contributing
 federal political committee.

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2011964643644

Amount of Each Receipt this Period

P/R Deduction (\$18.52 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MARC R BELLETSKY

Mailing Address 9 MOOSEHORN HILL RD

 City
 WEST GRANBY

 State
 CT

 Zip Code
 06090-1007

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

ADVANCED MARKETS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2012004143644

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)

C. ROBERT J. WALTOS

Mailing Address 7 CASTAWAYS N

 City
 NEWPORT BEACH

 State
 CA

 Zip Code
 92660-8403

 FEC ID number of contributing
 federal political committee.

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2016608543644

Amount of Each Receipt this Period

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

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

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

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

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

FOR LINE NUMBER: PAGE 88 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILLIAM S. ROBERTSON

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.35

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2016623343644

Amount of Each Receipt this Period

34.51

P/R Deduction (\$34.51 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. RENEE C. ADKINS

Mailing Address 102 FIFTH ST

City
UNION

State
MS

Zip Code
39365-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.36

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2016634643644

Amount of Each Receipt this Period

31.80

P/R Deduction (\$15.90 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. FAVIO J. TABORDA

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2016646443644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$37.50 Semi-Monthly)

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

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

103.81

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. SETH M. SCOTT

Mailing Address 519 E LIBERTY ST

City

CHAMBERSBURG

State

PA

Zip Code

17201-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.73

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2016658043644

Amount of Each Receipt this Period

27.77

P/R Deduction (\$27.77 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD MURPHY

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2020232343644

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

C. ANTHONY FIORE

Mailing Address 31314 E RUTLAND ST

City

BEVERLY HILLS

State

MI

Zip Code

48025-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.83

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2023714243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

106.93

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

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHIPLEY S. DICKEY

Mailing Address 4320 BELLAIRE DR S

City
FORT WORTH

State Zip Code
TX 76109-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2023731643644

Amount of Each Receipt this Period

22.75

P/R Deduction (\$22.75 Monthly)

Full Name (Last, First, Middle Initial)

B. PHILIP MASON

Mailing Address 145 FOX RUN

City
EASTON

State Zip Code
PA 18042-8773

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2023925543644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. MR. ARTHUR J. DICKEY

Mailing Address 160 LAKESHORE DRIVE

City
MARLBOROUGH

State Zip Code
MA 01752-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

BUSINESS OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030654143644

Amount of Each Receipt this Period

19.46

P/R Deduction (\$9.73 Bi-Weekly)

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

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

102.21

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. CARLO GUERRERA

Mailing Address 1 WHISPERING ROD ROAD

City State Zip Code
UNIONVILLE CT 06085-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VP - KEY ACCOUNTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030677743644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. LOUISE PROVENZANO

Mailing Address 316 WOLCOTT STREET

City State Zip Code
BRISTOL CT 06010-6427

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
CHANGE AGENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030698643644

Amount of Each Receipt this Period

30.80

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

Full Name (Last, First, Middle Initial)

C. MR. LUIS O CONCEPCION

Mailing Address 12 HAWKS RIDGE

City State Zip Code
AVON CT 06001-4417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030723143644

Amount of Each Receipt this Period

38.50

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

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

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

88.60

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RUSSELL AR NORRIS

Mailing Address 21 GREAVES RD W

City

STAFFORD SPRINGS

State

CT

Zip Code

06076-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP GROUP BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030740243644

Amount of Each Receipt this Period

44.50

P/R Deduction (\$22.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. ROBERT C TRENNERY

Mailing Address 3009 VIA MERIDIANA

City

HENDERSON

State

NV

Zip Code

89052-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

CLIENT RELATIONSHIP MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030741943644

Amount of Each Receipt this Period

22.24

P/R Deduction (\$11.12 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM T. ABRAMOWICZ

Mailing Address 723 TAFT ROAD

City

HINSDALE

State

IL

Zip Code

60521-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030743243644

Amount of Each Receipt this Period

38.50

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

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

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

105.24

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOSHUA ANDERSON

Mailing Address 144 PEACHTREE ROAD

City

MOUNTAIN BRK

State

AL

Zip Code

35213-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030746843644

Amount of Each Receipt this Period

19.46

P/R Deduction (\$9.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. DENNIS E. GLYNN

Mailing Address 37 DANIEL RIDGE

City

WESTFIELD

State

MA

Zip Code

01085-4151

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

PRODUCT MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030750543644

Amount of Each Receipt this Period

44.46

P/R Deduction (\$22.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. TROY K. ENGLERTH

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP GROUP BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2030750743644

Amount of Each Receipt this Period

55.56

P/R Deduction (\$27.78 Bi-Weekly)

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

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

119.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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<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

Full Name (Last, First, Middle Initial)

A. MS. PATRICIA L. HARRIS

Mailing Address 22 CHAROLAIS WAY

City

BURLINGTON

State

CT

Zip Code

06013-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - RS PRODUCT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2030764443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JASON AURICCHIO

Mailing Address 6078 SW 33RD ST

City

MIAMI

State

FL

Zip Code

33155-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2038709043644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. WILLIAM ZIMMER

Mailing Address 2213 HAMRICK DR

City

RALEIGH

State

NC

Zip Code

27615-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2038717643644

Amount of Each Receipt this Period

60.00

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

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

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

110.50

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRET A. HARTUNG

Mailing Address 4317 N DAMEN AVE

City
CHICAGO

State Zip Code
IL 60618-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR2038720443644

Amount of Each Receipt this Period

187.50

P/R Deduction (\$93.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. SAHAND ELMTALAB

Mailing Address 4295 WESTON LN N

City
PLYMOUTH

State Zip Code
MN 55446-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.98

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR2038727643644

Amount of Each Receipt this Period

26.04

P/R Deduction (\$13.02 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JUSTIN HAYWARD

Mailing Address 16 WESTON RD

City
WELLESLEY

State Zip Code
MA 02482-6313

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR2041714643644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

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

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

313.54

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DANIEL J MCGEE

Mailing Address 10812 ALEXANDER MILL DR

City
CHARLOTTE

State Zip Code
NC 28277-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2045466543644

Amount of Each Receipt this Period

166.70

P/R Deduction (\$83.35 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MANUEL AMEZCUA

Mailing Address 9809 MARGO LN

City
MUNSTER

State Zip Code
IN 46321-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2045501743644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. THOMAS BLOCK

Mailing Address 2720 S VEITCH ST

City
ARLINGTON

State Zip Code
VA 22206-3052

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.62

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2045502243644

Amount of Each Receipt this Period

32.24

P/R Deduction (\$16.12 Semi-Monthly)

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

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

258.94

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. RACHEL AY PARENT

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT PROGRAM MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2052377643644

Amount of Each Receipt this Period

111.12

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

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL E HENDERLONG

Mailing Address 41 BEAVER CREEK CT

City

FAR HILLS

State

NJ

Zip Code

07931-2594

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2052379343644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

C. QUINTIN T. HARDTNER

Mailing Address 4142 FAIRFIELD AVE

City

SHREVEPORT

State

LA

Zip Code

71106-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2052450743644

Amount of Each Receipt this Period

54.40

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

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

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

242.52

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SUSAN JE GARRETT

Mailing Address 11 SOMERSET LN

City State Zip Code
SIMSBURY CT 06070-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SENIOR VICE PRESIDENT - HR CONSULTIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2076523943644

Amount of Each Receipt this Period

166.70

P/R Deduction (\$83.35 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARTIN J. MCALPIN

Mailing Address 10762 ASHLEY LN

City State Zip Code
SAINT PAUL MN 55129-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2076543143644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ADAM MORGAN

Mailing Address 4809 RODNEY RD

City State Zip Code
RICHMOND VA 23230-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2076547243644

Amount of Each Receipt this Period

60.00

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

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

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

257.96

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVY KWOK

Mailing Address 19770 CAMINO ARROYO

City
WALNUT

State
CA

Zip Code
91789-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2090200343644

Amount of Each Receipt this Period

31.24

P/R Deduction (\$15.62 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. KEVIN R. MUMFORD

Mailing Address 118 STATION RD

City

NEW PALTZ

State

NY

Zip Code

12561-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2105734843644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. MS. LISA MA TODD

Mailing Address 26 FORBES ST #3

City

JAMAICA PLAIN

State

MA

Zip Code

02130-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2106069743644

Amount of Each Receipt this Period

52.64

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

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

143.88

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DANIEL L FLYNN

Mailing Address 7917 SKYE LOCHS DR

City
WAXHAW

State Zip Code
NC 28173-7493

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2106071643644

Amount of Each Receipt this Period

111.12

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

Full Name (Last, First, Middle Initial)

B. MR. SCOTT ED SEBASTIAN

Mailing Address 43 LEXINGTON RD

City
WEST HARTFORD

State Zip Code
CT 06119-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2106072843644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CLARK SNITKO

Mailing Address 4910 EL DON DR

City
ROCKLIN

State Zip Code
CA 95677-3385

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.43

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2119922043644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

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

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

184.90

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. SEARS AN MERRITT

Mailing Address 18 CANTERBURY LN

City
GROTON

State
MA

Zip Code
01450-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - DATA ANALYTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2139274443644

Amount of Each Receipt this Period

27.80

P/R Deduction (\$13.90 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DOMINICK IORIO

Mailing Address 41 HIGHLAND AVE

City

MONMOUTH BEACH

State

NJ

Zip Code

07750-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2139351043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TYLER J. WOODWARD

Mailing Address 6051 PASSING SKY DR

City

COLORADO SPGS

State

CO

Zip Code

80911-3875

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2139370643644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

156.96

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ERIC P PIRONE

Mailing Address 536 SAN RAFAEL AVE

City State Zip Code
 BELVEDERE TIBURON CA 94920-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BABSON CAPITAL MANAGEMENT LLC

Occupation
 MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2154001143644

Amount of Each Receipt this Period

125.00

P/R Deduction (\$62.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL GREENE

Mailing Address 439 GREENFIELD LN

City State Zip Code
 PAINESVILLE OH 44077-6150

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF

Occupation
 INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2154013143644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

C. ERIC GROSS

Mailing Address 1761 VALLEJO ST

City State Zip Code
 SAN FRANCISCO CA 94123-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF

Occupation
 INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2154035243644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

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

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

222.50

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. KEVIN E. STOKESBARY

Mailing Address 7133 SAINT ANDREWS LN SE

City State Zip Code
 SNOQUALMIE WA 98065-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR2159450543644

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MUHAMMAD PETRUS

Mailing Address 1523 DOROTHY LN

City State Zip Code
 FULLERTON CA 92831-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR2159461743644

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

C. ADAM CHERNEY

Mailing Address 1099 DELMAR AVE

City State Zip Code
 FRANKLIN SQ NY 11010-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : PR2159503143644

Amount of Each Receipt this Period

66.70

P/R Deduction (\$66.70 Monthly)

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

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

246.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. MR. SCOTT DA BROWN

Mailing Address 479 CHESTNUT ST

City

WABAN

State

MA

Zip Code

02468-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2166460243644

Amount of Each Receipt this Period

277.78

P/R Deduction (\$138.89 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DEEPAK MALHOTRA

Mailing Address 23 WARWICK ST

City

ISELIN

State

NJ

Zip Code

08830-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.82

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2166470543644

Amount of Each Receipt this Period

50.64

P/R Deduction (\$25.32 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JASON M. VENDITTI

Mailing Address 712 THURBER ST

City

SYRACUSE

State

NY

Zip Code

13210-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR2166494343644

Amount of Each Receipt this Period

60.00

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

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

388.42

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHE M. SMITH

Mailing Address 2647 WESTMINSTER PL

City

COSTA MESA

State

CA

Zip Code

92627-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.16

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2192455143644

Amount of Each Receipt this Period

51.70

P/R Deduction (\$25.85 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MARK KEATING

Mailing Address 3711 OAKMONT ST SE

City

GRAND RAPIDS

State

MI

Zip Code

49546-9216

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2192477043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GREGORY W. BRENNER

Mailing Address 2219 OAKLEAF DR

City

FRANKLIN

State

TN

Zip Code

37064-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2192491443644

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Semi-Monthly)

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

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

311.70

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JASON M. LETTENBERGER

Mailing Address 19760 BRENNER DR

City

BROOKFIELD

State

WI

Zip Code

53045-6093

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2194363543644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. MR. DAVID J SPRINGER

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2202061243644

Amount of Each Receipt this Period

52.64

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

Full Name (Last, First, Middle Initial)

C. MR. DAVID ACSELROD

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - NEW BUSINESS & UNDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR2202068943644

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

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

182.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. FREDDY S. LOPEZ

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.97

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2204073843644

Amount of Each Receipt this Period

116.66

P/R Deduction (\$58.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. CHARLES DOWNS

Mailing Address 155 OCEAN LANE DR

City

KEY BISCAYNE

State

FL

Zip Code

33149-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2244953643644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHE M. DERHAM

Mailing Address 26 CURRIER PL

City

CHESHIRE

State

CT

Zip Code

06410-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.25

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2274978643644

Amount of Each Receipt this Period

67.70

P/R Deduction (\$33.85 Semi-Monthly)

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

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

284.36

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

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

FOR LINE NUMBER: PAGE 108 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL W. TOKARZ

Mailing Address 3963 W BELMONT AVE

City
CHICAGO

State Zip Code
IL 60618-5129

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.30

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2274982843644

Amount of Each Receipt this Period

87.72

P/R Deduction (\$43.86 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CHRISTIAN GU FELIX

Mailing Address 8328 DEVINNEY CT

City
ARVADA

State Zip Code
CO 80005-5937

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2323642043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. JENNIFER RI RUTLEY

Mailing Address 21 LOIS LN

City
NEEDHAM

State Zip Code
MA 02492-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - TECHNOLOGY CREATIVE DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR2345426543644

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Bi-Weekly)

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

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

327.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ABBE F. LARGE

Mailing Address 11 BLANCHARD RD

City

GREENWICH

State

CT

Zip Code

06831-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

271.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR789844043644

Amount of Each Receipt this Period

28.26

P/R Deduction (\$14.13 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ALAN L. MELTZER

Mailing Address 2000 S OCEAN BLVD

City

BOCA RATON

State

FL

Zip Code

33432-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4583.32

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR789845143644

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ANTHONY R. STARR

Mailing Address 2 PAISLEY CT

City

SAVANNAH

State

GA

Zip Code

31411-3078

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR789851343644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

472.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BRET J. BUTERBAUGH

Mailing Address 207 FAIRFIELD DR

City

STATE COLLEGE

State

PA

Zip Code

16801-8244

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789858143644

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. BRINEY LEE CLORE

Mailing Address 5064 SWITCH GRASS LN

City

NAPERVILLE

State

IL

Zip Code

60564-5367

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789859943644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRUCE T. RIDDLE

Mailing Address 3702 E 63RD ST

City

TULSA

State

OK

Zip Code

74136-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789860743644

Amount of Each Receipt this Period

62.50

P/R Deduction (\$62.50 Monthly)

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

136.78

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BRYAN S. HANNING

Mailing Address 1 N SANDPIPER ST

City
WICHITAState
KSZip Code
67230-6626FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE 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
11	/	30	/	2015

Transaction ID : PR789861043644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

B. B H. ERSTAD Jr.

Mailing Address 2510 S NANTUCKET WAY

City
BOISEState
IDZip Code
83706-5095FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789861643644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. CASSANDRA L. WILSON

Mailing Address 3909 PATTY LN

City
BETHANYState
OKZip Code
73008-3046FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789865043644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

137.51

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. CHRISTOPHE J. FLYNN

Mailing Address 126 JERICHO RD

City

SCITUATE

State

MA

Zip Code

02066-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

271.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789870943644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHE L. HEERDEGEN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

710.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789871343644

Amount of Each Receipt this Period

89.72

P/R Deduction (\$44.86 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. COREY A. SCHNEIDER

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2267.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789873243644

Amount of Each Receipt this Period

232.36

P/R Deduction (\$116.18 Semi-Monthly)

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

350.20

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL M. SMITH

Mailing Address 90 DOLAN DR

City
GUILFORD

State Zip Code
CT 06437-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789877643644

Amount of Each Receipt this Period

33.35

P/R Deduction (\$33.35 Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID G. CARVER

Mailing Address 100 OCEANGATE STE 800

City
LONG BEACH

State Zip Code
CA 90802-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789881343644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. DAVID L. DAVIS

Mailing Address 4211 83RD AVE SE

City
MERCER ISLAND

State Zip Code
WA 98040-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789882243644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

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

158.35

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

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

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(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID M. BECKER

Mailing Address 1121 WOODBERRY CIR

City

STATE COLLEGE

State

PA

Zip Code

16803-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789885643644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DEANNA FILOSA

Mailing Address 94 HOLST DR W

City

HUNTINGTON

State

NY

Zip Code

11743-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789886843644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. DENNIS J. FLANAGAN

Mailing Address 4366 ALTHEA WAY

City

WEST PALM BEACH

State

FL

Zip Code

33410-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.55

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789888543644

Amount of Each Receipt this Period

24.30

P/R Deduction (\$12.15 Semi-Monthly)

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

79.50

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
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONALD G. OLSEN

Mailing Address 709 JEFFERSON ST

City
HANOVERState Zip Code
IL 61041-9678FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789891843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DONALD J. HARRINGTON

Mailing Address 4150 VIA DOLCE APT 1

City
MARINA DEL REYState Zip Code
CA 90292-5291FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789892343644

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. EDDIE D. ROBERTS

Mailing Address 2906 LAKEHURST RD

City
SPICEWOODState Zip Code
TX 78669-6886FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789895443644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

84.16

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: PAGE 116 OF 270
 (check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. EDWARD J. LEBOLD

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

644.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789897743644

Amount of Each Receipt this Period

55.54

P/R Deduction (\$27.77 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. EDWARD P. SUNTER Jr.

Mailing Address 106 BROOKHAVEN DR

City

E LONGMEADOW

State

MA

Zip Code

01028-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

256.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789898043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. FORREST E. WILLIAMS

Mailing Address 1909 WOODSIDE LN

City

VIRGINIA BCH

State

VA

Zip Code

23454-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789904443644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

113.86

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: PAGE 117 OF 270
 (check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARY L. EICKHORST

Mailing Address 2425 W 67TH ST

City
MISSION HILLSState Zip Code
KS 66208-2205FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

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
11	/	30	/	2015

Transaction ID : PR789911743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. GENE S. TYRRELL

Mailing Address 1657 SOUTHPORT DR

City
RIVERSIDEState Zip Code
CA 92506-5450FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789913343644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. GEORGE P. BECKNELL III

Mailing Address 201 CRESCENT ST

City
SAN ANTONIOState Zip Code
TX 78209-4406FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE 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
11	/	30	/	2015

Transaction ID : PR789915643644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

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

158.35

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. GEORGE V. CAYLOR

Mailing Address 2460 RIVERMONT AVE

City

LYNCHBURG

State

VA

Zip Code

24503-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789915843644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. GREGORY F. CARROLL

Mailing Address 6016 CAIRN TER

City

BETHESDA

State

MD

Zip Code

20817-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789921443644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. HAROLD J. SKARDA

Mailing Address 746 LOST CREEK DR

City

BULVERDE

State

TX

Zip Code

78163-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.55

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789926043644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Semi-Monthly)

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

188.46

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 119 OF 270

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOWARD N. BIENENFELD

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789932743644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

B. IVAN C. HINRICHS

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789935243644

Amount of Each Receipt this Period

45.10

P/R Deduction (\$22.55 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JAMES M. JENSEN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789937143644

Amount of Each Receipt this Period

54.16

P/R Deduction (\$27.08 Semi-Monthly)

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

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

182.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JAMES C. BROCKE

Mailing Address 5940 CHAPMANS TRL

City
CARMELState
INZip Code
46033-8644FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR789941843644

Amount of Each Receipt this Period

34.38

P/R Deduction (\$17.19 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JAMES H. MCGINNIS

Mailing Address 2108 DUDLEY AVE

City

PARKERSBURG

State

WV

Zip Code

26101-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR789946843644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. JAMES I. FINNEY III

Mailing Address 2304 BUFFAPPLE CT

City

RICHMOND

State

VA

Zip Code

23233-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR789947243644

Amount of Each Receipt this Period

60.00

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

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

119.38

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

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

FOR LINE NUMBER: PAGE 121 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JAMES L. BUSH

Mailing Address 10 COTTAGE ST

City
HINGHAM

State
MA

Zip Code
02043-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789948043644

Amount of Each Receipt this Period

55.54

P/R Deduction (\$27.77 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JAMES P. GROOMS

Mailing Address 660 OWNBY DR

City
GATLINBURG

State
TN

Zip Code
37738-5767

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.42

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789950743644

Amount of Each Receipt this Period

22.56

P/R Deduction (\$11.28 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JANET G. FLEISHMAN

Mailing Address 168 BELLTOWN RD

City
STAMFORD

State
CT

Zip Code
06905-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789955543644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

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

105.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 270

<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

Full Name (Last, First, Middle Initial)

A. JEFFREY H. DUNCAN

Mailing Address 39 DEACON PL

City

CRESSKILL

State

NJ

Zip Code

07626-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789959343644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. JOHN C. SKOOG

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789968743644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JOHN L. ROSENHEIM

Mailing Address 1102 WISTERIA WAY

City

WAYLAND

State

MA

Zip Code

01778-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789974243644

Amount of Each Receipt this Period

22.56

P/R Deduction (\$11.28 Semi-Monthly)

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

121.14

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: PAGE 123 OF 270
 (check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN M. RUCKEL

Mailing Address 524 INWOOD LN

City

NACOGDOCHES

State

TX

Zip Code

75965-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789975543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. JOHN N. SCHNEIDER

Mailing Address 2524 MAPLE TREE DR

City

SAINT CHARLES

State

MO

Zip Code

63303-4334

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789975643644

Amount of Each Receipt this Period

24.30

P/R Deduction (\$12.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JOHN R. DEGEN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

545.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR789976843644

Amount of Each Receipt this Period

54.16

P/R Deduction (\$27.08 Semi-Monthly)

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

103.46

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN W. WILSON

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789980043644

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JOSEPH F. EPPY

Mailing Address 100 N FEDERAL HWY

City

FORT LAUDERDALE

State

FL

Zip Code

33301-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789983143644

Amount of Each Receipt this Period

277.76

P/R Deduction (\$138.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. KARL J. FEITELBERG

Mailing Address 175 DERBY ST UNIT 33

City

HINGHAM

State

MA

Zip Code

02043-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR789989143644

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

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

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

452.76

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 270

<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

Full Name (Last, First, Middle Initial)

A. KATHLEEN L. DEGEN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789989243644

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

B. KIRK A. RYDER

Mailing Address 3815 TRIMBLE RD

 City
 NASHVILLE

 State
 TN

 Zip Code
 37215-3101

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789996843644

Amount of Each Receipt this Period

20.85

P/R Deduction (\$20.85 Monthly)

Full Name (Last, First, Middle Initial)

C. LANGHORNE H. MEEM II

Mailing Address 215 OLD ORCHARD LN

 City
 RICHMOND

 State
 VA

 Zip Code
 23226-2246

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR789998343644

Amount of Each Receipt this Period

20.85

P/R Deduction (\$20.85 Monthly)

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

83.70

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

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

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

FOR LINE NUMBER: PAGE 126 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. LAWRENCE M. TOMCZAK

Mailing Address 5938 SWAN CREEK DR

City
TOLEDO

State Zip Code
OH 43614-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790001743644

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

Full Name (Last, First, Middle Initial)

B. LAWRENCE N. HOLDEN III

Mailing Address 601 ARBOR RD

City
WINSTON SALEM

State Zip Code
NC 27104-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790001843644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. LOUIS F. GRAMMES

Mailing Address 990 GRANDON WAY

City
MECHANICSBURG

State Zip Code
PA 17050-9190

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790009043644

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

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

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

181.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. LOUIS BELINKIE

Mailing Address 1711 CLOISTER DR

City

RICHMOND

State

VA

Zip Code

23238-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790009643644

Amount of Each Receipt this Period

22.50

P/R Deduction (\$11.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. LYNN B. WESTBROOK Jr.

Mailing Address 6412 E ONEIDA ST

City

WICHITA

State

KS

Zip Code

67206-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790010443644

Amount of Each Receipt this Period

31.56

P/R Deduction (\$15.78 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MARK R. RICHARDS

Mailing Address 22600 SW MIAMI DR

City

TUALATIN

State

OR

Zip Code

97062-7363

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790016543644

Amount of Each Receipt this Period

105.00

P/R Deduction (\$52.50 Semi-Monthly)

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

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

159.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MATTHEW L. KERN

Mailing Address 1019 CHAMBERLEYNE WA

City
WAXHAWState
NCZip Code
28173-7332FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790022643644

Amount of Each Receipt this Period

48.04

P/R Deduction (\$24.02 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MICHAEL G. FOGARTY

Mailing Address 52 RICHMOND DR

City
SAVANNAHState
GAZip Code
31406-7541FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790028143644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MICHAEL O. BROWN

Mailing Address 6512 NE 113TH ST

City
EDMONDState
OKZip Code
73013-8351FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790030543644

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

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

143.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MITCHELL B. STARR

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2267.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790035443644

Amount of Each Receipt this Period

232.36

P/R Deduction (\$116.18 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MOLLY G. MEEM

Mailing Address 215 OLD ORCHARD LN

City

RICHMOND

State

VA

Zip Code

23226-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790035843644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. NADER A. ISSA

Mailing Address 1533 KOCH LN

City

SAN JOSE

State

CA

Zip Code

95125-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790036943644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

282.36

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. PATRICK J. DOLAN

Mailing Address 34 BERKELEY PL

City

GLEN ROCK

State

NJ

Zip Code

07452-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.86

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790043743644

Amount of Each Receipt this Period

46.78

P/R Deduction (\$23.39 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PAUL A. DECOURSEY

Mailing Address 4605 N MERIDIAN ST

City

INDIANAPOLIS

State

IN

Zip Code

46208-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790044843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. PAUL H. HERZOG

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790046243644

Amount of Each Receipt this Period

54.16

P/R Deduction (\$27.08 Semi-Monthly)

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

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

130.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 131 OF 270

<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

Full Name (Last, First, Middle Initial)

A. PAUL M. JOANOU

Mailing Address 59 BRIARWOOD DR

City
WHEELINGState
WVZip Code
26003-4835FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790047043644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. PHILIP J. SPRAGUE

Mailing Address 1308 SUNSET RDG

City
WATERTOWNState
NYZip Code
13601-4438FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790054743644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ROBERT R. CUSHING

Mailing Address 696 COMMERCIAL ST

City
WEYMOUTHState
MAZip Code
02189-1037FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790056343644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

137.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 270

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. RALEIGH H. LANG

Mailing Address 6727 RAINBOW AVE

City

MISSION HILLS

State

KS

Zip Code

66208-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790056943644

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

B. RAYMOND E. WELSH

Mailing Address 913 17TH RD

City

PENDER

State

NE

Zip Code

68047-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790060743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. RICHARD D. MAYS

Mailing Address 3238 HEATHERFIELD CT

City

NEWBURY PARK

State

CA

Zip Code

91320-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790065343644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

92.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 133 OF 270

<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

Full Name (Last, First, Middle Initial)

A. RICHARD I. KARCHEFSKY

Mailing Address 9839 PALMA VISTA WAY

City

BOCA RATON

State

FL

Zip Code

33428-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790066943644

Amount of Each Receipt this Period

46.78

P/R Deduction (\$23.39 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. RICHARD P. VANBENSCHOTEN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790069043644

Amount of Each Receipt this Period

90.28

P/R Deduction (\$45.14 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ROBERT L. HOMER

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790081643644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

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

195.40

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. ROBERT M. SMITH

Mailing Address 1487 S CREST DR

City

LOS ANGELES

State

CA

Zip Code

90035-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790083643644

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT T. SINKS

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790086643644

Amount of Each Receipt this Period

208.35

P/R Deduction (\$208.35 Monthly)

Full Name (Last, First, Middle Initial)

C. RODNEY E. JEWELL

Mailing Address 5420 DECATUR ST

City

OMAHA

State

NE

Zip Code

68104-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790090943644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

265.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. RONNIE E. HUIE

Mailing Address 7740 SWEETWIND CIR

City State Zip Code
 FAIR OAKS RANCH TX 78015-4569

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790095543644

Amount of Each Receipt this Period

33.35

P/R Deduction (\$33.35 Monthly)

Full Name (Last, First, Middle Initial)

B. SCOTT C. CURRAN

Mailing Address 9 TRIUMPH CT

City State Zip Code
 FLANDERS NJ 07836-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790102943644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

C. SCOTT P. RIDER

Mailing Address 4888 MCGINNIS RD

City State Zip Code
 DELAWARE OH 43015-9132

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790103643644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

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

143.78

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. STEPHEN D. ESTLER

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1812.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790109443644

Amount of Each Receipt this Period

187.48

P/R Deduction (\$93.74 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. THOMAS D. CONKLIN

Mailing Address 3741 E 4TH PL

City

TULSA

State

OK

Zip Code

74112-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790122143644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. THOMAS L. DELEOT

Mailing Address 987 WELLINGTON RD

City

WINSTON SALEM

State

NC

Zip Code

27106-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790124843644

Amount of Each Receipt this Period

33.35

P/R Deduction (\$33.35 Monthly)

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

275.37

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. THOMAS W. NAYLOR

Mailing Address 11304 SPRING MEADOW LN

City

SAN DIEGO

State

CA

Zip Code

92128-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790128143644

Amount of Each Receipt this Period

17.71

P/R Deduction (\$17.71 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. TODD J. MCDONALD

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1349.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790131843644

Amount of Each Receipt this Period

150.84

P/R Deduction (\$75.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. WILLIAM G. MCPHERSON

Mailing Address 1276 PARNELL AVE NE

City

LOWELL

State

MI

Zip Code

49331-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790135543644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

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

195.63

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

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

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

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(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILLIAM B. KING

Mailing Address 40 CALYPSO RD

City
MONETA

State Zip Code
VA 24121-5391

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790140843644

Amount of Each Receipt this Period

28.22

P/R Deduction (\$14.11 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ALAN L BLAIS

Mailing Address 20 SHADY DELL LN

City
SOMERS

State Zip Code
CT 06071-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790151843644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. ALBERT R KINGAN

Mailing Address 3325 W DESERT VISTA TRL

City
PHOENIX

State Zip Code
AZ 85083-5875

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP ADVANCED MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790152743644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

101.30

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ANTHONY D FROGAMENI

Mailing Address 31 COVENTRY LN

City

AGAWAM

State

MA

Zip Code

01001-3570

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP INVESTMENT OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790157043644

Amount of Each Receipt this Period

29.42

P/R Deduction (\$14.71 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. ANTONIO SCIBELLI

Mailing Address 51 MOUNTAIN VIEW ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790157443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. ALAN KULIG

Mailing Address 3 WILDWOOD LN

City

WILBRAHAM

State

MA

Zip Code

01095-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790158843644

Amount of Each Receipt this Period

30.76

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

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

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

79.42

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ALLAN A CAMPBELL III

Mailing Address 75 OAKLAND ST

City
WILBRAHAM

State
MA

Zip Code
01095-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - ENTERPRISE ARCHITEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790159043644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. ANDREW C DICKEY

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP & DEPUTY CHIEF INVESTMENT OFFICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790159343644

Amount of Each Receipt this Period

153.90

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

Full Name (Last, First, Middle Initial)

C. MR. ANDREW C WILLIAMS

Mailing Address 53 SUNSET BEACH RD

City
BRANFORD

State
CT

Zip Code
06405-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790159643644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

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

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

211.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. BRENDA A SAVAGE

Mailing Address 1008 MAIN ST

City
SOMERSState
CTZip Code
06071-2125FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP CLIENT RELATIONSHIP MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790165343644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. BRIAN J PRAST

Mailing Address 47 ELLINGTON ST

City
LONGMEADOWState
MAZip Code
01106-1429FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SECOND VP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790165943644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. BRUCE C FRISBIE

Mailing Address 54 MASSASOIT AVE

City
W SPRINGFIELDState
MAZip Code
01089-1122FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790168343644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

69.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MS. CAROL W DEMAS

Mailing Address 52 CEDAR WOODS GLN

City

W SPRINGFIELD

State

MA

Zip Code

01089-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - FIELD TRAINING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790171343644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. CAROL A DUBE

Mailing Address 8 PLAIN ST

City

EASTHAMPTON

State

MA

Zip Code

01027-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - ACCOUNTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790171643644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. CHARLES G HIGGINS

Mailing Address 15 WOODLAND DELL RD

City

WILBRAHAM

State

MA

Zip Code

01095-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SOURCING CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790175243644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

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

69.20

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
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. CHRISTOPHER K KINNON

Mailing Address 2415 MANHATTAN AVE

City State Zip Code
HERMOSA BEACH CA 90254-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790183843644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. MR. CLIFFORD M NOREEN

Mailing Address 95 BENT TREE DR

City State Zip Code
E LONGMEADOW MA 01028-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.84

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790184143644

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. CRAIG WADDINGTON

Mailing Address 14 SPRING MEADOW DR

City State Zip Code
GRANBY CT 06035-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790184543644

Amount of Each Receipt this Period

76.92

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

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. DANIEL S HILL

Mailing Address 26 COLTON RD

City
GLASTONBURYState
CTZip Code
06033-3947FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790185643644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. DAVID J ECHEVERRIA

Mailing Address 36 FARMINGTON AVE

City
LONGMEADOWState
MAZip Code
01106-1433FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIR - INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790188643644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. DAVID D WHARMBY

Mailing Address 34 VERPLANK AVE

City
STAMFORDState
CTZip Code
06902-8216FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790192643644

Amount of Each Receipt this Period

76.92

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

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

149.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. DEREK D DARLEY

Mailing Address 27 NORTH ST

City

BLANDFORD

State

MA

Zip Code

01008-9516

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790197143644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. DEAN R HINDMAN

Mailing Address 46 DWIGHT ST

City

BOSTON

State

MA

Zip Code

02118-3662

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790206643644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. DONALD J PHELAN

Mailing Address 24 HAMMERSMITH

City

AVON

State

CT

Zip Code

06001-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790207843644

Amount of Each Receipt this Period

53.84

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

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

103.82

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. ELIZABETH CANAVAN

Mailing Address 5 HAVENHURST RD

City

WEST SPRINGFIELD

State

MA

Zip Code

01089-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP STRATEGIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790211643644

Amount of Each Receipt this Period

38.50

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

Full Name (Last, First, Middle Initial)

B. MS. ELLEN RAWSON

Mailing Address 145 YOKUN RD

City

PITTSFIELD

State

MA

Zip Code

01201-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790212243644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. EDWIN J PELIS

Mailing Address 29 MAIN ST

City

HATFIELD

State

MA

Zip Code

01038-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - AGENCY RECRUITING AND DEVELOPM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790215943644

Amount of Each Receipt this Period

30.76

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

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

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

88.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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<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

Full Name (Last, First, Middle Initial)

A. MS. GAIL S GARVEY

Mailing Address 23 CRESCENT CIR

 City
 WESTFIELD

 State
 MA

 Zip Code
 01085-5003

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790220043644

Amount of Each Receipt this Period

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. HARVEY BR HOFFMAN

Mailing Address 50 DEVONSHIRE TER

 City
 E LONGMEADOW

 State
 MA

 Zip Code
 01028-3139

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP - OPERATIONAL AND STRATEGIC RISK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790231443644

Amount of Each Receipt this Period

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES R WILLIAMS

Mailing Address 3938 DIANE RD

 City
 BIG PINE KEY

 State
 FL

 Zip Code
 33043-6105

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SECOND VP & ASSOC. GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790236843644

Amount of Each Receipt this Period

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

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

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY A COELHO

Mailing Address 15 MEADOWLARK CIR

City
LUDLOW

State
MA

Zip Code
01056-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790240943644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. JOANNE M DENVER

Mailing Address 48 VAIL ST

City

SPRINGFIELD

State

MA

Zip Code

01118-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790244943644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. JOHN E DEITELBAUM

Mailing Address 11 MIDDLE RD

City

ELLINGTON

State

CT

Zip Code

06029-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP & DEPUTY GEN COUNS USIG LAW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790248243644

Amount of Each Receipt this Period

269.24

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

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

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

365.40

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN R TAILLIE

Mailing Address 151 MCKENZIE DR

City
SOUTHINGTON

State Zip Code
CT 06489-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790252043644

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

B. MR. JOSEPH A CALABRESE

Mailing Address 28 CANTERBURY LN

City
FEEDING HILLS

State Zip Code
MA 01030-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790253243644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. JOSEPH R ROKOWSKI

Mailing Address 124 MAXIMILIAN DR

City
GRANBY

State Zip Code
MA 01033-9469

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL TRUST COMPANY

Occupation
VICE PRESIDENT - TRUST COMPANY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790254543644

Amount of Each Receipt this Period

150.00

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

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

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

253.84

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JAMES J NASCIMENTO

Mailing Address 432 LYON ST

City
LUDLOW

State Zip Code
MA 01056-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790260243644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MR. JAMES P PUHALA III

Mailing Address 68 HOLCOMB ST

City
EAST GRANBY

State Zip Code
CT 06026-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT - COMPLIANCE & REGUL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790260443644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. JAMES M RODOLAKIS

Mailing Address 26 EVERGREEN DR

City
E LONGMEADOW

State Zip Code
MA 01028-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790260543644

Amount of Each Receipt this Period

30.76

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

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

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

138.44

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

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY M GURSKI

Mailing Address 10 VICTORIA LN

City
WILBRAHAM

State Zip Code
MA 01095-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790261243644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. JEFFREY T ROBINSON

Mailing Address 28 DONAMOR LN

City
E LONGMEADOW

State Zip Code
MA 01028-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL INTERNATIONAL

Occupation
MANAGING DIRECTOR - MMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790261643644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MS. KATHLEEN M COUGHLIN

Mailing Address 37 SOUTHWOOD RD

City
NEWINGTON

State Zip Code
CT 06111-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP NEW BUSINESS UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790271443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

93.08

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KATHY S REEVE

Mailing Address EDGEMERE 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

BABSON CAPITAL MANAGEMENT LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790272743644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. KEITH T SELL

Mailing Address 118 CHISWICK ST

City LONGMEADOW State MA Zip Code 01106-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790273043644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. KATHLEEN LYNCH

Mailing Address 136 MONTCLAIR DR

City WEST HARTFORD State CT Zip Code 06107-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.48

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790277643644

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

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

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

119.24

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KENNETH M RICKSON

Mailing Address 7 CYPRESS LN

City
WILBRAHAM

State
MA

Zip Code
01095-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT - SALES RISK MANAGEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790278543644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MS. LAURA J PERLOTTO

Mailing Address 17 CLAIRE LANE

City
BLOOMFIELD

State
CT

Zip Code
06002-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790280543644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. LINDA M FLYNN

Mailing Address 26 BAYNE ST

City
E LONGMEADOW

State
MA

Zip Code
01028-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790283843644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

92.30

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. LISA A HOWAT

Mailing Address 68 CHATHAM HILL RD

City State Zip Code
 SOUTH GLASTONBURY CT 06073-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CORNERSTONE RE ADVISERS LLC

Occupation
 MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790286643644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. MS. LOUISE R LANGLOIS

Mailing Address 21 UPLAND RD

City State Zip Code
 HOLYOKE MA 01040-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASSACHUSETTS MUTUAL LIFE INS.

Occupation
 AVP QUANTITATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790288343644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. MARK ACKERMAN

Mailing Address 385 GREEN HILL RD

City State Zip Code
 LONGMEADOW MA 01106-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BABSON CAPITAL MANAGEMENT LLC

Occupation
 MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790296043644

Amount of Each Receipt this Period

53.90

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

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

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

103.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MATTHEW P NATCHARIAN

Mailing Address 3 RIDGEBURY RD

City
AVONState
CTZip Code
06001-3825FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2235.68

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790301443644

Amount of Each Receipt this Period

264.44

P/R Deduction (\$132.22 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL H GATELY

Mailing Address 134 FAIRVIEW TER

City

S GLASTONBURY

State

CT

Zip Code

06073-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790304943644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL E DUBOIS

Mailing Address 76 CLEARBROOK DR

City

SPRINGFIELD

State

MA

Zip Code

01118-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SECOND VP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790313343644

Amount of Each Receipt this Period

30.76

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

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

372.12

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL L KLOFAS

Mailing Address 64 WINDHAM DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790314043644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL E ZAMMITTI

Mailing Address 57 VIRGINIA RAIL DR

City

MARLBOROUGH

State

CT

Zip Code

06447-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790314743644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. NEIL E DRZEWIECKI

Mailing Address 29 POND LN

City

EAST GRANBY

State

CT

Zip Code

06026-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790319643644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

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

127.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<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

Full Name (Last, First, Middle Initial)

A. MS. PAMELA M BEALS

Mailing Address 20 WISHING WELL WAY

City

W SPRINGFIELD

State

MA

Zip Code

01089-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & CHIEF LIFE UNDERWRIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790320443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. PAMELA J DELANEY

Mailing Address 72 HILLCREST RD

City

WINDSOR

State

CT

Zip Code

06095-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - RISK & ANALYTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790320643644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. PHILLIP J PRESTON

Mailing Address 63 WRIGHT ST

City

AGAWAM

State

MA

Zip Code

01001-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790330743644

Amount of Each Receipt this Period

30.76

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

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126.92

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PAUL GRIBBONS

Mailing Address 8 CRESTLAN DR

City

WORCESTER

State

MA

Zip Code

01604-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - DI PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790331843644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. PETER G FERRIS

Mailing Address 393 PINEWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.72

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790332943644

Amount of Each Receipt this Period

23.06

P/R Deduction (\$11.53 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. PETER C VANBEAVER

Mailing Address 8 VICTORIA LN

City

WILBRAHAM

State

MA

Zip Code

01095-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ILLUSTRATION ACTUAF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790333143644

Amount of Each Receipt this Period

30.76

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

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

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73.04

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT CASALE

Mailing Address 30 THISTLE LN

City
BRISTOL

State
CT

Zip Code
06010-8057

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP & CHIEF INFORMATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790342243644

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

B. MS. RHAEE A KENNEDY

Mailing Address 322 OLD FARM RD

City
SPRINGFIELD

State
MA

Zip Code
01119-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - INVESTMENT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790351843644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

C. MR. RICHARD P BARNHART

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP, ACCTG STANDARDS & IND RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790352043644

Amount of Each Receipt this Period

53.90

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

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

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

515.42

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RICHARD D BOURGEOIS

Mailing Address 11 ECHO HILL RD

City
WILBRAHAM

State Zip Code
MA 01095-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SENIOR VICE PRESIDENT - TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790352243644

Amount of Each Receipt this Period

153.90

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

Full Name (Last, First, Middle Initial)

B. MR. RICHARD F BUCKLEY Jr.

Mailing Address 1 CEDAR RDG

City
SOUTH HADLEY

State Zip Code
MA 01075-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790352343644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. ROBERT J BRODERICK

Mailing Address 62 ACADEMY DR

City
LONGMEADOW

State Zip Code
MA 01106-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790353143644

Amount of Each Receipt this Period

53.84

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

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

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

261.58

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT G LABUN

Mailing Address 84 WILDFLOWER CIR

City
WESTFIELD

State
MA

Zip Code
01085-4590

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT, INVESTMENT ACCOUNTI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790354543644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. MR. ROBERT E MAHONEY

Mailing Address 44 LESLIE ST

City
WINDSOR LOCKS

State
CT

Zip Code
06096-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790354843644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. ROBERT S ROSENTHAL

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
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VP & ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790355443644

Amount of Each Receipt this Period

115.40

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

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

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

212.32

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROGER W CRANDALL

Mailing Address 165 CONVERSE ST APT 13

City
LONGMEADOW

State Zip Code
MA 01106-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
CHAIRMAN PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790355943644

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)

B. MS. SUSAN A MOORE

Mailing Address 70 BROOKS RD

City
LONGMEADOW

State Zip Code
MA 01106-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790370143644

Amount of Each Receipt this Period

269.24

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

Full Name (Last, First, Middle Initial)

C. MR. THOMAS P CURRAN

Mailing Address 105 MUNSING RDG

City
GRANBY

State Zip Code
MA 01033-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
COMPLIANCE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790377643644

Amount of Each Receipt this Period

19.46

P/R Deduction (\$9.73 Bi-Weekly)

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

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

673.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. TIMOTHY C. FLANAGAN Jr.

Mailing Address 608 BELLE MEADE CT

City
WAXHAWState
NCZip Code
28173-7159FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790380343644

Amount of Each Receipt this Period

208.35

P/R Deduction (\$208.35 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. TIMOTHY J MORAN

Mailing Address 640 WESTFORD RD

City
ASHFORDState
CTZip Code
06278-2416FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SERVICE MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790380643644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. VICTOR WOOLRIDGE

Mailing Address 146 LONGHILL ST

City
SPRINGFIELDState
MAZip Code
01108-1438FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790387643644

Amount of Each Receipt this Period

53.84

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

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

281.41

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFREY C. DOLLARHIDE

Mailing Address 9646 E LAUREL LN

City

SCOTTSDALE

State

AZ

Zip Code

85260-5956

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790394943644

Amount of Each Receipt this Period

416.67

P/R Deduction (\$416.67 Monthly)

Full Name (Last, First, Middle Initial)

B. T RAY PHILLIPS

Mailing Address 6202 N SHERMAN DR

City

INDIANAPOLIS

State

IN

Zip Code

46220-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790396743644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. WILLIAM D. FRANKLIN

Mailing Address 5611 ENDERLY RD

City

BALTIMORE

State

MD

Zip Code

21212-2958

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790396843644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

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

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

469.79

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. KEN C. KOWALSKI

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790397443644

Amount of Each Receipt this Period

55.00

P/R Deduction (\$27.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. WAYNE Y. TANAKA

Mailing Address 565 ALIHI PL

City

KAILUA

State

HI

Zip Code

96734-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790398843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRIAN W. MARTIN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

909.77

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790404143644

Amount of Each Receipt this Period

90.28

P/R Deduction (\$45.14 Semi-Monthly)

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

174.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. HENRY A. ECHEVERRIA

Mailing Address 34 BOUVANT DR

City

PRINCETON

State

NJ

Zip Code

08540-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR790412043644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. BRIAN W. O SULLIVAN

Mailing Address 130 SCHOOL ST

City

MARSHFIELD

State

MA

Zip Code

02050-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR790416143644

Amount of Each Receipt this Period

41.70

P/R Deduction (\$41.70 Monthly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHE E. COLLIER

Mailing Address 7162 REGIMENT DR

City

CINCINNATI

State

OH

Zip Code

45244-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

Transaction ID : PR790419043644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

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

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

94.82

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

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

FOR LINE NUMBER:
(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. BENJAMIN M. MUIRHEAD

Mailing Address 600 POST OAK RD

City
GORDON

State
TX

Zip Code
76453-3894

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790420743644

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

B. STEPHEN G. DEBACKER

Mailing Address PO BOX 226

City

PREEMPTION

State

IL

Zip Code

61276-0226

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790425343644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

C. SCOTT M. SUNDET

Mailing Address 14316 CLEARVIEW LN

City

URBANDALE

State

IA

Zip Code

50323-2083

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.56

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790425443644

Amount of Each Receipt this Period

92.10

P/R Deduction (\$46.05 Semi-Monthly)

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

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

230.45

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

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK A. KARCHER

Mailing Address 6125 WESTMOOR RD

City

BLOOMFIELD

State

MI

Zip Code

48301-1356

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790427443644

Amount of Each Receipt this Period

75.00

P/R Deduction (\$37.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DEAN S. CADY

Mailing Address 3554 JOSEPHINE LN

City

MASON

State

MI

Zip Code

48854-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790427543644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. LISA L. RAPFOGEL OSTROFF

Mailing Address 6908 WINTERWOOD LN

City

DALLAS

State

TX

Zip Code

75248-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790431243644

Amount of Each Receipt this Period

60.00

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

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

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

162.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRIAN R. LOGAN

Mailing Address 1787 WINTERHAVEN DR

City State Zip Code
 MECHANICSBURG PA 17055-5192

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790437043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PAUL J. MARIANO

Mailing Address PO BOX 554

City State Zip Code
 SOUTHBURY CT 06488-0554

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790438043644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. JONATHAN S. DAVIS

Mailing Address 7 OVERLOOK RD

City State Zip Code
 WESTPORT CT 06880-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790448743644

Amount of Each Receipt this Period

94.20

P/R Deduction (\$47.10 Semi-Monthly)

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

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

219.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEFAN E. GREENBERG

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

545.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790448843644

Amount of Each Receipt this Period

54.16

P/R Deduction (\$27.08 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT J. SEGALL

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

902.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790450343644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRETT M. GARBUT

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790451343644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

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

199.96

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. STEVEN R. SEROTTE

Mailing Address 1041 ERICA RD

City

MILL VALLEY

State

CA

Zip Code

94941-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790451643644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PETER J. LEBLANC

Mailing Address 150 CARONDELET PLZ

City

SAINT LOUIS

State

MO

Zip Code

63105-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790454343644

Amount of Each Receipt this Period

22.54

P/R Deduction (\$11.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. WAYNE J. DENNEN

Mailing Address 2302 VISTA MOORA AVE

City

CHINO HILLS

State

CA

Zip Code

91709-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790459143644

Amount of Each Receipt this Period

60.00

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

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

179.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS S. MAPLES

Mailing Address 10918 UTICA AVE

City

LUBBOCK

State

TX

Zip Code

79424-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790462643644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. T J SHAUGHNESSY

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.37

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790463043644

Amount of Each Receipt this Period

93.60

P/R Deduction (\$46.80 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JEFFREY W. KAMMERAAD

Mailing Address 2978 BROOKWIND DR

City

HOLLAND

State

MI

Zip Code

49424-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.75

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790466543644

Amount of Each Receipt this Period

32.30

P/R Deduction (\$16.15 Semi-Monthly)

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

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

150.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT M. CORNETT

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.32

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790467743644

Amount of Each Receipt this Period

77.76

P/R Deduction (\$38.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JERRY D. VESSELL

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

899.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790470143644

Amount of Each Receipt this Period

100.56

P/R Deduction (\$50.28 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ROBERT C. HERDLER

Mailing Address 222 W GLENDALE RD

City

WEBSTER GROVES

State

MO

Zip Code

63119-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790508843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

207.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. KAREN R. OFFERDAHL

Mailing Address 1122 ELM ST APT 503

City
HONOLULU

State
HI

Zip Code
96814-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790519143644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT K. MCGEE

Mailing Address 115 W LANIER DR

City
HARTSVILLE

State
SC

Zip Code
29550-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.55

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790521043644

Amount of Each Receipt this Period

16.15

P/R Deduction (\$16.15 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ALBERTO GUTIERREZ

Mailing Address PO BOX 431621

City
MIAMI

State
FL

Zip Code
33243-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790522243644

Amount of Each Receipt this Period

128.56

P/R Deduction (\$64.28 Semi-Monthly)

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

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

182.21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. WALTER W. WOLAK

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790525743644

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

Full Name (Last, First, Middle Initial)

B. ROBERT L. BELVEDERE

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790530243644

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

C. LAURA E. RILEY

Mailing Address 247 COUNTY ROAD 537

City

COLTS NECK

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR790530943644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

321.16

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JAMES S VIOLA

Mailing Address 208 N FARMS RD

City
FLORENCE

State Zip Code
MA 01062-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790543943644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. THOMAS D. O GRADY

Mailing Address 11301 SILVERSTONE DR

City
MECHANICSVILLE

State Zip Code
VA 23116-5877

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790544243644

Amount of Each Receipt this Period

60.42

P/R Deduction (\$30.21 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. THOMAS G DUDECK

Mailing Address 17 WINTERBERRY RD

City
DEEP RIVER

State Zip Code
CT 06417-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790544543644

Amount of Each Receipt this Period

115.38

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

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

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

206.56

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY R HUG

Mailing Address 4 WHITCOMB DR

City

SIMSBURY

State

CT

Zip Code

06070-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - EXECUTIVE BENEFITS RESEARCH/SUI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790545143644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MR. JONATHAN R GRAY

Mailing Address 152 MORNINGSDR

City

LONGMEADOW

State

MA

Zip Code

01106-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790545443644

Amount of Each Receipt this Period

50.98

P/R Deduction (\$25.49 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. RAYMOND P MUISE

Mailing Address 2242 BAPTIST HILL RD

City

PALMER

State

MA

Zip Code

01069-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790557843644

Amount of Each Receipt this Period

23.08

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

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

127.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. DONALD M TOWSE

Mailing Address 84 JANUARY HILL RD

 City
 AMHERST

 State
 MA

 Zip Code
 01002-9609

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 MASSACHUSETTS MUTUAL LIFE INS.

 Occupation
 AVP INFORMATION RISK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790568443644

Amount of Each Receipt this Period

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. DEAN DULCHINOS

Mailing Address 20 ABBEY LN

 City
 E LONGMEADOW

 State
 MA

 Zip Code
 01028-3206

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 CORNERSTONE RE ADVISERS LLC

 Occupation
 VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790568543644

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)

C. MR. DAVID L MOOREFIELD

Mailing Address 3 MALDEN ST

 City
 WEST BOYLSTON

 State
 MA

 Zip Code
 01583-1018

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 MASSACHUSETTS MUTUAL LIFE INS.

 Occupation
 AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR790569143644

Amount of Each Receipt this Period

P/R Deduction (\$9.61 Bi-Weekly)

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 270
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KATHLEEN E BARRETT

Mailing Address 113 TAYLOR ST

City

GRANBY

State

MA

Zip Code

01033-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP CHANGE LEADER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790571243644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. PATRICK F OLEARCEK

Mailing Address 321 MUNGER HILL RD

City

WESTFIELD

State

MA

Zip Code

01085-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP ADVANCED MARKETS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790573143644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. KERRY HURLEY

Mailing Address 29 LYNNWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

Transaction ID : PR790576343644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

57.78

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 180 OF 270

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KAREN W HART

Mailing Address 45 HAWTHORNE ST

City
LONGMEADOW

State Zip Code
MA 01106-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP CONTINUOUS IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790577043644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. KEVIN VI DEGRAY

Mailing Address 8 BROOK PASTURE LN

City
GRANBY

State Zip Code
CT 06035-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP AGENCY FOCUS TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1066.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790577843644

Amount of Each Receipt this Period

88.90

P/R Deduction (\$44.45 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. KATHLEEN L KRAEZ

Mailing Address 111 ASHFORD RD

City
LONGMEADOW

State Zip Code
MA 01106-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790579443644

Amount of Each Receipt this Period

53.84

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

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

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

161.98

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 181 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MS. ELIZABETH T SALVADOR

Mailing Address 77 SUSAN DR

 City
 LUDLOW

 State
 MA

 Zip Code
 01056-3372

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP MASSMUTUAL WAY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790579543644

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)

B. MR. RICHARD CARTIER

Mailing Address 34 OLD FARM RD

City

PALMER

State

MA

Zip Code

01069-2241

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP CLIENT RELATIONSHIP MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790581943644

Amount of Each Receipt this Period

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. DOUGLAS M TREVALLION II

Mailing Address 30 COVENTRY LN

City

AGAWAM

State

MA

Zip Code

01001-3569

 FEC ID number of contributing
 federal political committee.

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790590343644

Amount of Each Receipt this Period

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

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 182 OF 270
 (check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROGER M ROBERGE

Mailing Address 14 ROCKINGHAM CIR

City	State	Zip Code
EAST LONGMEADOW	MA	01028-3197

FEC ID number of contributing federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790594543644

Amount of Each Receipt this Period

76.92

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

Full Name (Last, First, Middle Initial)

B. MR. ROBERT M SHETTLE

Mailing Address 65 KELSEY LN

City	State	Zip Code
GLASTONBURY	CT	06033-5040

FEC ID number of contributing federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790597143644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. EDWARD G NEWTON

Mailing Address 67 RUMFORD ST

City	State	Zip Code
WEST HARTFORD	CT	06107-3754

FEC ID number of contributing federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790600143644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

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

134.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 270
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GEORGE F RATHBUN II

Mailing Address 127 TUNXIS ST

City

WINDSOR

State

CT

Zip Code

06095-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - LIFE STRATEGIC SYSTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790604443644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. MR. JAMES O LACEY

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790616243644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

C. MR. CRAIG HAASE

Mailing Address 1 STONEHENGE DR

City

SIMSBURY

State

CT

Zip Code

06070-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - RELATIONSHIP MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790623343644

Amount of Each Receipt this Period

30.76

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

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

115.36

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. JEROME J SPELTZ

Mailing Address 12 ROCK LN

City

GUILFORD

State

CT

Zip Code

06437-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790626243644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. GREG A. HARVEY

Mailing Address 15521 KESSLER ST

City

OVERLAND PARK

State

KS

Zip Code

66221-9333

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790632943644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID ROMANO

Mailing Address 128 RIMFIELD DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790636743644

Amount of Each Receipt this Period

30.76

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

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

111.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MR. THOMAS P SHEA

Mailing Address 81 GREENMEADOW DR

City
LONGMEADOWState
MAZip Code
01106-2305FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790640643644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. STEFANO MARTINI

Mailing Address 18 CLAY CREEK DR

City
SUFFIELDState
CTZip Code
06078-1247FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - USIG SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790649243644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. BRUCE CLEARE

Mailing Address 207 CHESTNUT PLAIN RD

City
WHATELYState
MAZip Code
01093-9701FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790649643644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

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

58.48

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: PAGE 186 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROLAND P FAWTHROP

Mailing Address 51 HORSESHOE LN

City
SOMERS

State Zip Code
CT 06071-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SECOND VP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790658243644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MR. RAKESH BHARDWAJ

Mailing Address 96 HORIZON LN

City
GLASTONBURY

State Zip Code
CT 06033-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SECOND VP - SALES SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790661343644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. JEFFREY A MORIN

Mailing Address 131 CANTERBURY CIR

City
E LONGMEADOW

State Zip Code
MA 01028-5710

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790661643644

Amount of Each Receipt this Period

23.08

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

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

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

107.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 187 OF 270
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. MICHELE M WHITE

Mailing Address 11691 E CAVEDALE DR

City

SCOTTSDALE

State

AZ

Zip Code

85262-8006

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - POLICYHOLDER SERVIC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790665643644

Amount of Each Receipt this Period

77.00

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

Full Name (Last, First, Middle Initial)

B. MR. JAMES B MOCKLER

Mailing Address 97 SCHOOL ST

City

NORTHFIELD

State

MA

Zip Code

01360-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

CHANGE MANAGEMENT CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.60

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790671843644

Amount of Each Receipt this Period

35.30

P/R Deduction (\$17.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. TODD M GISH

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - GIC OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790677143644

Amount of Each Receipt this Period

76.92

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

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

189.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 270
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SHEFALI DESAI

Mailing Address 24 MEADOWLARK DR

City	State	Zip Code
E LONGMEADOW	MA	01028-3172

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
MASSACHUSETTS MUTUAL LIFE INS.	VP - SALES ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790683143644

Amount of Each Receipt this Period

22.24

P/R Deduction (\$11.12 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN N. BYERS

Mailing Address 3680 JACOBS MILL RD

City	State	Zip Code
LONG LAKE	MN	55356-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
SELF	INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1359.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790684843644

Amount of Each Receipt this Period

140.42

P/R Deduction (\$70.21 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JASON M. TETHER

Mailing Address 1029 E FAIRVIEW LN

City	State	Zip Code
ROCHESTER HILLS	MI	48306-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
SELF	INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR790687343644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

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

211.24

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)

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<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

Full Name (Last, First, Middle Initial)

A. DANIEL F. MCCARTHY

Mailing Address 22 CORTLAND DR

City

TOLLAND

State

CT

Zip Code

06084-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR790691043644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID S. FEHRS

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2267.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR790708643644

Amount of Each Receipt this Period

232.36

P/R Deduction (\$116.18 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ALLEN W. CARR

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : PR790708843644

Amount of Each Receipt this Period

90.94

P/R Deduction (\$45.47 Semi-Monthly)

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

350.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. EDWARD I. WIGHT

Mailing Address 804 KATESFORD RD

City
COCKEYSVILLE

State Zip Code
MD 21030-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790710943644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. EDMOND H. JOHNSON

Mailing Address 617 DALE DR

City
VIRGINIA BCH

State Zip Code
VA 23452-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790712743644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRIAN E. CODE

Mailing Address 10029 ORANGE GROVE DR

City
TAMPA

State Zip Code
FL 33618-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790721043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

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

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

153.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MICHAEL T. WAHL

Mailing Address 4 TODMORDEN LN

City
ROSE VALLEYState
PA Zip Code
19086-6729FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790723343644

Amount of Each Receipt this Period

72.74

P/R Deduction (\$36.37 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PAUL R. GULLICKSON

Mailing Address 2535 FAIRWAY CT

City
BETTENDORFState
IA Zip Code
52722-6206FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790728043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. ADAM A. SOLANO

Mailing Address 12 LIGHTHOUSE LN

City
THIRD LAKEState
IL Zip Code
60030-2638FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR790729343644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

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

156.44

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. KENNETH C. THOMALLA

Mailing Address 122 FOREST EDGE CT

City

PALOS PARK

State

IL

Zip Code

60464-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2257.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790731143644

Amount of Each Receipt this Period

243.06

P/R Deduction (\$121.53 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. LARRY W. FOSTER

Mailing Address 45 LAKE PT

City

DECATUR

State

IL

Zip Code

62521-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790731943644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JACK E. BLETSTEIN

Mailing Address 7546 GREENWAY LN

City

WEST BLOOMFIELD

State

MI

Zip Code

48324-4796

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790734143644

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Semi-Monthly)

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

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

311.82

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONOVAN D. PFAFF

Mailing Address 1101 RED TAIL DR

City
VERONAState
WIZip Code
53593-7961FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790735743644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JOHN C. PRATHER

Mailing Address 87 CHERRY RD

City
MEMPHISState
TNZip Code
38117-3101FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790749643644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. LILBURN H. OWENS

Mailing Address 734 HIGHLAND CIR

City
TUPELOState
MSZip Code
38804-2006FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.69

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR790766343644

Amount of Each Receipt this Period

46.78

P/R Deduction (\$46.77 Semi-Monthly)

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

100.94

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SYLENA G ECHEVARRIA

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790779943644

Amount of Each Receipt this Period

38.50

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

Full Name (Last, First, Middle Initial)

B. MS. VANESSA B MORIN

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP STRATEGIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.48

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790790343644

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. GRETA A ZIELINSKI

Mailing Address 894 BERNIE AVE

City

W SPRINGFIELD

State

MA

Zip Code

01089-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

TAX DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790804643644

Amount of Each Receipt this Period

30.76

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

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

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

130.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. MOISES X AFONSO

Mailing Address 82 RESERVOIR RD

City
LUDLOWState
MAZip Code
01056-1693FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790806043644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM F DOUGHERTY

Mailing Address 255 BOARDMAN LN

City

MIDDLETOWN

State

CT

Zip Code

06457-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP STRATEGIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790807943644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. DONALD G CARTEN

Mailing Address 654 MOUNTAIN RD

City

CHESHIRE

State

CT

Zip Code

06410-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - IT SERVICE MANAGEME

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790808243644

Amount of Each Receipt this Period

53.84

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

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

92.32

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. NORMAN A SMITH

Mailing Address 32 LAUREL ST

City
LONGMEADOWState
MAZip Code
01106-1124FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR VICE PRESIDENT - MM TECH FINA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790808643644

Amount of Each Receipt this Period

115.38

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

Full Name (Last, First, Middle Initial)

B. MR. DAVID S ALLEN

Mailing Address 8 WINHALL LN

City
HARTFORDState
CTZip Code
06105-1000FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP - DGC DISPUTE RESOLUTION & LEGAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790809743644

Amount of Each Receipt this Period

115.40

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

Full Name (Last, First, Middle Initial)

C. MR. SCOTT PICCONE

Mailing Address 33 TROTWOOD DR

City
WEST HARTFORDState
CTZip Code
06117-1644FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR790815843644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

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

269.24

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
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEPHEN J. KENDE

Mailing Address 41 HAMILTON ST

City

PLATTSBURGH

State

NY

Zip Code

12901-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790846743644

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID A. BRACKENBURY

Mailing Address 3236 GREEN MEADOW DR

City

BETHLEHEM

State

PA

Zip Code

18017-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790933843644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

C. GARY B. WOOLMAN

Mailing Address 10523 INDIAN RIDGE DR

City

FORT WAYNE

State

IN

Zip Code

46814-9090

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR790998643644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

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

144.81

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

SCHEDULE A (FEC Form 3X)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMY R. RYDER

Mailing Address 3260 COX RD

City
LOUISVILLE

State Zip Code
TN 37777-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.22

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791040043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MARY J. SCHROEDER

Mailing Address 1518 OLIVE LN

City
LA CANADA FLT

State Zip Code
CA 91011-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791115943644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID L NAGLE

Mailing Address 7 HIGH MEADOW CIR

City
E LONGMEADOW

State Zip Code
MA 01028-3171

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791148443644

Amount of Each Receipt this Period

30.76

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

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

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

118.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SUSAN M CASINEAU

Mailing Address 3 FERNWOOD DR

City
WILBRAHAMState
MAZip Code
01095-1503FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP PROJECT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791152543644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. JAMES J O'SHAUGHNESSY

Mailing Address 591 MAIN ST

City
CONCORDState
MAZip Code
01742-3303FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791165943644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MATTISON A. DILTS

Mailing Address 8025 LAKE SHORE DR

City
GARYState
INZip Code
46403-1339FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791177443644

Amount of Each Receipt this Period

34.00

P/R Deduction (\$17.00 Semi-Monthly)

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

91.70

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. THOMAS E. SHAUGHNESSY

Mailing Address 355 LINDSTROM LN

City

MANCHESTER

State

NH

Zip Code

03104-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

902.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791185143644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MATTHEW W. BENSON

Mailing Address 368 LAKEMONT CIR

City

FRANKLIN

State

TN

Zip Code

37067-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791188543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. STEPHEN K. COLLINS

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2291.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791191543644

Amount of Each Receipt this Period

208.35

P/R Deduction (\$208.35 Monthly)

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

330.57

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

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DOUGLAS W TAYLOR

Mailing Address 12 ERSKINE DR

City
LONGMEADOW

State Zip Code
MA 01106-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & APPOINTED ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791193743644

Amount of Each Receipt this Period

53.84

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

Full Name (Last, First, Middle Initial)

B. MR. ROBERT C WATERMAN

Mailing Address 5 DRURY LN

City
LONGMEADOW

State Zip Code
MA 01106-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.72

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791195543644

Amount of Each Receipt this Period

35.56

P/R Deduction (\$17.78 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID HARDY

Mailing Address 12146 GLEN GARY CIR

City
RICHMOND

State Zip Code
VA 23233-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP AGENCY FOCUS TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791199943644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

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

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

108.62

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT FEINGOLD

Mailing Address 29 WINTERSET LN

City

SIMSBURY

State

CT

Zip Code

06070-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791201043644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. ANDREW M GOLDBERG

Mailing Address 172 CAPTAIN RD

City

LONGMEADOW

State

MA

Zip Code

01106-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791207043644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. ADAM GOETZ

Mailing Address 604 QUINCY LN

City

WEXFORD

State

PA

Zip Code

15090-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791213143644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

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

98.56

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

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRUCE A. DEBOER

Mailing Address 6839 RIDGEWOOD TRL

City State Zip Code
 TOLEDO OH 43617-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.94

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791215843644

Amount of Each Receipt this Period

123.08

P/R Deduction (\$61.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DARREN J. WRIGHT

Mailing Address 6020 E CALLE DEL MEDIA

City State Zip Code
 SCOTTSDALE AZ 85251-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791221243644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL J STCLAIR

Mailing Address 27 E RED BRIDGE LN

City State Zip Code
 SOUTH HADLEY MA 01075-2287

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - SALES & DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791235443644

Amount of Each Receipt this Period

77.00

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

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

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

297.30

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW A. CLAYSON

Mailing Address 167 TOWER AVE

City

NEEDHAM HEIGHTS

State

MA

Zip Code

02494-1945

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791248943644

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

B. JULIA L. BIRD

Mailing Address 2273 E CONTINENTAL BLVD

City

SOUTHLAKE

State

TX

Zip Code

76092-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.14

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791255843644

Amount of Each Receipt this Period

244.20

P/R Deduction (\$122.10 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. PAUL BACON

Mailing Address 11 RAVINE CIR

City

WESTFIELD

State

MA

Zip Code

01085-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & CHIEF UNDERWRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791276843644

Amount of Each Receipt this Period

76.92

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

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

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

381.12

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

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. TERRENCE MILKA

Mailing Address 10 WOODS LN

City

SIMSBURY

State

CT

Zip Code

06070-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL TRUST COMPANY

Occupation

SECOND VP TRUST COMPANY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791279343644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. MR. CHRISTOPHER P DOWD

Mailing Address 35 SUNSET TER

City

WEST HARTFORD

State

CT

Zip Code

06107-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791281143644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GREG P. WOOD

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791295743644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

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

166.44

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. PAULA M TREMBLAY

Mailing Address 158 PINE HILL RD

City
TOLLAND

State Zip Code
CT 06084-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791303143644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

B. MR. PATRICK COYNE

Mailing Address 20 S RIDGE RD

City
HAMPDEN

State Zip Code
MA 01036-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
SECOND VP - ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791303543644

Amount of Each Receipt this Period

30.76

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

Full Name (Last, First, Middle Initial)

C. MR. KEVIN LACOMB

Mailing Address 39 CHRISTIAN HILL RD

City
HIGGANUM

State Zip Code
CT 06441-4031

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
VP, TAX PLANNING AND STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791326643644

Amount of Each Receipt this Period

55.56

P/R Deduction (\$27.78 Bi-Weekly)

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

117.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. NICOLE EI MARKS

Mailing Address 40 CIDER MILL HTS

City	State	Zip Code
NORTH GRANBY	CT	06060-1430

FEC ID number of contributing federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP TRAINING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.60

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791327143644

Amount of Each Receipt this Period

30.80

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

Full Name (Last, First, Middle Initial)

B. MS. CHRISTINA A CASIELLO

Mailing Address 63 HILLSIDE DR

City	State	Zip Code
E LONGMEADOW	MA	01028-2505

FEC ID number of contributing federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

CLAIM DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791327343644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. AUDREY MEYERLAMPERT

Mailing Address 120 LOOMIS ST

City	State	Zip Code
NORTH GRANBY	CT	06060-1202

FEC ID number of contributing federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791334843644

Amount of Each Receipt this Period

76.92

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

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

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

126.94

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

Use separate schedule(s)
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(check only one)

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

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN H. HASLAM

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791343043644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ELIZABETH W CHICARES

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP - CHIEF ENT RISK OFF & CHIEF ACTUA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.84

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791351743644

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. PAUL F RANNENBERG

Mailing Address 53 JANELLE DR

City

AGAWAM

State

MA

Zip Code

01001-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

IT CUSTOMER SVC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791362843644

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

323.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. CHRISTOPHER DEFRANCIS

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

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1331.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791365043644

Amount of Each Receipt this Period

168.14

P/R Deduction (\$84.07 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL T ROLLINGS

Mailing Address 5 DURHAM RD

City

LONGMEADOW

State

MA

Zip Code

01106-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP & CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791365843644

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MATTHEW D. HUTCHESON

Mailing Address 903 WILSON BLVD

City

NASHVILLE

State

TN

Zip Code

37215-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791374743644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

602.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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<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

Full Name (Last, First, Middle Initial)

A. NATHAN G. BRINKMAN

Mailing Address 9217 EAGLEWOOD DR

 City
 VERONA

 State
 WI

 Zip Code
 53593-7803

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791379543644

Amount of Each Receipt this Period

38.24

P/R Deduction (\$19.12 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. FRANCINE L REIPOLD

Mailing Address 98 SHORELINE DR

 City
 WARE

 State
 MA

 Zip Code
 01082-9513

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791383043644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. CHRISTINE M GENDRON

Mailing Address 70 MURIEL LN

 City
 FEEDING HILLS

 State
 MA

 Zip Code
 01030-2638

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791388943644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

77.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILLIAM F. BALINT

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.95

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791395243644

Amount of Each Receipt this Period

109.10

P/R Deduction (\$34.16 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. RYAN M. HILL

Mailing Address 1426 AUTUMNMIST DR

City

ALLEN

State

TX

Zip Code

75002-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791411643644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. HOLLY B. CARROCCIO

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791411743644

Amount of Each Receipt this Period

62.50

P/R Deduction (\$31.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JAMES M. WEHR

Mailing Address 17485 FRANCIS FARM PL

City
HAMILTON

State Zip Code
VA 20158-3461

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791423743644

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DANIEL G. ROETHER

Mailing Address 7015 N 23RD PL

City
PHOENIX

State Zip Code
AZ 85020-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791435143644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. RICHARD W. ROMAN

Mailing Address 594 FAIRWAY DR

City
NOVATO

State Zip Code
CA 94949-5837

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791435243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

179.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SUSAN BEAUDIN

Mailing Address 1 SPRINGFIELD ST APT 230

City State Zip Code
CHICOPEE MA 01013-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP BUSINESS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791510443644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. RUSSELL D MORRISON

Mailing Address 5419 GORHAM DR

City State Zip Code
CHARLOTTE NC 28226-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791511143644

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. CHIN-JUNG V YANG

Mailing Address 18524 ROLLINGDALE LN

City State Zip Code
DAVIDSON NC 28036-7862

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791511543644

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMAS M FINKE

Mailing Address 4920 HARDISON RD

City
CHARLOTTE

State Zip Code
NC 28226-6418

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791511943644

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. MARK GALLOP

Mailing Address 157 FAIRWAY XING

City
GLASTONBURY

State Zip Code
CT 06033-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL INTERNATIONAL

Occupation

SENIOR MANAGING DIRECTOR - MMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.24

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791513743644

Amount of Each Receipt this Period

105.28

P/R Deduction (\$52.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN S. DAMERON

Mailing Address 6559 CROSS FIELD LN

City
CHARLOTTE

State Zip Code
NC 28226-7582

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791531143644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

519.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MS. KAREN WATERMAN

Mailing Address 5 DRURY LN

 City
 LONGMEADOW

 State
 MA

 Zip Code
 01106-3209

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

STRATEGIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR791541043644

Amount of Each Receipt this Period

P/R Deduction (\$11.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. GARY MURTAGH

Mailing Address 5609 LANDS END CT

 City
 WILMINGTON

 State
 NC

 Zip Code
 28409-2377

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR791542643644

Amount of Each Receipt this Period

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. NICHOLAS FYNTRILAKIS

Mailing Address 5 RIDGE RD

 City
 HAMPDEN

 State
 MA

 Zip Code
 01036-9518

 FEC ID number of contributing
 federal political committee.

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - COMMUNITY RESPONSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : PR791550243644

Amount of Each Receipt this Period

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CHERIE A COSTA

Mailing Address 467 SOUTHWEST ST

City

FEEDING HILLS

State

MA

Zip Code

01030-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

MARKETING CONSULTANT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791589043644

Amount of Each Receipt this Period

23.10

P/R Deduction (\$11.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. PAUL THOMPSON

Mailing Address 354 YACHT RD

City

MOORESVILLE

State

NC

Zip Code

28117-6682

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1318.60

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791591443644

Amount of Each Receipt this Period

181.50

P/R Deduction (\$90.75 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. RICHARD GOLDSTEIN

Mailing Address 197 LYNNWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - BENEFITS

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791591643644

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

281.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. PAUL A. BAVARO

Mailing Address 6022 LAS COLINAS CIR

City

LAKE WORTH

State

FL

Zip Code

33463-6560

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791594043644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. CAMILLE V SIMPSON

Mailing Address 621 MCKENZIE AVE UNIT 101

City

ALEXANDRIA

State

VA

Zip Code

22301-1189

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791608143644

Amount of Each Receipt this Period

38.50

P/R Deduction (\$19.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOEL W. SAPERSTEIN

Mailing Address 708 WINDSWEPT LN

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

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
11				30				2015					

Transaction ID : PR791610243644

Amount of Each Receipt this Period

75.00

P/R Deduction (\$37.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

163.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. DENNIS MILES

Mailing Address 25 TIMBER RIDGE RD

City

W SPRINGFIELD

State

MA

Zip Code

01089-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - CLIENT MANAGEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791623343644

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. LAWRENCE BOUDREAU

Mailing Address 39 RIVERVIEW DR

City

SUFFIELD

State

CT

Zip Code

06078-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791623443644

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DONOVAN C. FIKES

Mailing Address 25519 WILLARD PATH

City

SAN ANTONIO

State

TX

Zip Code

78261-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.43

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791766443644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

162.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 270

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. GWENDOLYN FERRARI

Mailing Address 1511 CANYON RIDGE DR

City

BROAD BROOK

State

CT

Zip Code

06016-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791776443644

Amount of Each Receipt this Period

19.22

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. MARY S BLOCK

Mailing Address 67 PERSHING RD

City

WINDSOR LOCKS

State

CT

Zip Code

06096-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP & ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791784443644

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. ROBERT ERWIN

Mailing Address 185 COVENTRY LN

City

LONGMEADOW

State

MA

Zip Code

01106-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR791800243644

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

149.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM SILVANIC

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP WORKSITE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791800443644

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHANE TENNY

Mailing Address 8317 PRINCE GEORGE RD

City

CHARLOTTE

State

NC

Zip Code

28210-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791822943644

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. CHARLES V. COLLINS

Mailing Address 4193 OBAR DR

City

CHATTANOOGA

State

TN

Zip Code

37419-2180

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

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
11				30				2015					

Transaction ID : PR791823343644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

141.92

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: PAGE 221 OF 270
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE T. HOLEC

Mailing Address 2590 W RIDGE RD

City
GLADWIN

State Zip Code
MI 48624-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791825143644

Amount of Each Receipt this Period

27.08

P/R Deduction (\$13.54 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. STEVEN A. MILLER

Mailing Address 10797 EAGLE CREST LN

City
PARKER

State Zip Code
CO 80138-3070

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791864243644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MS. SHANNON GAMACHE

Mailing Address 57 LAUREL LN

City
COLUMBIA

State Zip Code
CT 06237-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : PR791870743644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

75.48

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: PAGE 222 OF 270

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JONGSIK KIM

Mailing Address 4536 WILSHIRE BLVD

City

LOS ANGELES

State

CA

Zip Code

90010-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791881843644

Amount of Each Receipt this Period

34.00

P/R Deduction (\$17.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. SHAWN R. KEANE

Mailing Address 256 7TH AVE

City

SWARTHMORE

State

PA

Zip Code

19081-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791888543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. KENNETH E. PHIPPS

Mailing Address 4850 NW COLUMBIA AVE

City

PORTLAND

State

OR

Zip Code

97229-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791896043644

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

149.00

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 223 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MS. DIANE LOPES

Mailing Address 11 LITTLE SORREL LN

 City
 SOMERS

 State
 CT

 Zip Code
 06071-2030

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - CONTINUOUS IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.80

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791902643644

Amount of Each Receipt this Period

53.90

P/R Deduction (\$26.95 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. THOMAS OSWALD

Mailing Address 665 CENTER ST UNIT 713

 City
 LUDLOW

 State
 MA

 Zip Code
 01056-1534

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SECOND VP - TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791903243644

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ERIC S. ABOWD

Mailing Address 40 CALLA LILY CT

 City
 RENO

 State
 NV

 Zip Code
 89511-6612

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : PR791913743644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

189.58

TOTAL This Period (last page this line number only)..... ►

189.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<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

Full Name (Last, First, Middle Initial)

A. LINDA L. WALLACE

Mailing Address 290 CORONA AVE

City

LONG BEACH

State

CA

Zip Code

90803-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791914543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. AMY DIAS

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - USIG BUS CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791926943644

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. FRANK F. BOWLING

Mailing Address 1013 DURHAM DR

City

GALLATIN

State

TN

Zip Code

37066-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791932943644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 270

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS H. KYLE

Mailing Address 407 W ALTA VISTA ST

City
SHERMANState
TXZip Code
75092-2626FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791934043644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DOUGLAS ENDORF

Mailing Address 27 STRAWBERRY FIELDS

City
GRANBYState
CTZip Code
06035-2927FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791938643644

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM F MONROEJR

Mailing Address 225 GENERAL HOBBS RD

City
JEFFERSONState
MAZip Code
01522-1565FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - MMLISI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR791969143644

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

159.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 270

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM JORDAN

Mailing Address 25 HARVEST HILL RD

City State Zip Code
WEST SIMSBURY CT 06092-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791969343644

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MS. MAUREEN MORRIS

Mailing Address 10 WOODLAND PL

City State Zip Code
LUDLOW MA 01056-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791969443644

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. FRANCES THOMAS

Mailing Address 1109 ROXBORO DR NE

City State Zip Code
ATLANTA GA 30324-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE INS.

Occupation
AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR791972243644

Amount of Each Receipt this Period

19.30

P/R Deduction (\$9.65 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 270

<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

Full Name (Last, First, Middle Initial)

A. ROMAN A. MATUSZ

Mailing Address 507 SEQUOIA DR

City

PITTSBURGH

State

PA

Zip Code

15236-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

682.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791985143644

Amount of Each Receipt this Period

132.10

P/R Deduction (\$66.05 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. RYAN L. DONAGHY

Mailing Address 2205 CHESTERFIELD AVE

City

CHARLOTTE

State

NC

Zip Code

28205-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR791987643644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. IAN HAWKINS

Mailing Address 36 PRESCOTT AVE

City

GLEN RIDGE

State

NJ

Zip Code

07028-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT LLC

Occupation

MANAGING DIR - RESEARCH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792000743644

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

210.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 270

<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

Full Name (Last, First, Middle Initial)

A. FRANKLIN D. BUTLER

Mailing Address 10290 SHAWNS GROVE PL

City

MECHANICSVILLE

State

VA

Zip Code

23116-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792022043644

Amount of Each Receipt this Period

23.34

P/R Deduction (\$11.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JAMES A. CONANT

Mailing Address 1120 UNIVERSITY DR NE

City

ATLANTA

State

GA

Zip Code

30306-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792024043644

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JANINE M. BOUCHARD

Mailing Address 34 L ST

City

HULL

State

MA

Zip Code

02045-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792053343644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

112.50

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: PAGE 229 OF 270
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. COLIN W. KIMPEL

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

541.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792055843644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. KEVIN B WATERMAN

Mailing Address 110 JOSEPH LN

City

SOUTH WINDSOR

State

CT

Zip Code

06074-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT & ACTUARY - HLTH PROC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792064143644

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JONATHAN HARTMAN

Mailing Address 14806 MCCORMICK ST

City

SHERMAN OAKS

State

CA

Zip Code

91411-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792074843644

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

130.77

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 270

<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

Full Name (Last, First, Middle Initial)

A. ASHISH M. CHOWDHRY

Mailing Address 20 NEWPORT PKWY

City

JERSEY CITY

State

NJ

Zip Code

07310-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792081843644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$12.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. GEORGE A. SNOOK

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792083343644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. WENDY L. SPINNER

Mailing Address 306 CHURCH ST

City

BOUND BROOK

State

NJ

Zip Code

08805-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792083543644

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

121.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. SEAN RHO

Mailing Address 1717 N VERDUGO RD

City
GLENDALE

State Zip Code
CA 91208-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.74

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792090443644

Amount of Each Receipt this Period

23.04

P/R Deduction (\$23.04 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MACARTHUR STARKS

Mailing Address 59 WRENWOOD ST

City
SPRINGFIELD

State Zip Code
MA 01119-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792096543644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$12.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JONATHAN D. LAU

Mailing Address 824 BENNAVILLE AVE

City
BIRMINGHAM

State Zip Code
MI 48009-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792101343644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 270

<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

Full Name (Last, First, Middle Initial)

A. MICHAEL DOMINGUE

Mailing Address 107 SHELBURNE CIR

City
LAFAYETTEState Zip Code
LA 70508-6440FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR792102843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL O'CONNOR

Mailing Address 41 BELLECLAIRE AVE

City
LONGMEADOWState Zip Code
MA 01106-1415FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SENIOR MANAGING DIRECTOR - MMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4736.40

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR792107743644

Amount of Each Receipt this Period

263.70

P/R Deduction (\$131.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. LENORE T MACWADE

Mailing Address 20 MOUNTAIN HILL RD

City
N GROSVENORDLState Zip Code
CT 06255-1603FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL INTERNATIONAL

Occupation

CHANGE AGENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				30			2015					

Transaction ID : PR792119043644

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 270

<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

Full Name (Last, First, Middle Initial)

A. DOLFORD LAYSON

Mailing Address 1734 WATER SPRINGS WAY

City

DACULA

State

GA

Zip Code

30019-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792124343644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. THOMAS ALLARD

Mailing Address 44 WOODLAWN ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

FIELD CLAIM CONSULTANT

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
11				30				2015					

Transaction ID : PR792128343644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$12.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. ELLEN S CONLIN

Mailing Address 20 WELLESLEY DR

City

LONGMEADOW

State

MA

Zip Code

01106-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP & ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792129543644

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

108.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BRIAN M. ROBERTS

Mailing Address 54 COALTER RIDGE CT

City

DARDENNE PR

State

MO

Zip Code

63368-7587

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792139243644

Amount of Each Receipt this Period

38.84

P/R Deduction (\$19.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JAE JUNKUNC

Mailing Address 221 TRUMBULL STREET APT 502

City

HARTFORD

State

CT

Zip Code

06103-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - DIST & STRAT PLNNG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792144343644

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL S. KIPNISS

Mailing Address 115 WHITE COLUMNS DR

City

ALPHARETTA

State

GA

Zip Code

30004-3057

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR792446843644

Amount of Each Receipt this Period

28.12

P/R Deduction (\$14.06 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

182.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN J. MILLER

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792501443644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. PAUL D. FERRANTE

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.30

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792549043644

Amount of Each Receipt this Period

56.66

P/R Deduction (\$28.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. BRENDAN J. KENNY

Mailing Address 500 E 77TH ST APT 52

City

NEW YORK

State

NY

Zip Code

10162-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792549743644

Amount of Each Receipt this Period

44.42

P/R Deduction (\$22.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

198.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. RUSSELL J. ROLNICK

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792728143644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. BRIAN C. LARGE

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792732643644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. PAUL E. KARLITZ

Mailing Address 2717 VIA ELEVADO

City

PALOS VERDES ESTATES

State

CA

Zip Code

90274-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR792971843644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

156.92

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW E. SCHIFF

Mailing Address 712 BROADMOOR DR

City

BLUE BELL

State

PA

Zip Code

19422-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

11 / 30 / 2015

Transaction ID : PR792992143644

Amount of Each Receipt this Period

66.68

P/R Deduction (\$33.34 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DENNIS P. NIX

Mailing Address 301 MANGELS AVE

City

SAN FRANCISCO

State

CA

Zip Code

94127-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793022743644

Amount of Each Receipt this Period

47.50

P/R Deduction (\$23.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. DAVID S. KATES

Mailing Address 88 MIDDLE RD

City

SANDS POINT

State

NY

Zip Code

11050-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793060543644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

143.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVEN E. KRASNIPOL

Mailing Address 820 ARBORETUM DR

City
WILMINGTON

State Zip Code
NC 28405-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793194143644

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. ADAM S. BASS

Mailing Address 1205 WINCANTON DR

City
DEERFIELD

State Zip Code
IL 60015-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793415543644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. GLEN R. GOLISH

Mailing Address 22261 HOLLYHOCK TRL

City
BOCA RATON

State Zip Code
FL 33433-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

854.19

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793450543644

Amount of Each Receipt this Period

48.61

P/R Deduction (\$72.95 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. IAN R. GEORGE

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793621443644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MARK J. GERDELMANN

Mailing Address 206 COVENTRY RD

City

CHALFONT

State

PA

Zip Code

18914-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.43

Date of Receipt

11 / 30 / 2015

Transaction ID : PR793654743644

Amount of Each Receipt this Period

54.54

P/R Deduction (\$27.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. KEVIN W. PAASCH

Mailing Address 103 WINDSOR WAY

City

WILLIAMSBURG

State

VA

Zip Code

23188-1578

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794020443644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMIE PALFFY

Mailing Address 20138 ENNIS DR

City

STRONGSVILLE

State

OH

Zip Code

44149-0992

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794427843644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. RYAN P. MCKEAN

Mailing Address 1080 NICHOLSON AVE

City

LAKEWOOD

State

OH

Zip Code

44107-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794428043644

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MARK J. DORMAN

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794449343644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHE A. PERME

Mailing Address 8197 GARFIELD DR

City

GARRETTSVILLE

State

OH

Zip Code

44231-9122

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794455143644

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. JOHN F. OCWIEJA

Mailing Address 300 N CANAL ST STE 3

City

CHICAGO

State

IL

Zip Code

60606-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.84

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794655543644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY W. POWERS

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

SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR794959143644

Amount of Each Receipt this Period

208.35

P/R Deduction (\$208.35 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JASON L. PEEPLES

Mailing Address 3526 SHIRLWOOD AVE

City
MEMPHIS

State Zip Code
TN 38122-4568

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795097443644

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID R. STEPHENS

Mailing Address 209 79TH ST UNIT B

City
VIRGINIA BCH

State Zip Code
VA 23451-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795338743644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. WALTER E. KATZ

Mailing Address 4414 BREAKWOOD DR

City
HOUSTON

State Zip Code
TX 77096-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795359643644

Amount of Each Receipt this Period

97.22

P/R Deduction (\$48.61 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.56

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CARLOS HERNANDEZ

Mailing Address 1211 WILDEWOOD CT

City

SUGAR LAND

State

TX

Zip Code

77479-6294

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.85

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795364043644

Amount of Each Receipt this Period

83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)

B. MICHAEL S. ROBERTSON

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795374443644

Amount of Each Receipt this Period

125.00

P/R Deduction (\$62.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. GREGORY B. THOMAS

Mailing Address 6223 PONDEROSA WAY

City

PARKER

State

CO

Zip Code

80134-5623

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795765543644

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

291.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CATHY MU

Mailing Address 3273 WITHERS AVE

City

LAFAYETTE

State

CA

Zip Code

94549-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR795843443644

Amount of Each Receipt this Period

18.75

P/R Deduction (\$18.75 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. EDWARD J. WIRTZ

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.37

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796003943644

Amount of Each Receipt this Period

93.60

P/R Deduction (\$46.80 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. EDGAR F. WHITMORE

Mailing Address 25535 CUMBERLAND LN

City

CALABASAS

State

CA

Zip Code

91302-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF1000

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.77

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796010143644

Amount of Each Receipt this Period

90.28

P/R Deduction (\$45.14 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

202.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. CRAIG E. STEARNS

Mailing Address 136 HENRY ST

City
FAIRFIELDState
CTZip Code
06824-2820FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR796044643644

Amount of Each Receipt this Period

27.27

P/R Deduction (\$27.27 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID W. BENNETT

Mailing Address 22371 CANYON CREST DR

City
MISSION VIEJOState
CAZip Code
92692-4532FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR796052343644

Amount of Each Receipt this Period

41.70

P/R Deduction (\$20.85 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MAX A. ADAMS

Mailing Address 16232 NW 79TH AVE

City
MIAMI LAKESState
FLZip Code
33016-6132FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : PR796324643644

Amount of Each Receipt this Period

104.16

P/R Deduction (\$52.08 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

173.13

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
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PATRICK MCCARRON

Mailing Address 35 SOVEREIGN DR

City

FLANDERS

State

NJ

Zip Code

07836-0230

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EXTERNAL WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796416243644

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. CHRISTOPHER SMITH

Mailing Address 38 BAILEY LN

City

SOMERS

State

CT

Zip Code

06071-1686

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL TRUST COMPANY

Occupation

EXTERNAL WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796517243644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM F TOWILL

Mailing Address 44 ZENITH LN

City

GLASTONBURY

State

CT

Zip Code

06033-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.96

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796591443644

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. ARKADY MILGRAM

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

256.22

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR796666643644

Amount of Each Receipt this Period

29.16

P/R Deduction (\$14.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MR. KEVIN O FINNEGAN

Mailing Address 37 CHARTER RIDGE DR

City

SANDY HOOK

State

CT

Zip Code

06482-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

SVP & DEPUTY GENERAL COUNS RS LAW

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR796668343644

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. ELAINE A SARYNSKI

Mailing Address 75 BARNDORF HILLS RD

City

SUFFIELD

State

CT

Zip Code

06078-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EVP - RETIREMENT SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.84

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

Transaction ID : PR796671843644

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL D. THOMASON

Mailing Address 405 COLEBROOK LN

City

DICKINSON

State

TX

Zip Code

77539-4043

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796716043644

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. DAVID R. NELSON

Mailing Address 4794 BORDAGES RD

City

BEAUMONT

State

TX

Zip Code

77705-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR796717243644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL HIRSCHBERG

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

EXTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR811444943644

Amount of Each Receipt this Period

38.50

P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PAUL JANCO

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.40

Date of Receipt

11 / 30 / 2015

Transaction ID : PR811451343644

Amount of Each Receipt this Period

49.70

P/R Deduction (\$24.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MR. MADISON P WHITNEY

Mailing Address 16 CARRIAGE LN

City

ESSEX

State

CT

Zip Code

06426-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VP - RELATIONSHIP MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

11 / 30 / 2015

Transaction ID : PR811455143644

Amount of Each Receipt this Period

23.10

P/R Deduction (\$11.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOSHUA R. PLANK

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

11 / 30 / 2015

Transaction ID : PR811793643644

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

406.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCOTT W. ECKART

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

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

11 / 30 / 2015

Transaction ID : PR811820943644

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JEANNE G YOUNG

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT-CORPORATE ADMINISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 30 / 2015

Transaction ID : PR904834643644

Amount of Each Receipt this Period

77.00

P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MS. CINDY BELMORE

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

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

VICE PRESIDENT - COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.32

Date of Receipt

11 / 30 / 2015

Transaction ID : PR932682143644

Amount of Each Receipt this Period

53.86

P/R Deduction (\$26.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

189.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JASON R. GOLDY

Mailing Address 614 OLD HOLLOW CT

City
CLOVERState
SCZip Code
29710-6305FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR934745443644

Amount of Each Receipt this Period

27.76

P/R Deduction (\$13.88 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHE C. COCORES

Mailing Address 9 HUNT PL

City

MECHANICSBURG

State

PA

Zip Code

17050-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR934761043644

Amount of Each Receipt this Period

48.58

P/R Deduction (\$24.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. JENNIFER C. ROSE

Mailing Address 10290 SHAWNS GROVE PL

City

MECHANICSVILLE

State

VA

Zip Code

23116-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : PR934778743644

Amount of Each Receipt this Period

26.66

P/R Deduction (\$13.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

103.00

TOTAL This Period (last page this line number only)..... ►

60436.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MassMutual Political Action Committee

Mailing Address 1295 State Street

City	State	Zip Code
Springfield	MA	01111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3688.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

Transaction ID : 68836549

Amount of Each Receipt this Period

149.08

Refund of Operating Expenditures (Nov-15)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

SUBTOTAL of Receipts This Page (optional)..... ►

149.08

TOTAL This Period (last page this line number only)..... ►

149.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 270

(check only one)

<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

Full Name (Last, First, Middle Initial)

A. MassMutual Federal Credit Union

Mailing Address 1295 State Street

City	State	Zip Code
Springfield	MA	01111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : 68835489

Amount of Each Receipt this Period

57.78

Nov-15 Bank Interest - Money Market Account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.78

57.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Mutual Life Insurance Company Political Action Committee

00.

Category/
Type

91.97

Oct-15 AMEX Processing Fees

00

Category/
Type

57.11

Nov-15 Chase Paymentech Fees

Category/
Type[illegible]

149.08

149.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 255 OF 270

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi For Senate

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement
Event: November 19, 2015

Candidate Name

Sen. Heidi HeitkampOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : 68387395

Amount of Each Disbursement this Period

1000.00

Event: November 19, 2015

Full Name (Last, First, Middle Initial)

B. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave., SE - Ste. 2

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Event: November 19, 2015

Candidate Name

Dakota Prairie PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : 68387396

Amount of Each Disbursement this Period

1500.00

Event: November 19, 2015

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Event: November 4, 2015

Candidate Name

Making America Prosperous PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : 68387398

Amount of Each Disbursement this Period

2500.00

Event: November 4, 2015

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 256 OF 270

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gillibrand For SenateMailing Address 126 C Street Nw
2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Event: November 4, 2015

Candidate Name

Sen. Kirsten E. GillibrandOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : 68387399

Amount of Each Disbursement this Period

1000.00

Event: November 4, 2015

Full Name (Last, First, Middle Initial)

B. Empire State PAC

Mailing Address P.O. Box 15033

City Washington State DC Zip Code 20003

Purpose of Disbursement
Event: November 4, 2015

Candidate Name

Empire State PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : 68387400

Amount of Each Disbursement this Period

2000.00

Event: November 4, 2015

Full Name (Last, First, Middle Initial)

C. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Event: November 16, 2015

Candidate Name

Rep. John A. YarmuthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : 68387423

Amount of Each Disbursement this Period

2000.00

Event: November 16, 2015

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diane Black For Congress

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement
Event: November 16, 2015

Candidate Name

Diane BlackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 68387424

Amount of Each Disbursement this Period

5000.00

Event: November 16, 2015

Full Name (Last, First, Middle Initial)

B. Valadao For Congress

Mailing Address 5132 N Palm Ave #227

City	State	Zip Code
Fresno	CA	93704

Purpose of Disbursement
Event: November 17, 2015

Candidate Name

Rep. David G. ValadaoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 68387425

Amount of Each Disbursement this Period

2000.00

Event: November 17, 2015

Full Name (Last, First, Middle Initial)

C. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement
Event: November 17, 2015

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : 68387426

Amount of Each Disbursement this Period

5000.00

Event: November 17, 2015

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hudson For Congress

Mailing Address PO Box 5053

City Concord	State NC	Zip Code 28027
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Purpose of Disbursement
Event: November 18, 2015

Candidate Name

Richard Hudson Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : 68387427

Amount of Each Disbursement this Period

5000.00

Event: November 18, 2015

Full Name (Last, First, Middle Initial)

B. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354

City Miami Gardens	State FL	Zip Code 33169
-----------------------	-------------	-------------------

Purpose of Disbursement
Event: November 16, 2015

Candidate Name

Rep. Frederica S. Wilson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 24

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : 68419615

Amount of Each Disbursement this Period

1000.00

Event: November 16, 2015

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc

Mailing Address PO Box 1498

City Concord	State NH	Zip Code 03302
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Purpose of Disbursement
ACLI Event: October 27, 2015

Candidate Name

Rep. Ann McLane Kuster

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NH	District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : 68560417

Amount of Each Disbursement this Period

2500.00

ACLI Event: October 27, 2015

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nutmeg PACMailing Address 777 Summer Street
Suite 302

City Stamford State CT Zip Code 06901-1022

Purpose of Disbursement
Event: Nov. 4, 2015

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : 68572478

Amount of Each Disbursement this Period

3000.00

Event: Nov. 4, 2015

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Event: December 10, 2015

Candidate Name

Rep. Kyrsten SinemaOffice Sought: ☒ House
☐ Senate
☐ President
State: AZ District: 09Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : 68614948

Amount of Each Disbursement this Period

3000.00

Event: December 10, 2015

Full Name (Last, First, Middle Initial)

C. TENN PACMailing Address 228 South Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Event: Dec. 10, 2015

Candidate Name

TENN PACOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68615473

Amount of Each Disbursement this Period

3000.00

Event: Dec. 10, 2015

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 260 OF 270

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement
ACLI Event: 12/2/15

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : 68779138

Amount of Each Disbursement this Period

2500.00

ACLI Event: 12/2/15

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City	State	Zip Code
Carrollton	TX	75011

Purpose of Disbursement
Event: Dec 2, 2015

Candidate Name

Rep. Kenny MarchantOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68779389

Amount of Each Disbursement this Period

4000.00

Event: Dec 2, 2015

Full Name (Last, First, Middle Initial)

C. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City	State	Zip Code
Melbourne	FL	32935

Purpose of Disbursement
Void - Uncleared Dec-14 Disbursement

Candidate Name

Sen. Bill NelsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 68835491

Amount of Each Disbursement this Period

-1000.00

Void - Uncleared Dec-14 Disbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 261 OF 270

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROCK CITY PAC

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement
2015 PAC Contribution

Candidate Name

ROCK CITY PAC

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68836564

Amount of Each Disbursement this Period

3000.00

2015 PAC Contribution

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Steven Daines

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2020	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68836565

Amount of Each Disbursement this Period

2000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Fund for America's Future

Mailing Address P.O. Box 29576

City	State	Zip Code
Washington	DC	20017

Purpose of Disbursement
2015 PAC Contribution

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68836567

Amount of Each Disbursement this Period

5000.00

2015 PAC Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sessions Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Mailing Address P.O. Box 4278

City	State	Zip Code
Montgomery	AL	36103

Transaction ID : 68836568Purpose of Disbursement
2015 Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Jeff SessionsCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

2015 Candidate Contribution

State: AL

District:

Full Name (Last, First, Middle Initial)

B. Follow the North Star Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Mailing Address 316 E. Hennepin Avenue
Suite 201

City	State	Zip Code
Minneapolis	MN	55414

Transaction ID : 68836571Purpose of Disbursement
2015 PAC Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Follow the North Star FundCategory/
Type

3000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

2015 PAC Contribution

State:

District:

Full Name (Last, First, Middle Initial)

C. Markey Committee; The

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Mailing Address PO Box 120029

City	State	Zip Code
Boston	MA	02112

Transaction ID : 68836572Purpose of Disbursement
2015 Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Edward MarkeyCategory/
Type

2000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

2015 Candidate Contribution

State: MA

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Mutual Life Insurance Company Political Action Committee

2000.00

2015 PAC Contribution

5000.00

2015 PAC Contribution

5000.00

2015 PAC Contribution

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Oceans PACMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 PAC Contribution

Candidate Name

Oceans PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836652

Amount of Each Disbursement this Period

3000.00

2015 PAC Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : 68836653

Amount of Each Disbursement this Period

2000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tom Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Thomas ColeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : 68836654

Amount of Each Disbursement this Period

2000.00

2015 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Fincher For Congress

Mailing Address PO Box 11153

City Jackson	State TN	Zip Code 38308
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Steve FincherOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836655

Amount of Each Disbursement this Period

2000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield	State WA	Zip Code 98642
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Herrera Beutler JaimeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836683

Amount of Each Disbursement this Period

2500.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane	State WA	Zip Code 99210
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836712

Amount of Each Disbursement this Period

3000.00

2015 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media	State PA	Zip Code 19063
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836740

Amount of Each Disbursement this Period

2000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 5802 Oak Avenue

City Indianapolis	State IN	Zip Code 46219
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Theodore RokitaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836768

Amount of Each Disbursement this Period

2500.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin	State MO	Zip Code 63022
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Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Ann WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836771

Amount of Each Disbursement this Period

1500.00

2015 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Westmoreland For Congress

Mailing Address P.O. Box 458

City	State	Zip Code
Sharpsburg	GA	30277

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Lynn A. Westmoreland

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836772

Amount of Each Disbursement this Period

2500.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address P.O. Box 20622

City	State	Zip Code
Greensboro	NC	27420

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Alma S. Adams

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 12

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2015

Transaction ID : 68836773

Amount of Each Disbursement this Period

2500.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. MASS PAC

Mailing Address P.O. Box 440324

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
2015 PAC Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836777

Amount of Each Disbursement this Period

5000.00

2015 PAC Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. Emanuel Cleaver IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836779

Amount of Each Disbursement this Period

3000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
2015 Candidate Contribution

Candidate Name

Rep. David Wayne Loeb sackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836785

Amount of Each Disbursement this Period

5000.00

2015 Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
2015 Add'l Candidate Contribution

Candidate Name

Rep. Patrick E. MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : 68836786

Amount of Each Disbursement this Period

1000.00

2015 Add'l Candidate Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 269 OF 270

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pioneer PACMailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Event: November 17, 2015

Candidate Name

Pioneer PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : 68913436

Amount of Each Disbursement this Period

3000.00

Event: November 17, 2015

Full Name (Last, First, Middle Initial)

B. Road to Freedom PACMailing Address 228 South Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
NYC Event: December 4-6, 2015

Candidate Name

Road to Freedom PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : 68988220

Amount of Each Disbursement this Period

3000.00

NYC Event: December 4-6, 2015

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

118500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHARLES T. CIRAVOLO

Mailing Address 12 DARBY DR

City	State	Zip Code
HUNTINGTON STATION	NY	11746-4707

Purpose of Disbursement
Void - Uncleared Disbursement

Candidate Name

CHARLES T. CIRAVOLO

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : 68835490

Amount of Each Disbursement this Period

-20.95

Void - Uncleared Disbursement

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-20.95

-20.95
