Image# 201512169004241526				PAGE 1 / 270				
	PORT OF IND DISBURS	SEMENT	S	с	office Use Only			
1. NAME OF TYP COMMITTEE (in full)	e or print 🔻	Example: If typ	ng, type	12FE4M5				
, Massachusetts Mutual Life	e Insurance Comp		L ction Com	mittee				
ADDRESS (number and street)	295 State Street							
Check if different than previously reported. (ACC)	pringfield			MA	01111-0001			
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	´ ▲	S					
C C00118943	3. IS		NEW (N) OR	AMEN (A)	NDED			
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Mar 2	20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 Sep 20	(M9) X Dec 20 (M12 (Non-Election Year Only)			
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	0 (M4) Primary (12) Convention		General (12 Special (12	G) Runoff (12R)			
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on /	D D /	Y Y Y Y Y	in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30	G)	Runoff (30R	s) Special (30S)			
Termination Report (TER)	Election	on /		Y Y Y Y Y	in the State of			
5. Covering Period	01 / Y Y Y Y 01 2015	Y through	M M 11	/ D D / 30	2015			
I certify that I have examined this Re Type or Print Name of Treasurer M	eport and to the best of r Ir. Bruce C. Frisbie	ny knowledge and	belief it is true	e, correct and c	omplete.			
Signature of Treasurer Mr. Bruce	C. Frisbie	[Electronical	ly Filed] Da	ate 12	/ D D / Y Y Y Y 16 2015			
NOTE: Submission of false, erroneous,	or incomplete information	may subject the per	rson signing thi	s Report to the	penalties of 2 U.S.C. §437g.			
Office Use Only					FEC FORM 3X Rev. 12/2004			

12/16/2015 12 : 50

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2**

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

R	eport Covering the Period: From:	1 01 / Y Y Y Y Y 1 01 2015 To	: <u>11</u> <u>30</u> <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

R	eport Covering the Period: From:	11 / D	D /	2015	To:	M M / D D D 30	/ Y Y Y Y Y 2015		
	I. Receipts	ceipts 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)		7	60436.01			553733.96		
	(ii) Unitemized (iii) TOTAL (add		7	9526.45	ļ	7	217143.69		
	Lines 11(a)(i) and (ii)		7	69962.46	ļļ		770877.65		
	(b) Political Party Committees(c) Other Political Committees		7	0.00	ļļ		0.00		
	(such as PACs)(d) Total Contributions (add Lines	L	7	0.00		7	0.00		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)► Transfers From Affiliated/Other		7	69962.46			770877.65		
	Party Committees		7	0.00	ļĻ		0.00		
13.	All Loans Received		7	0.00			0.00		
	Loan Repayments Received Offsets To Operating Expenditures		7	0.00] [0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		7	149.08] [7	3688.26		
17	Political Committees Other Federal Receipts		7	0.00] [8000.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fund	s	7	57.78] [556.58		
	(a) Non-Federal Account (from Schedule H3)		7	0.00] [0.00		
	(b) Levin Funds (from Schedule H5)		7	0.00] [0.00		
	(c) Total Transfers (add 18(a) and 18(b))		7	0.00			0.00		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►		7	70169.32	1 [783122.49		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►		7	70169.32			783122.49		

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. Disbursements	sements COLUMN A Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(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	
. Transfers to Affiliated/Other Party			
Committees Contributions to Federal Candidates/Committees	0.00	0.00	
and Other Political Committees	118500.00	710500.00	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	-20.95	2099.71	
		0.00	
(b) Political Party Committees(c) Other Political Committees	0.00		
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	-20.95	2099.71	
Other Disbursements	0.00	91.47	
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(from Schedule H6)		0.00	
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00	
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	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	118628.13	716479.44	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	118628.13	716479.44	
	7 7	7 7	

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Total Contributions (other than loans) (from Line 11(d), page 3) 	69962.46	770877.65		
 Total Contribution Refunds (from Line 28(d)) 	-20.95	2099.71		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69983.41	768777.94		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	149.08	3788.26		
 Offsets to Operating Expenditures (from Line 15, page 3) 	149.08	3688.26		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	100.00		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

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			Use separate schedule(s)	(cł	neck on	ly on	e)			-		
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12		17
A	ny information copied from such Reports and	Statements ma	A not be sold or used by any p	erson	13 for the	purp	14 bose o	f solicitir	ng co	16 16	ions	17
or	for commercial purposes, other than using t	he name and a	ddress of any political committee	e to s	olicit co	ontrib	utions	from su	ch co	mmitte	ee.	
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	ı Co	mmit	tee						
Α.	Full Name (Last, First, Middle Initial) CALE P. SMITH				Date c	of Re	ceipt					
	Mailing Address 1956 LONGWOOD DR			M M / D D / Y Y Y Y 11 30 2015								
	City BATON ROUGE	State LA	Zip Code 70808-1247		Transaction ID : 15009466 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.								_	1000.	00	
	Name of Employer SELF	Occupation GENERAL	INSURANCE AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		4000.00]								
В.	Full Name (Last, First, Middle Initial) DAVID N. JACOWITZ	-			Date c	of Re	ceipt					
	Mailing Address 19 S PITTSFORD HILL				^M ■		30			015	Y	
	City State Zip Code					sacti		227499				
	PITTSFORD	NY	14534		Amour	nt of	Each I	Receipt	this F	Period		
	FEC ID number of contributing federal political committee.	С					,	7		200.	00	
	Name of Employer SELF	Occupation	INSURANCE AGENT									
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		800.00									
_	Full Name (Last, First, Middle Initial)											
C.	MR. JOHN A O'NEIL Mailing Address 10 LESSARD CIR			_	Date c						14	
	Maining Marcos TO LESSARD CIR				M N	1 /	20			015	Y	
	City E LONGMEADOW	State MA	Zip Code 01028-2149					: 686199 Receipt		Period		
	FEC ID number of contributing federal political committee.	С					,	,	_	250.	.00	
	Name of Employer	Occupation	1									
	MASSACHUSETTS MUTUAL LIFE INS.											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
	UBTOTAL of Receipts This Page (optional).			•				1 42		1450.0	00	٦

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	Committee						
Α.	Full Name (Last, First, Middle Initial) GREGORY K. LARGE Mailing Address 11 BLANCHARD RD City	State	Zip Code	Date of Receipt				
	GREENWICH FEC ID number of contributing federal political committee.	С	06831-3676	Amount of Each Receipt this Period				
	Name of Employer SELF Receipt For: Primary General Other (specify) V	Occupation INSURANC Aggregate						
в.	Full Name (Last, First, Middle Initial) GREGORY L. OLSEN Mailing Address 478 CENTRAL PARK W # A			Date of Receipt				
	City NEW YORK FEC ID number of contributing	State NY	Zip Code 10025-3356	Transaction ID : 68623097 Amount of Each Receipt this Period				
	federal political committee. Name of Employer SELF	Occupation INSURANC						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
c.		Date of Receipt						
	Mailing Address 10 POPLAR PLAINS RD City WESTPORT	State CT	Zip Code 06880-1041	11 23 2015 Transaction ID : 68623659				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate						
s	UBTOTAL of Receipts This Page (optional)		•	3300.00				

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

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee
Full Name (Last, First, Middle Initial) A. MR. STEVEN CROWTHER Mailing Address 141 CARDINAL WAY			Date of Receipt
			1.1 25 2015
City FLORENCE	State MA	Zip Code 01062-9201	Transaction ID : 68696813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	Occupation VICE PRES	DIDENT & SENIOR COUNSEL	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. KENT L. WYSE	1		Date of Receipt
Mailing Address 3359 MARVIN DR	State	Zip Code	11 24 2015 Transaction ID : 68835794
ADRIAN	MI	49221-9290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer SELF	Occupation INSURANC		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. WALTER B. BERMAN	1		Date of Receipt
Mailing Address 2547 JARDIN TER			11 24 Y Y Y Y Y 2015
City WESTON	State FL	Zip Code 33327-1517	Transaction ID : 68835795 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupation		
SELF	INSURANC	E BROKER	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)			575.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	ר Committee						
A. Full Name (Last, First, Middle Initial) IVAN VALDES Mailing Address 2001 WAYHAVEN CT City MAITLAND	State FL	Zip Code 32751-4924	Date of Receipt				
FEC ID number of contributing federal political committee.	Occupation		Amount of Each Receipt this Period 41.70				
SELF Receipt For: Primary General Other (specify) ▼	INSURANC]				
B. Full Name (Last, First, Middle Initial) TIMOTHY DANIELL Mailing Address 8151 LA RUE LN		Date of Receipt					
City OOLTEWAH FEC ID number of contributing federal political committee.	State TN	Zip Code 37363-6679	Transaction ID : 68835797 Amount of Each Receipt this Period 50.00				
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation INSURANC Aggregate]				
C. Full Name (Last, First, Middle Initial) IVAN M. ILLAN Mailing Address 2369 S BEVERLY GLI	Date of Receipt						
City LOS ANGELES FEC ID number of contributing federal political committee.	CA	Zip Code 90064-2466	Transaction ID : 68835798 Amount of Each Receipt this Period 50.00				
Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate]				
SUBTOTAL of Receipts This Page (optic	onal)		141.70				

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

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17			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erso to	n for the	purp ntrib	ose of	soliciting	g con	tributio	ons	
	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·									
\rangle	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Сс	ommitt	ee						
Α.	Full Name (Last, First, Middle Initial) DOUGLAS W. VAN ORDER				Date of	f Re	ceipt					
	Mailing Address 1524 WOODGROVE WAY				M M	/	24	/ Y	ү 20	15		
	City	State	Zip Code			acti		6883579		10		
	ROSEVILLE	CA	95661-4024		Amoun	t of	Each R	eceipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С					7			142.9	0	
	Name of Employer	Occupation		_								
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		857.40									
В.	Full Name (Last, First, Middle Initial) SYLVIA C. YOUNG				Date of	f Re	ceipt					
	Mailing Address 9211 63RD PL W				M M	/	24	/ Y	201	15		
	City	State	Zip Code		Trans	acti	on ID : (6883580	0			
	MUKILTEO	WA	98275-3531		Amoun	t of	Each R	eceipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С					7			66.6	7	
	Name of Employer	Occupation										
	SELF	INSURANC	EAGENT									
	Receipt For:	Aggregate	Year-to-Date ▼ 733.46									
	Full Name (Last, First, Middle Initial) ZINORA A. KOVEN				Date of	f Re	ceint					
0.	Mailing Address 100 PARK AVE FL 16				11		24	/ Y	20 ⁴	15		
	City	State	Zip Code	\neg		acti		6883580				
	NEW YORK	NY	10017-5538					eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					7			50.0	0	
	Name of Employer	Occupation										
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
s	UBTOTAL of Receipts This Page (optional)		•	 -			3			259.5	7	

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

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SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu		
Full Name (Last, First, Middle Initial) FERNANDO OYARZUN Mailing Address 11355 SW 93RD CT City MIAMI FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33176-4248 C Occupation INSURANCE AGENT Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) ARI B. GREENMAN Mailing Address 80 WRIGHT ST City WESTPORT FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06880-3117 C Occupation INSURANCE AGENT Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) JONATHAN PHAN Mailing Address 3520 FROSTLEAF CT City FAIRFAX FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify)	State Zip Code VA 22033-2300 C Occupation GENERAL INSURANCE AGENT Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		200.00

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

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 270 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins			
A. Full Name (Last, First, Middle Initial) RYAN O. ROUILLE Mailing Address 4556 GRAYWOOD TRCE			Date of Receipt
	2 1 1		11 24 _ 2015 _
City NORCROSS	State GA	Zip Code 30092-1026	Transaction ID : 68835805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer SELF	Occupation INSURANC		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	1
Full Name (Last, First, Middle Initial) B. CHRISTOPHE R. CAIRA			Date of Receipt
Mailing Address 6521 SAN GABRIEL CIR			11 24 2015
City	State	Zip Code	Transaction ID : 68835888
BUENA PARK	CA	90620-2915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer SELF	Occupation		
Receipt For:	INSURANC		
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		200.00	
Full Name (Last, First, Middle Initial) C. ANN H. LAUFMAN			Date of Receipt
Mailing Address 5514 RUTHERGLENN DR			11 24 _2015 _
City HOUSTON	State TX	Zip Code 77096-4034	Transaction ID : 68835892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer	Occupation		—
Popoint For:		E AGENT	
		Year-to-Date ▼	
Other (specify)		233.32]
SUBTOTAL of Receipts This Page (optional)			191.67
TOTAL This Period (last page this line numbe	r only)		

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FOR LINE NUMBER:

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	-	Use separate schedule(s)	(chec	ck only	y on	ie)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	\square	11b 14	11c		12 16	1	17
Any information copied from such F or for commercial purposes, other t				or the		oose of	soliciting	g cont	tributio	ons	. /
NAME OF COMMITTEE (In Full)											
Massachusetts Mutual		mpany Political Action	n Com	mitte	ee						
Full Name (Last, First, Middle In A. DANIEL J. SHANAHAN	itial)		D	ate of	Re	ceipt					
Mailing Address 8412 NORMAN	ESTATES WAY			м м 11	/	24	/ Y	201	Y 15	Y	
City	State	Zip Code			acti		6883589		15		
RALEIGH	NC	27613-5963	A	mount	t of	Each R	eceipt th	nis Pe	eriod		
FEC ID number of contributing federal political committee.	C					,			83.3	35	
Name of Employer	Occupation										
SELF	GENERAL	INSURANCE AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		541.83	1								
			- 1								
Full Name (Last, First, Middle In B. BERNARD T. GARRAH	itial)		D	ate of	Re	ceipt					
Mailing Address 32651 GREYST	ONE CIR			M = M	/	DDD	/ Y	Y	Y	Y	
City	State	Zip Code	- 4	11	١.,	24		201	5		
AVON LAKE	OH	44012-3330				-	6883589 eceipt th		riod		
FEC ID number of contributing				mount		Lacinin		113 1 0	illou	-	1
federal political committee.	C		. L			7	7		125.0	00	
Name of Employer	Occupation										
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		1375.00	1								
		, , , , , , , , , , , , , , , , , , , ,	_								
Full Name (Last, First, Middle In C. WILLIAM SCHINDLER	itial)		D	ate of	Re	ceipt					
Mailing Address 205 WEISER PI	-		10	м м 11	/	D D 24	/ Y	201		Y	
City	State	Zip Code			acti		6883589	-	5		
TRAPPE	PA	19426-2230	A	mount	t of	Each R	eceipt th	nis Pe	eriod		
FEC ID number of contributing federal political committee.	C					3			100.0	00	
Name of Employer	Occupation										
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		400.00									
		, , , , , , , , , , , , , , , , , , , ,									
				-	-					-	1
SUBTOTAL of Receipts This Page	e (optional)		▶ L	_		7		;	308.3	5	

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

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FOR LINE NUMBER:

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ITEMIZI	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check o	·	ne)] 11b 🗌	11c	12	
Any inform	nation copied from such Reports and St	atements ma		13 erson for th	e puri	14	15 soliciting	16 contrib	17 utions
or for com	mercial purposes, other than using the	name and a	ddress of any political committee	to solicit o	contrib	utions fr	om such	n commi	ttee.
\	OF COMMITTEE (In Full) sachusetts Mutual Life Insul	rance Co	mpany Political Action	Commi	ttee				
A. TERF	me (Last, First, Middle Initial) RILL B. JOHNSON			Date	of Re	ceipt			
Mailing	Address 4519 37TH AVE			11		D D D 24	/ Y	ууу 2015	Y
City		State	Zip Code			ion ID : 6	6883590		
ROCK	ISLAND	IL	61201-7107	Amou	int of	Each Re	eceipt th	is Perio	d
	number of contributing political committee.	С				7	7	5	0.00
Name of	of Employer	Occupation							
SELF		INSURANC	E AGENT						
Receipt		Aggregate	Year-to-Date 🔻						
	rimary General		250.00						
	ther (specify)		230.00						
	me (Last, First, Middle Initial)			Data					
					of Re	· ·			
wanny	Address 1836 WENDY BLVD			11		24	/ Y	2015	Y
City		State	Zip Code			on ID : 6	883590		
COLUN	/BIA	TN	38401-7396			Each Re			d
	number of contributing political committee.	С					,	5	0.00
Name o	of Employer	Occupation		_					
SELF		INSURANC	E BROKER						
Receipt	For:	Aggregate	Year-to-Date ▼						
	rimary General ther (specify) ▼		250.00						
	me (Last, First, Middle Initial) EMY P. DICKER			Date	of Re	ceipt			
Mailing	Address 7535 SHORE CLIFF DR			11		27	/ Y	2015	Y
City		State	Zip Code			ion ID : (6883593		
LOS A	NGELES	CA	90045-4856	Αποι	int of	Each Re	eceipt th	is Perio	d
	number of contributing political committee.	С		E			- 7	250	0.00
Name o	of Employer	Occupation							
SELF		INSURANC	E AGENT						
Receipt	For:	Aggregate	Year-to-Date ▼						
	rimary General								
0	ther (specify)		2500.00						
SUBTOT	AL of Receipts This Page (optional)		•			7		2600	0.00
TOTAL T	his Period (last page this line number c	only)				,			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Company Political Actio	n Committee
Full Name (Last, First, Middle Initial) A. ANDREW D. LEE Mailing Address 35 LANCASTER COUNTY RD City HARVARD FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	State Zip Code MA 01451-1143 C Occupation INSURANCE AGENT Aggregate Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. LEONARD J. MONTANARI Mailing Address 31 FREDERICK ST		Date of Receipt
City NEWINGTON FEC ID number of contributing federal political committee.	State Zip Code CT 06111-3708	11 27 2015 Transaction ID : 68836794 Amount of Each Receipt this Period 300.00 300.00
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation INSURANCE AGENT Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JEFFERY A. CLEMONS Mailing Address 10768 RIVENDELL AVE		Date of Receipt
City LAS VEGAS FEC ID number of contributing	State Zip Code NV 89135-1803	11 27 2015 Transaction ID : 68836795 Amount of Each Receipt this Period 1000.00 1000.00
federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation GENERAL INSURANCE AGENT Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		▶ 2800.00

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

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IT.			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12		17	
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe	ersor	13 1 for the	purp purp	14 Dose of	soliciting	g cor	16 ntributi mmitte	ons	17	
	NAME OF COMMITTEE (In Full)	name and a		10 3		TUID		Torri Suc		mmue			
\rangle	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Со	ommitte	ee							
Α.	Full Name (Last, First, Middle Initial) HARRIS S. FISHMAN				Date of	f Re	ceipt						
	Mailing Address 935 PINE VALLEY CIR				M M	/	27	/ Y) 15	Y		
	City RYDAL	State PA	Zip Code 19046-2556					6883679 eceipt th	96				
	FEC ID number of contributing federal political committee.	С					7			2500.0	00		
	Name of Employer SELF	Occupation GENERAL	INSURANCE AGENT										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		2500.00										
в.	Full Name (Last, First, Middle Initial) FERNANDO F. LOPEZ				Date of	f Re	ceipt						
	Mailing Address 1483 AVE ASHFORD # 40				1 <u>1</u>	/	30	/ Y		ү 15	Y		
	City SAN JUAN	State PR	Zip Code 00907-1515				-	6883680 eceipt th		eriod			
	FEC ID number of contributing federal political committee.	С					,			1000.(00		
	Name of Employer SELF	Occupation GENERAL I	NSURANCE AGENT										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
С.	Full Name (Last, First, Middle Initial) MICHAEL J. MALETTERI				Date of	f Re	ceipt						
	Mailing Address 1273 WELLS ST				M M	/	30	/ Y		15	Y		
	City LAKE OSWEGO	State OR	Zip Code 97034-5047					7935677	7				
	FEC ID number of contributing federal political committee.	С			Amouni		,	eceipt th		200.	00		
	Name of Employer	Occupation											
	SELF Receipt For:	_		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)		····· •				, ,			3700.0	00]	

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
11			for each category of the Detailed Summary Page	X 11		11b	11c		2	— 1.				
A	ny information copied from such Reports and	Statements ma	ay not be sold or used by any pe	erson for t		14 Irpose c	15 f solicitin		6 ributio	17 0ns				
or	for commercial purposes, other than using the	he name and a	ddress of any political committee	to solicit	contr	ibutions	from suc	h com	mitte	e.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-		<u> </u>		-								
	Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Comm	litte	Э								
<u>~</u>	Full Name (Last, First, Middle Initial)													
Α.				Date of Receipt										
	Mailing Address 22 TEN ACRE LN				M M / D D / Y Y Y Y Y 11 30 2015									
	City	State	Zip Code				, : PR1039							
	WEST HARTFORD	СТ	06107-1318	Amo	ount o	f Each	Receipt tl	nis Pe	riod					
	FEC ID number of contributing	С							19.3	80				
	federal political committee.				-	7	7	-		_				
	Name of Employer	Occupation		1										
	MASSACHUSETTS MUTUAL LIFE INS.	AVP ADVA	NCED MARKETS	_										
	Receipt For:	Aggregate	Year-to-Date ▼		20-10	tion (AC		مايام						
	Other (specify)		231.60	P/R Deduction (\$9.65 Bi-Weekly)										
P	Full Name (Last, First, Middle Initial) JAMES L. MCDANIEL			Det		Receipt								
۵.	Mailing Address 11311 HIGHWAY 22						D / V	Y	Y					
					1	30		201						
	City								3644					
	PONCHATOULA	LA	70454-7323	Amo	ount o	f Each	Receipt tl	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С				7	,		25.0	0				
	Name of Employer	Occupation		1										
	SELF	INSURANC	E AGENT	_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D / D -		(' / ^- -								
	Other (specify)		275.00	P/R [educ	tion (\$25	5.00 Mont	nly)						
<u> </u>	Full Name (Last, First, Middle Initial) RICARDO M. ALFONSO			Det		Receipt								
0.	Mailing Address 11 KENSINGTON DR						D / V	Y	Y					
					1	30		201						
		State IL	Zip Code				: PR1120							
	NORTH BARRINGTON	iL	60010-6960	Amo	ount o	f Each	Receipt tl	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С				7			100.0	00				
	Name of Employer	Occupation												
	SELF	GENERAL	INSURANCE AGENT	_										
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$100.00 Monthly)										
	Other (specify)		1100.00	P/R Deduction (\$100.00 Monthly)										
			7 7 7											
									144.0	0				
5	SUBTOTAL of Receipts This Page (optional).		•		_	7	7		144.3	0				
ן ו	OTAL This Period (last page this line numbe	er only)							-					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b		11c		12	·		
An	y information copied from such Reports and St	atements ma	y not be sold or used by any per	rson f	13 or the	puri	14 pose (of ⊱	15 soliciting		16 ntributi	17 ions		
	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitte	ee								
Α.	Full Name (Last, First, Middle Initial) MICHAEL WOODS	[Date of	Re	eceipt									
	Mailing Address 1202 ROSETTE WAY			11 / D D / Y Y Y Y Y 2015										
	City	State	Zip Code		Trans	acti	ion ID	: P	PR11204	4398	43644	ļ		
	MARIETTA	GA	30062-4765	_ 4	Amount	of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					,		7	_	32.	54		
	Name of Employer	Occupation		-										
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		P/	/R Ded	ucti	on (\$1	6.2	7 Semi-	-Mon	nthly)			
	Other (specify)		267.47											
R	Full Name (Last, First, Middle Initial)				Date of	Be	ceint							
	Mailing Address 3 VALLEY VIEW DR			1			· ·	D	/ V	Y	v	V		
					11	ľ	3		7 1	_ 20		·		
	City	State	Zip Code		Trans	acti	ion ID	: P	R11204					
	WILBRAHAM	MA	01095-2363	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С									53.8	84		
	Name of Employer	Occupation		-										
	MASSACHUSETTS MUTUAL LIFE INS.	SVP - RS S	ALES & PARTICIPANT DEVELOP	1										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	, iggi oguio		P/	R Dedu	uctio	on (\$2	6.9	2 Bi-We	ekly	')			
	Other (specify)	L	646.08											
с.	Full Name (Last, First, Middle Initial) MS. SUSAN J SCANLON				Date of	Be	ceint							
	Mailing Address 23 JUDITH DR				M M		D	0	/ Y	20	15	Y		
	City	State	Zip Code	1 "		act			PR11204			4		
	MANCHESTER	СТ	06040-6517	4					ceipt th					
	FEC ID number of contributing federal political committee.	С					7				77.	78		
	Name of Employer	Occupation		-										
	MASSACHUSETTS MUTUAL LIFE INS.		DENT - COMPLIANCE											
	Receipt For:		Year-to-Date ▼	\neg										
	Primary General	Ayyreyale		P	/R Ded	ucti	on (\$3	38.8	89 Bi-We	eekl∿	/)			
	Other (specify)	L	933.36				(40	2.0		,	,			
s	UBTOTAL of Receipts This Page (optional)							_			164.1	16		
	· · · · · · · · · · · · · · · · · · ·			- 1			7		7	-				

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

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page									
	and Statements may not be sold or used by any p									
	e 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)		Date of Receipt								
Mailing Address 11 COBTAIL WAY		11 30 2015								
City	State Zip Code	Transaction ID : PR1120475443644								
SIMSBURY	CT 06070-2530	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	384.60								
Name of Employer	Occupation	-								
MASSACHUSETTS MUTUAL LIFE INS.	EVP & GENERAL COUNSEL									
Receipt For:	Aggregate Year-to-Date ▼									
Other (specify) ▼	4615.20	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name (Last, First, Middle Initial) 3. ANDREW W. TODD	1	Date of Receipt								
Mailing Address 8374 LABONT WAY	11 30 2015									
City	State Zip Code	Transaction ID : PR1135598743644								
EDEN PRAIRIE	MN 55344-4305	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	243.06								
Name of Employer SELF	Occupation INSURANCE AGENT									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2257.00	P/R Deduction (\$121.53 Semi-Monthly)								
Full Name (Last, First, Middle Initial)		Date of Receipt								
Mailing Address 33 WILLOW ST		11 30 / Y Y Y Y 2015								
City	State Zip Code	Transaction ID : PR1155637243644								
FLORAL PARK	NY 11001-3407	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	29.16								
Name of Employer	Occupation	-								
SELF	INSURANCE AGENT									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General		P/R Deduction (\$14.58 Semi-Monthly)								
Other (specify)	270.80	1								
	nal)									

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	•	Use separate schedule(s)	(che	eck only					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		1b	11c	12	
Any information copied from such Reports and	d Statements ma	ay not be sold or used by any pe	erson f	13 for the p	14 purpos	se of s	15 soliciting	16 contribu	17 Itions
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	licit con	itributi	ions fro	om such	ı commit	tee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In:	surance Co	mpany Political Action	Con	nmitte	e				
Full Name (Last, First, Middle Initial) A. MS. DEBRA PALERMINO			I	Date of	Rece	eipt			
Mailing Address 16 RIDGE RD				M M	/	D □ D 30	/ Y	2015	Y
City	State	Zip Code			action		R11562	27284364	4
BRISTOL	СТ	06010-7362	/	Amount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				3			192	2.30
Name of Employer	Occupation		_						
MASSACHUSETTS MUTUAL LIFE INS.	EVP - HUM	AN RESOURCES							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		2307.60	P.	/R Dedu	uction	(\$96.1	5 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. MS. KELLY A TAYLOR				Date of	Rece	eipt			
Mailing Address 9 BLUEBIRD DR				M M	/	D D D 30	/ Y	2015	Y
City	State	Zip Code		Transa	action	ID : P	R11562	27924364	4
ENFIELD	СТ	06082-5703	/	Amount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				. ,		3	30	.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation TRAVEL M	ANAGEMENT DIRECTOR							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 369.12	P	/R Dedu	iction	(\$15.3	8 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. MR. TIMOTHY CARMON				Date of	Rece	eipt			
Mailing Address 61 RAINBOW TRL				M M 11	/	D D D 30	/ Y	2015	Y
City	State	Zip Code			actior		PR12338	B1204364	14
SOUTH WINDSOR	СТ	06074-2953	/	Amount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				,			100	0.00
Name of Employer	Occupation	I	_						
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - RISK MANAGEMENT							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	P	/R Dedu	uction	(\$50.0	00 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)		•	• •					323	.06

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee
Full Name (Last, First, Middle Initial) SEAN GOODEN			Date of Receipt
Mailing Address 10151 WOODROSE LN	State	Zip Code	11 30 2015 Transaction ID : PR1233883043644
HIGHLANDS RANCH	CO	80129-5404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		166.70
Name of Employer SELF	Occupation INSURANC		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1833.70	P/R Deduction (\$166.70 Monthly)
Full Name (Last, First, Middle Initial) B. MR. WILLIAM E BARTOL			Date of Receipt
Mailing Address 650 DEEP RIVER RD			11 30 2015
City COLCHESTER	State CT	Zip Code 06415-1902	Transaction ID : PR1264213343644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.76
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MR. ANTHONY SCIACCA			Date of Receipt
Mailing Address 5619 CHALLISFORD LN			11 30 Y Y Y Y Y
City CHARLOTTE	State NC	Zip Code 28226-2627	Transaction ID : PR1264218143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		425.50
Name of Employer	Occupation	1	
BABSON CAPITAL MANAGEMENT LLC	MANAGIN	G DIRECTOR	
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 3074.60	P/R Deduction (\$212.75 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			622.96
TOTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17			
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements mane and a	I ay not be sold or used by any pe Iddress of any political committee	erson for the	purpose of	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee						
Full Name (Last, First, Middle Initial) A. MR. KENNETH MI GACEVICH			Date o	of Receipt						
Mailing Address 6515 GREENWAY BEND DR			M M / D D / Y Y Y Y Y 11 30 2015							
City	State	Zip Code	Trans	saction ID :	PR12642	21924364	4			
CHARLOTTE	NC	28226-5561	Amoun	t of Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					113	.00			
Name of Employer	Occupation	1								
BABSON CAPITAL MANAGEMENT LLC	MANAGING	GDIRECTOR								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		887.20	P/R Dec	duction (\$56	.50 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) B. MS. CAROLYN ZOLTY			Date o	of Receipt						
Mailing Address 111 ARGYLE AVE			11			2015	Y			
City	State	Zip Code	Trans	saction ID :	PR12642	1954364	1			
WEST HARTFORD	СТ	06107-1704	Amoun	t of Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					19.	24			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation									
Receipt For:	DIRECTOR		_							
Primary General	Aggregate	Year-to-Date ▼		hustian (CO C		1.4. ()				
Other (specify) ▼		, 230.88	P/R Dec	luction (\$9.6	2 BI-VVee	кіу)				
Full Name (Last, First, Middle Initial) C. JEFF T. VELASTEGUI			Date o	of Receipt						
Mailing Address 5 STUYVESANT ST			M M	/ D 1		2015	Y			
	State NY	Zip Code		saction ID :			4			
HUNTINGTON		11743-4718	Amoun	t of Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					60	.00			
Name of Employer	Occupation	1								
SELF	INSURANC	CE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Dec	duction (\$30	.00 Semi-	Monthly)				
SUBTOTAL of Receipts This Page (optional)		\				192.	24			
TOTAL This Period (last page this line number of										

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			for each category of the Detailed Summary Page		X 11a		11b		11c	12				
			Detailed Summary Page	Ĺ	13		14		15	16	1			
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Co	mmitt	ee								
	Full Name (Last, First, Middle Initial) NEIL A. NISSEN				Date of	Re	ceip	t						
	Mailing Address 21522 48TH AVE				11 30 2015									
	City	State	Zip Code		Trans	acti	ion I	D : P	R12642	2654436	44			
	OAKLAND GARDENS	NY	11364-1314	_	Amount	of	Eac	h Re	ceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					7		7	6	0.00			
	Name of Employer	Occupation		-										
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			- F	P/R Ded	uctio	on (\$	630.0	0 Semi-	Monthly)			
	Other (specify)	L	240.00											
	Full Name (Last, First, Middle Initial) PARTH RANA				Date of	Re	ceip	t						
	Mailing Address 25510 SINGING RAIN				M M	/	D	D	/ Y	Y Y	Y			
					11			30		_2015	.			
	City	State	Zip Code		Trans	acti	on I	D : P	R12856	643436	44			
	SAN ANTONIO	ТΧ	78260-6269		Amount	of	Eac	h Re	ceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					7			6	0.00			
	Name of Employer	Occupation												
;	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		240.00] F	P/R Ded	uctic	on (\$	10.42	2 Semi-	Monthly)			
	Full Name (Last, First, Middle Initial) JASON DEKEUSTER				Date of	Re	ceip	t						
	Mailing Address 2551 38TH AVE NE # UNI				M M 11	/	D	30	/ Y	y y 2015	Y			
	City	State	Zip Code		Trans	acti	ion l	D : P	R1285	6690436	44			
	MINNEAPOLIS	MN	55421-5005	_	Amount	of	Eac	h Re	ceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					7		7	2	9.16			
	Name of Employer	Occupation		-										
	SELF	INSURANC	E AGENT											
	Receipt For:		Year-to-Date ▼											
	Primary General	Ayyreyale		. L 1	P/R Ded	uctio	on (9	514 5	8 Semi	-Monthly)			
	Other (specify))ther (specify) ▼									,			
_	JBTOTAL of Receipts This Page (optional)					-	-	-		149	9.16			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		< 11a 13		1	1b 4	11c		12 16	17
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	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Cor	nmit	tee)					
Α.	Full Name (Last, First, Middle Initial) MR. STUART KWASSMAN Mailing Address 224 MAIN ST				Date		ece	eipt		Y	YY	Y
					11	101 2	ĺ	30			2015	
	City	State	Zip Code		Tran	Isac	tior	n ID :	PR128	35751	44364	4
	NEWINGTON	СТ	06111-1405	_	Amou	nt of	f Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С					7		7		19.	24
	Name of Employer	Occupation		-								
	MASSACHUSETTS MUTUAL LIFE INS.	AVP & ACT	UARY									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	F	P/R De	duct	ion	(\$9.6	62 Bi-W	/eekly	()	
в.	Full Name (Last, First, Middle Initial) MS. ALETHEA O'DONNELL				Date	of R	ece	eipt				
	Mailing Address 172 SNELL ST				M 11	M	1	D D D	1		2015	Y
	City	State	Zip Code								2343644	1
	AMHERST	MA	01002-2556	_	Amou	nt of	f Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С				_	7				53.	90
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP COMP										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.80	P	P/R De	ducti	ion	(\$26.	95 Bi-\	Neek	ly)	
с.	Full Name (Last, First, Middle Initial) MR. BRADLEY LUCIDO				Date	of R	ece	eipt				
	Mailing Address 65 ROSEWOOD DR				[™] 11		1	D 0 30) /		2015	Y
	City SUFFIELD	State CT	Zip Code 06078-2014	-							394364	4
		01	00078-2014	_	Amou	nt of	f Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С					7	_		_	192	.30
	Name of Employer	Occupation										
	MASSACHUSETTS MUTUAL LIFE INS.	SVP CHIEF	COMPLIANCE OFF & DEP GEN	1 (
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2307.60	I F	P/R De	/R Deduction (\$96.15 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional).			<u> </u>			7		,		265.4	44

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	A not be sold or used by any pe ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur			
Α.	Full Name (Last, First, Middle Initial) MR. JOHN PHILLIPS			Date of Receipt
	Mailing Address 49 MENDON RD	State	Zip Code	11 30 2015 Transaction ID : PR1285754143644
	SUTTON	MA	01590-1135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		53.84
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) GEORGE F. LONG			Date of Receipt
	Mailing Address 23711 LEGEND CRST			11 30 2015
	City SAN ANTONIO	State TX	Zip Code 78260-2600	Transaction ID : PR1315456443644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		29.16
	Name of Employer SELF	Occupation INSURANC		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1222 41ST ST			11 30 Y Y Y Y Y 11 30 2015
	City LA GRANGE	State IL	Zip Code 60525-5802	Transaction ID : PR1322672743644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation		-
	SELF	INSURANC	E AGENT	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	108.00
Т	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be solo the name and address of any	d or used by any pe y political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Company P	olitical Action	Committee
Full Name (Last, First, Middle Initial) A. MR. DEAN T BOUDREAU			Date of Receipt
Mailing Address 6 CLIFFSIDE DR			11 30 2015
City WILBRAHAM	State Zip Code MA 01095-1		Transaction ID : PR1322703643644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SUPPLIER MANAGEME	NT CONSULTANT	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	277.20	P/R Deduction (\$11.55 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. SEAN HOLLITZ			Date of Receipt
Mailing Address 2406 29TH ST APT 3A			11 30 2015
City ASTORIA	StateZip CodeNY11102-10		Transaction ID : PR1334149943644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer SELF	Occupation INSURANCE AGENT		_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. CHRISTOPHE M. REINKE			Date of Receipt
Mailing Address 1616 TREMONT RD			11 30 2015
City COLUMBUS	State Zip Code OH 43212-1		Transaction ID : PR1334155143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.72
Name of Employer	Occupation		_
SELF Receipt For:	INSURANCE AGENT		_
Primary General Other (specify) ▼	Aggregate Year-to-Date	214.30	P/R Deduction (\$42.86 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)			158.82

FOR LINE NUMBER:

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		Use separate schedule(s)	(check or	nly o	ne)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12			
	01-1-1-1		13		14	15	16	17		
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any pender and be any pender any political committee	to solicit c	e pur ontrit	pose of outions f	soliciting from such	contribut	ions ee.		
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Commit	ttee	•					
Full Name (Last, First, Middle Initial) A. MR. JEFFREY T PRINCE			Date	of Re	eceipt					
Mailing Address 33 HILLSIDE RD			M M / D D / Y Y Y Y Y 11 30 2015							
City	State	Zip Code	Transaction ID : PR1334223443644							
NORTHAMPTON	MA	01060-2119	Amou	nt of	Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С				7		76	.92		
Name of Employer	Occupation	1								
BABSON CAPITAL MANAGEMENT LLC	MANAGINO	GDIRECTOR								
Receipt For:	Aggregate	Year-to-Date ▼	D/D D.		· · · (^ • • •	40 D' M/-	-14.5			
Other (specify)		923.04	P/R De	aucti	on (\$38	.46 Bi-We	екіу)			
		· 9 · · · · · · · · ·								
Full Name (Last, First, Middle Initial) B. MR. PHILIP S WELLMAN			Date	of Re	eceipt					
Mailing Address 150 N BEACON ST	Nailing Address 150 N BEACON ST				30		y y 2015	Y		
City	State	Zip Code	Tran	sact	ion ID :	PR13427	6614364	1		
HARTFORD	СТ	06105-2247	Amou	nt of	Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С		L.	_	7		53.	84		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	1								
Receipt For:	1	F COMP OFFICER INST. FUNDS								
Primary General	Aggregate	Year-to-Date ▼	P/R De	ducti	on (\$26	.92 Bi-We	ekly)			
Other (specify)		, 646.08		auon	οπ (φ20	.02 DI WO	(only)			
Full Name (Last, First, Middle Initial) c. MR. GREGORY E DEAVENS			Date	of Re	eceipt					
Mailing Address 10 HENLEY COMMONS			M		D) / Y	YY	Y		
	01-1-1	7	11		30		2015			
City FARMINGTON	State CT	Zip Code 06032-1553				PR13427 Receipt th	77194364	4		
FEC ID number of contributing			Amou			receipt in		_		
federal political committee.	С				7	1 1	153	.90		
Name of Employer	Occupation									
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		ICE PRESIDENT & CONTROLLER	2							
Primary General	Aggregate	Year-to-Date ▼	P/R De	educti	ion (\$76	.95 Bi-We	eklv)			
Other (specify)		1846.80	P/R Deduction (\$76.95 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		•			3		284.	66		
TOTAL This Period (last page this line numbe	r only)	••••••			,					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only	(check only one)							
ILIWIZED NEVEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life In	surance Co	ompany Political Action	Committe	e							
Full Name (Last, First, Middle Initial) A. MR. JOHN W CHANDLER			Date of	Receipt							
Mailing Address 118 COLONY RD			M M	/ D D 30	/ Y	Y Y	Υ				
City	State	Zip Code	11 Transa	action ID : F	PR13555	2015 7434364	4				
LONGMEADOW	MA	01106-1216	Amount	of Each Re	ceipt thi	s Period					
FEC ID number of contributing federal political committee.	С			,	- 7	153	.90				
Name of Employer	Occupation	1									
MASSACHUSETTS MUTUAL LIFE INS.	SENIOR VI	CE PRESIDENT - MARKETING									
Receipt For:	Aggregate	Year-to-Date ▼	D/P Dod	uction (\$76 0							
Other (specify) ▼		1846.80	P/R Deal	iction (\$76.9	DI-VVe	екіу)					
Full Name (Last, First, Middle Initial) B. DANIEL P. ROSASCHI			Date of	Receipt							
Mailing Address 23 SCAGLIONE CT			MM	/ D D	/ Y	Y Y	Y				
City	State	Zip Code	11 Transa	30 action ID : P	R13556	2015 1 714364	4				
HIGHLAND MILLS	NY	10930-2325		of Each Re			•				
FEC ID number of contributing federal political committee.	С				7	39.	.93				
Name of Employer SELF	Occupation										
Receipt For:	INSURANC										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.43	P/R Dedu	iction (\$48.2	5 Semi-N	Monthly)					
Full Name (Last, First, Middle Initial) MR. MICHAEL R FANNING			Date of	Receipt							
Mailing Address 140 COLONIAL AVE			M M 11	/ D D 30	/ Y	у у 2015	Y				
City NORTH ANDOVER	State MA	Zip Code 01845-6349		action ID : F			4				
	IVIA	01045-0345	Amount	of Each Re	ceipt thi	s Period					
FEC ID number of contributing federal political committee.	С					384	.60				
Name of Employer	Occupation										
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:			_								
Primary General	Aggregate	Year-to-Date ▼	P/R Dedu	uction (\$192	.30 Bi-W	eekly)					
Other (specify)		4615.20		(* 2-		,,					
SUBTOTAL of Receipts This Page (optional)					- 7	578.	43				

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

FEC Schedule A (Form 3X) Rev. 02/2003

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
ILIVIIZED NECEIPIS	EMIZED RECEIPTS for each category of the Detailed Summary Page			4-					
Any information copied from such Reports and or for commercial purposes, other than using t	Statements manual and a	A not be sold or used by any praddress of any political committee	13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.	17					
NAME OF COMMITTEE (In Full)	, the triangle the	, see a my periodi committee							
Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee						
Full Name (Last, First, Middle Initial) A. VICTOR B. GOLDMAN			Date of Receipt						
Mailing Address 12030 N 62ND ST			M M / D D / Y Y Y Y Y 11 30 2015						
City	State	Zip Code	Transaction ID : PR1368736143644						
SCOTTSDALE	AZ	85254-4953	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		312.50						
Name of Employer	Occupation	1							
SELF	GENERAL	INSURANCE AGENT							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		2187.50	P/R Deduction (\$156.25 Bi-Weekly)						
Full Name (Last, First, Middle Initial) B. JENNIFER P. MANN			Date of Receipt						
Mailing Address 1151 W 14TH PL			1.1 30 2015						
City	State	Zip Code	Transaction ID : PR1368759243644						
CHICAGO	IL	60608-2845	Amount of Each Receipt this Period	_					
FEC ID number of contributing federal political committee.	С		31.26						
Name of Employer SELF	Occupatior								
Receipt For:	INSURANC								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.63 Semi-Monthly)						
Other (specify)		268.80							
Full Name (Last, First, Middle Initial) C. MR. HUGH BARRETT	-		Date of Receipt						
Mailing Address 58 PONDVIEW DR			M M / D D / Y Y Y Y 11 30 2015						
City SPRINGFIELD	State MA	Zip Code 01118-1145	Transaction ID : PR1386532043644						
		01110-1140	Amount of Each Receipt this Period	_					
FEC ID number of contributing federal political committee.	С		38.50						
Name of Employer	Occupation								
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		ERNMENT RELATIONS							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$19.25 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			382.26	٦					
TOTAL This Period (last page this line number	er only)			Ī					

SCHEDULE A	(FEC For	m 3X)
ITEMIZED REC	EIPTS	

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			Detailed Summary Page		11a		11b	11c		12					
	y information copied from such Reports and S														
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ntrib	outions	from suc	h cc	mmitt	ee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitt	ee									
	Full Name (Last, First, Middle Initial) MS. CHRISTINE PEASLEE				Data at	(
Α.	Mailing Address 38 CIDER MILL HTS			-	Date of		ceipt		V	Y	V				
					1_1	ľ	30			015					
	City NORTH GRANBY	State CT	Zip Code 06060-1430					PR1387			4				
		01	00000-1430	_	Amount	t of	Each F	Receipt th	nis F	'eriod	_				
	FEC ID number of contributing federal political committee.	С					9	1		76	.92				
	Name of Employer	Occupation	I												
	MASSACHUSETTS MUTUAL LIFE INS.	Receipt For: Aggregate Year-to-Date ▼													
	Primary General														
	Other (specify) ▼		923.04	P/R Deduction (\$38.46 Bi-Weekly)											
В.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt								
	Mailing Address 3180 WOODS EDGE DR				M M	/	30		Y 20) 15	Y				
	City	State	Zip Code					PR1391			4				
	GARNET VALLEY	PA	19060-6859	'	Amount	t of	Each F	Receipt th	nis F	'eriod					
	FEC ID number of contributing federal political committee.	C					J			111.	12				
	Name of Employer SELF	Occupation INSURANC													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		333.36	P	/R Ded	ucti	on (\$55.	.56 Semi-	Мо	thly)					
c.	Full Name (Last, First, Middle Initial) MS. PAULA T RYAN				Date of	f Re	eceipt								
	Mailing Address 28 BELDENWOOD RD				M M 11	/	30) 15	Y				
	City SIMSBURY	State CT	Zip Code 06070-2145					PR1391			4				
		01	00070-2143	- '	Amount	t of	Each F	Receipt th	nis F	'eriod					
	FEC ID number of contributing federal political committee.	C					y			76	.92				
	Name of Employer	Occupation	I												
	BABSON CAPITAL MANAGEMENT LLC	MANAGINO	GDIRECTOR	_											
	Receipt For:	Aggregate	Year-to-Date ▼		P/R Ded	lucti	on (\$38	46 Bi-\\/	ookl	V)					
	Other (specify) ▼		923.04	P/R Deduction (\$38.46 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)		•	-			7	1 9		264.	96				

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IT.	EMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
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Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any p	ersor	13 1 for the particit	purp	14 pose of	15 soliciting	d contribut	ions			
		ne name and a		9 10 8	Solicit Con		utions i	rom suc	n commu	ee.			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Со	ommitte	ee							
Α.	Full Name (Last, First, Middle Initial) MR. STEPHEN RIXHAM				Date of	Re	ceipt						
	Mailing Address 2526 SHERWOOD AVE				M M 11	/	30) / Y	2015	Y			
	City CHARLOTTE	State NC	Zip Code 28207-2547						16064364 nis Period	4			
	FEC ID number of contributing federal political committee.	С					7		19	.24			
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGIN0	G DIRECTOR										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		230.88]	P/R Dedu	uctic	on (\$9.6	2 Bi-We	ekly)				
В.	Full Name (Last, First, Middle Initial) DAVID GRODIN				Date of	Re	ceipt						
	Mailing Address 1391 VIEW DR				M M	/	30	/ Y	ү ү 2015	Y			
	City	State	Zip Code				-		17084364	4			
	SAN LEANDRO	CA	94577-5336	_	Amount	of	Each R	leceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			Ľ		, .		58	34			
	Name of Employer SELF	Occupation INSURANC											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.70]	P/R Dedu	uctio	on (\$29.	17 Semi	Monthly)				
<u></u>	Full Name (Last, First, Middle Initial) MR. JOHN VACCARO				Date of	Re	ceipt						
	Mailing Address 18 ANNA MARIE LN				м м 11	/	30) / Y	y y 2015	Y			
	City	State	Zip Code		Trans	acti	on ID :	PR1434	63934364	4			
	E LONGMEADOW FEC ID number of contributing	МА	01028-3018		Amount	of	Each R	leceipt th	nis Period 153	.90			
	federal political committee.	~					9	y					
	Name of Employer	Occupation											
	MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	1	P - SALES & DISTRIBUTION										
	Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 1846.80				P/R Deduction (\$76.95 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)						7		231.	48			

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

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t		person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Company Political Action	n Committee								
A. PHILLIP HELD Mailing Address 61 MCKINLEY AVE		Date of Receipt								
City	State Zip Code	11 302015 Transaction ID : PR1434650243644								
WILLIAMSVILLE	NY 14221-7134	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	24.30								
Name of Employer	Occupation									
SELF	INSURANCE AGENT									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.70	P/R Deduction (\$12.15 Semi-Monthly)								
Full Name (Last, First, Middle Initial) B. ALI BARGHELAME		Date of Receipt								
Mailing Address 1410 S ELIZABETH ST		11 30 / Y Y Y Y 2015								
City DENVER	State Zip Code CO 80210-2423	Transaction ID : PR1434658543644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С									
Name of Employer SELF	Occupation INSURANCE AGENT									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)								
Full Name (Last, First, Middle Initial) C. MR. DAVID J COUTU										
Mailing Address 1 MELLISSA CIR	11 30 Y Y Y Y Y									
City GREENVILLE	StateZip CodeRI02828-1025	Transaction ID : PR1479403843644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	76.92								
Name of Employer	Jame of Employer Occupation									
BABSON CAPITAL MANAGEMENT LLC	MANAGING DIRECTOR									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).		▶ 130.38								

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ITEMIZED RECEIPTS		each category of the ailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be e name and address	pe sold or used by any po of any political committee	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Compa	ny Political Action	Committee										
Full Name (Last, First, Middle Initial) A. MR. ROGER PUTNAM													
Mailing Address 8 THE GLADE	M = M / D = D / Y = Y = Y Y 11 30 2015												
City SIMSBURY	'	o Code 6070-1041	Transaction ID : PR1479403943644										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼	Occupation SENIOR VICE PRI Aggregate Year-to	ESIDENT - OPERATIONS -Date ▼ 2307.60	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name (Last, First, Middle Initial) B. MR. WILLIAM D OBERG	Date of Receipt												
Mailing Address 99 POKANOKET LN													
City MARSHFIELD		0 Code 050-8238	Transaction ID : PR1479405043644 Amount of Each Receipt this Period 76.94										
FEC ID number of contributing federal political committee.	С												
Name of Employer BABSON CAPITAL MANAGEMENT LLC	CTOR												
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$38.47 Bi-Weekly)												
Full Name (Last, First, Middle Initial) C. CHARLES T. CIRAVOLO	I		Date of Receipt										
Mailing Address 12 DARBY DR	M M / D D / Y Y Y Y 11 30 2015												
City HUNTINGTON STATION		o Code 746-4707	Transaction ID : PR1479442843644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C												
Name of Employer	Employer Occupation												
SELF	INSURANCE AGE	NT											
Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 270.95	P/R Deduction (\$12.50 Semi-Monthly)										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			294.24										

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		Use separate schedule(s)	(check only one)												
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	11c	12	<u> </u>							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any per	13 son for the	e pur	pose of	15 soliciting	16 g contribut	17 ions							
	g the name and a	ddress of any political committee	to solicit co	ontric	outions	from suc	n committe	ee.							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life II	nsurance Co	mpany Political Action	Commit	tee	!										
Full Name (Last, First, Middle Initial) A. MR. MICHAEL MCKENZIE						Date of Receipt									
Mailing Address 10 WESTCHESTER DR	11	M M / D D / Y Y Y Y Y 11 30 2015													
City CANTON	State MA	Zip Code 02021-2449		Transaction ID : PR1491588243644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С	C				77.00									
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT - RS OPERATION														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	P/R Deduction (\$38.50 Bi-Weekly)												
Full Name (Last, First, Middle Initial) B. DAVID F. GREENBERG	Date of Receipt														
Mailing Address 6103 AQUA AVE APT 70						11 30 2015									
	State FL	Zip Code					604443644	ļ							
	FL	33141-5875	Amour	nt of	Each F	Receipt th	nis Period								
FEC ID number of contributing federal political committee.	C						14.	58							
Name of Employer SELF	Occupation INSURANC														
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		256.22	P/R Deduction (\$14.58 Semi-Monthly)												
Full Name (Last, First, Middle Initial)			Date of	of Re	eceipt										
Mailing Address 8 RED GAP RD	11	M M / D D / Y Y Y Y 11 30 _2015 _													
City	State	Zip Code	Tran	sact	tion ID :	PR1500	91374364	4							
WILBRAHAM	MA	01095-2357	Amour	nt of	Each F	Receipt th	nis Period								
FEC ID number of contributing federal political committee.	C			24											
Name of Employer	-														
MASSACHUSETTS MUTUAL LIFE INS.															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional	l)	•	Ξ.		7		110.8	82							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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TEMIZED RECEIPTS		Detailed Summary Page		1 1a		11b	11c	12	2								
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Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may not be g the name and address of	e sold or used by any p of any political committe	erson e to sc	for the plicit co	pur ntrib	pose o outions	f soliciting from suc	g contri h comn	buti nitte	ons e.							
NAME OF COMMITTEE (In Full)																	
Aassachusetts Mutual Life I	nsurance Compan	y Political Action	n Cor	nmit	tee												
Full Name (Last, First, Middle Initial) MS. BERNADETTE HARRIGAN							Date of Receipt										
Mailing Address 66 GOODELL ST							11 30 2015										
City		Code		Transaction ID : PR1500914143644													
BELCHERTOWN	MA 010	07-9741		Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C		19.30														
Name of Employer	Occupation																
MASSACHUSETTS MUTUAL LIFE INS.																	
Receipt For:		-															
Primary General	Aggregate Year-to-		- P	P/R Deduction (\$9.65 Bi-Weekly)													
Other (specify)		231.60															
Full Name (Last, First, Middle Initial) GREGORY SIRKO							Date of Receipt										
Mailing Address 301 DEMONBREUN ST # 2						11 30 2015											
City								Transaction ID : PR1500926043644									
NASHVILLE	TN 372		Amoun	t of	Each I	Receipt th	nis Peri	od									
FEC ID number of contributing federal political committee.		25.00															
Name of Employer	Occupation																
SELF	INSURANCE AGEN	Т															
Receipt For:	Aggregate Year-to-	Date V															
Primary General			P	/R Dec	luctio	on (\$25	\$25.00 Monthly)										
Other (specify) ▼		275.00															
Full Name (Last, First, Middle Initial)		Date of Receipt															
Mailing Address 7 LAMPERCOCK LN		M M / D D / Y Y Y Y 11 30 2015															
City		•						043543	644	L .							
LINCOLN	RI 028	865-4201		Amoun	t of	Each I	Receipt th	nis Peri	od								
FEC ID number of contributing federal political committee.		53.84															
Name of Employer																	
BABSON CAPITAL MANAGEMENT LLC																	
Receipt For:	Aggregate Year-to-		P/R Deduction (\$26.92 Bi-Weekly)														
Primary General		F															
Other (specify)		646.08															
SUBTOTAL of Receipts This Page (optional	l)	······]				7	3		98.1	4							

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			Use separate schedule(s)	(check only one)												
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		11b	11c		2						
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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to :	solicit cor	ntrib	utions fi	rom sucl	h com	mitte	е.					
$ \setminus$	NAME OF COMMITTEE (In Full)		Delitical Aster			• -										
2	Massachusetts Mutual Life Ins			ee												
Α.	Full Name (Last, First, Middle Initial) MR. THOMAS WALL				Date of	f Ro	caint									
~ .	Mailing Address 4540 DEEP GLEN WAY						Date of Receipt									
					11		30	L	201	5						
		State PA	Zip Code 18902-8801	\vdash	Transaction ID : PR1541046443644 Amount of Each Receipt this Period 40.00											
	DOYLESTOWN	FA	10902-0001	_												
	FEC ID number of contributing federal political committee.	С														
	Name of Employer	Occupation														
	MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		WHOLESALER		-											
	Primary General	Aggregate	Year-to-Date ▼		P/R Deduction (\$20.00 Bi-Weekly)											
	Other (specify) ▼		320.00				στι (φ 2 0.		CENIY)							
в.	Full Name (Last, First, Middle Initial) MR. MARK VIVIANO						ceipt									
	Mailing Address 105 NORTHFIELD RD						D D 30	/ Y	201	y y 5						
	City	State	Zip Code					PR15410								
		MA	01106-2143	Amount of Each Receipt					nis Per	riod						
	FEC ID number of contributing federal political committee.	С					7			38.5	0					
		Occupation														
	MASSACHUSETTS MUTUAL LIFE INS.	AVP INVES														
	Receipt For:	Aggregate														
	Other (specify) ▼		462.00		P/R Deduction (\$19.25 Bi-Weekly)											
<u>с</u> .	Full Name (Last, First, Middle Initial) MS. ERICA J TRUE	1			Date of	f Re	ceipt									
	Mailing Address 47 COTTAGE ST				M M		D D	/ Y	Y							
	City	State	Zip Code	\neg	11 Trans	act.	30	DDAEAA	201							
	BELCHERTOWN	MA	01007-9666	┢				PR1541 eceipt th								
	FEC ID number of contributing federal political committee.	С					,			19.2	24					
	Name of Employer	Occupation	 	\neg												
	MASSACHUSETTS MUTUAL LIFE INS.		VICE PRESIDENT - MARKETING Aggregate Year-to-Date ▼ 230.88													
	Receipt For:	Aggregate					7									
	Primary General Other (specify) ▼						P/R Deduction (\$9.62 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	 ►			,	- 7		97.7	4					

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FEC Schedule A (Form 3X) Rev. 02/2003

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		for each category of the Detailed Summary Page	X 11a	ι	11b	11c	12				
Any information copied from such Reports and	Statements m	av not be sold or used by any or	erson for th		14	15 soliciting	16	17			
or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full)		– – – – –									
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Comm	ttee	•						
Full Name (Last, First, Middle Initial)											
A. CARLOS HERNANDEZ			_		eceipt						
Mailing Address 8600 SW 84TH AVE			11 30 _ 2015 _								
City	State	Zip Code				PR15417	76614364	4			
ΜΙΑΜΙ	FL	33143-6912	Amo	unt of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С						77.	.76			
					7	7					
Name of Employer											
SELF Receipt For:	INSURANC	Year-to-Date ▼	_								
Primary General	Ayyreyate		P/R D	educt	ion (\$38	.88 Semi-	Monthly)				
Other (specify) 🔻		722.20									
Full Name (Last, First, Middle Initial)											
B. MARGEE D. MARTINEZ			Date	of R	eceipt						
Mailing Address 11051 SW 46TH ST			М				Y Y	Y			
City	State	Zip Code	1 		30 ion ID ·		2015 '6644364 4	1			
MIAMI	FL	33165-4732				Receipt th		T			
FEC ID number of contributing federal political committee.	С						48.	58			
·					7	- 1		المسالم			
Name of Employer SELF	Occupation INSURANC										
Receipt For:	1	Year-to-Date ▼	\neg								
Primary General	, .99109410		P/R D	educt	ion (\$24	.29 Semi-	Monthly)				
Other (specify)		451.40									
Full Name (Last, First, Middle Initial) C. MR. BRIAN S SWEENEY	1		Dete	of D	aggint						
Mailing Address 67 CORNERSTONE DR			Date		eceipt) / V	YYY	Y			
			1		30		2015				
City SOUTH WINDSOR	State CT	Zip Code 06074-2373					64424364	4			
	_	00014-2313	Amo	unt of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С				7		23	.08			
Name of Employer	Occupation	1	_								
MASSACHUSETTS MUTUAL LIFE INS.	REGIONAL	SALES MANAGER									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		276.96	P/R D	educt	ion (\$11	.54 Bi-We	ekly)				
		y y y									
	1			-			149.	42			
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	H	11b		1c	12		٦	
٨	ny information copied from such Reports and S	tatemente mo	av not be sold or used by any po	1: urson for		14		5	16 contrib		17	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit	t cont	ribution	s from	such	commi	ittee.	10	
\setminus	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Comn	nitte	e						
Α.	Full Name (Last, First, Middle Initial) MONTE B. MILLER			Dat	e of I	Receipt						
<u>~</u> .	Mailing Address 125 LONGVALE DR						D /	Y	Y Y	Y		
					11		30	L	2015			
	City KNOXVILLE	State TN	Zip Code 37920-6544			ction ID						
			57 520 0044	Am	ount	of Each	Hecei	pt this	s Perio	d	_	
	FEC ID number of contributing federal political committee.	С				7		7	2	22.56		
	Name of Employer	Occupation										
	SELF Receipt For:	INSURANC		_								
	Primary General	Aggregate	Year-to-Date ▼	P/R	Dedu	ction (\$*	11.28 S	Semi-N	Monthly	/)		
	Other (specify)		216.14			ψ	20 0			'		
В.	Full Name (Last, First, Middle Initial) WILLIAM B. HUFF			Dat	e of I	Receint						
٦.	Mailing Address 2617 E 3330 S			_				Y	Y Y	Y		
					11				2015			
	City	State UT	Zip Code				eceipt 30 / 2015 tion ID : PR1554873643644 Each Receipt this Period 60.00					
	ST GEORGE		84790-7291	Am	ount	of Each	Recei	pt this	s Perio	d		
	FEC ID number of contributing federal political committee.	С					_	7	6	60.00		
	Name of Employer	Occupation		1								
	SELF	INSURANC	E AGENT	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		Ded	tion (fr		om: •	lonth	0		
	Other (specify) ▼		, 240.00		Dedu	ction (\$3	50.00 S	em-N	nonthly	')		
<u>с</u> .	Full Name (Last, First, Middle Initial) MS. TARYN LEONARD			Dat	te of I	Receipt						
	Mailing Address 49 MAGAZINE ST			M	м 11	/ D	D / 30	Y	y y 2015	Y		
	City	State	Zip Code	Т	ransa	ction IE) : PR1	5605	278436	644		
	CAMBRIDGE	MA	02139-3909	Am	ount	of Each	Recei	pt this	s Perio	d		
	FEC ID number of contributing federal political committee.	С				7		7	5	53.90)	
	Name of Employer	Occupation		1								
	BABSON CAPITAL MANAGEMENT LLC	MANAGINO	DIRECTOR									
	Receipt For:	Aggregate	Year-to-Date ▼		Dest	ation (Ar			م اداد ک			
	Other (specify)		646.80	P/R	Dedu	ction (\$2	26.95 E	si-vve	ekiy)			
s	UBTOTAL of Receipts This Page (optional)		····· ►		_	3		7	13	6.46	_	

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			for each category of the Detailed Summary Page		11a		11 14	F	11c		12 16	17
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	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	l Cor	nmit	tee	ļ					
A.	Full Name (Last, First, Middle Initial) MR. NEIL B STANDISH				Date c	of Re	ecei	ipt				
	Mailing Address 17 OLD FLANDERS RD	Ctoto	Zin Code	11 30 2015 Transaction ID : PR1560527943644								
	City WOODBURY	State CT	Zip Code 06798-2110				-					.4
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Peri								
	Name of Employer	Occupation										
	MASSACHUSETTS MUTUAL LIFE INS.	SYSTEMS	CONSULTANT									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96					ion	(\$11.	54 Bi-W	/eekl	y)	
	Full Name (Last, First, Middle Initial) MR. TODD PICKEN				Date c	of Re	ecei	ipt				
	Mailing Address 27 GREY OAK LN				^M ■ N 11	/	Ľ	30	/)15	Y
	City	State MA	Zip Code						PR1560			4
	WHATELY	MA	01093	-	Amour	nt of	Ea	ich R	eceipt	his F	Period	
	FEC ID number of contributing federal political committee.	С					7				30	.80
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORA	E VICE PRESIDENT - TREASU	RI								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.60	P	/R Dec	ducti	on ((\$15.	40 Bi-W	/eekly	/)	
	Full Name (Last, First, Middle Initial) FARID MALEK				Date c	of Re	ecei	ipt				
	Mailing Address 3959 SAPPHIRE DR				M N 11	/	E	о о 30	/)15	Y
	City	State CA	Zip Code		Tran	sact	tion	ID :	PR156	0575	04364	4
	ENCINO	CA	91436-3639	_	Amour	nt of	Ea	ch R	eceipt	his F	Period	
	FEC ID number of contributing federal political committee.	С					7				41	.66
	Name of Employer	of Employer Occupation										
	SELF	INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	I F	P/R De	ducti	ion	(\$20.	83 Sen	ni-Mo	nthly)	

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\rangle	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Com	mitte	e							
Α.	Full Name (Last, First, Middle Initial) MS. RACHEL JAEGGI			D	ate of	Rec	ceipt						
	Mailing Address 29 HOFFMANN RD			11 30 2015									
	City	State	Zip Code		Transa	ictio	on ID : I	PR15644		644			
	CANTON	СТ	06019-2151	Ai	mount	of E	Each Re	eceipt th	is Peric	d			
	FEC ID number of contributing federal political committee.	С					9		7	77.00			
	Name of Employer	Occupation											
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	BIDENT - OPERATIONS										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			P/F	R Dedu	ctio	n (\$38.	50 Bi-We	ekly)				
	Other (specify)	L	924.00										
в.	Full Name (Last, First, Middle Initial) MR. KEVIN RASCH			D	ate of	Rec	ceipt						
	Mailing Address 48 FOX DEN RD				11 ^M	/	30	/ Y	2015	Y			
	City	State	Zip Code		Transa	ctic	on ID : F	PR15692		44			
	WEST SIMSBURY	СТ	06092-2217	A	mount	of E	Each Re	eceipt th	is Peric	d			
	FEC ID number of contributing federal political committee.	С		115.40									
	Name of Employer	Occupation		\neg									
	MASSACHUSETTS MUTUAL LIFE INS.	VP & ASSIS	STANT GENERAL COUNSEL										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			P/F	R Dedu	ctio	n (\$57.7	'0 Bi-We	ekly)				
	Other (specify)	L	1384.80										
c.	Full Name (Last, First, Middle Initial) LACEY L. ROBERTS			D	ate of	Rec	ceipt						
	Mailing Address 424 HERITAGE BLVD				M M 11	/	D D D 30	/ Y	2015	Y			
	City	State OK	Zip Code					PR15818					
	EDMOND	UK	73025-2764	Ai	mount	of E	Each Re	eceipt th	is Peric	d			
	FEC ID number of contributing federal political committee.	С					7	7	;	32.36			
	Name of Employer	Occupation											
	SELF	INSURANC	E BROKER										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		256.34	P/F	R Dedu	ictio	n (\$16. ⁻	18 Semi	-Monthly	/)			
s	UBTOTAL of Receipts This Page (optional)		•		_		,	- 7	22	4.76			

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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	mpany Political Action	n Cor	nmitt	ee								
Full Name (Last, First, Middle Initial) A. ROBERT P. DAMICO				Date of	Re	ceipt							
Mailing Address 343 BROOKSBORO DR				M M	/	D	- 1	/ Y	Y 1		ſ		
City	State	Zip Code		11302015 Transaction ID : PR1581828143644									
WEBSTER	NY	14580-9775		Amount									
FEC ID number of contributing federal political committee.	С					,		7		29.1	6		
Name of Employer													
SELF													
Receipt For:													
Primary General Other (specify) ▼] ^P	/R Ded	uctio	on (\$14	4.58	3 Semi-	Monthl	y)					
Full Name (Last, First, Middle Initial) B. MS. ANNE-MARIE SZMYT				Date of	Re	ceint							
Mailing Address 49 GLENN DR				11	/	30	- 1	/ Y	2015				
City	State	Zip Code			acti			R15818	_	644			
WILBRAHAM	MA	01095-1439		Amount	t of	Each I	Rec	eipt thi	is Peri	od			
FEC ID number of contributing federal political committee.	С					,		7		38.5	0		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation												
Receipt For:		SIDENT - IT PROFESSIONAL SE	R\										
Primary General	Aggregate	Year-to-Date ▼				(\$40		D' 14/-	-1.1.3				
Other (specify) ▼		462.00		/R Ded	uctio	on (\$19	9.25	BI-We	екіу)				
Full Name (Last, First, Middle Initial) C. MR. WILLIAM DEBLOIS				Date of	Re	ceipt							
Mailing Address 11 JAMESON DR				M M 11	/	D 30		/ Y	2015		ſ		
City	State	Zip Code		Trans	acti	ion ID	: P	R15818	379943	644			
REHOBOTH	MA	02769-2039	'	Amount	t of	Each I	Rec	eipt thi	is Peri	od			
FEC ID number of contributing federal political committee.	С					7		7		87.5	50		
Name of Employer	Occupation												
BABSON CAPITAL MANAGEMENT LLC	MANAGINO	G DIRECTOR											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		612.50] P	P/R Ded	uctio	on (\$43	3.75	5 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional)				5		3	1:	55.1	6				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	1	2				
A :					13		14	15		6	17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	ay not be sold or used by any pe ddress of any political committee	erson f to so	for the licit cor	purp ntrib	pose of utions f	from such	i conti 1 com	mitte	ions ee.				
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitt	ee								
Α.	Full Name (Last, First, Middle Initial) MR. DAMON BATES				Date of	f Re	ceipt							
	Mailing Address 5 INGRAHAM RD				M M 1_1	/	30		201	У 5	Y			
	City WELLESLEY	State MA	Zip Code 02482-6905				-	PR15818			ļ			
			02402-0903	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		53.84										
	Name of Employer	Occupation												
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	DIDENT - MARKETING											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_			(*	00 FI 11						
	Other (specify)	646.08	P,	/R Ded	uctio	on (\$26	.92 Bi-We	ekly)						
В.	Full Name (Last, First, Middle Initial) MR. GARETH ROSS				Date of	f Re	ceipt							
	Mailing Address 82 COTTAGE ST				M M	/	DD) / Y	Y	Y	Y			
		0.1			11		30		201	5				
	City AMHERST	State MA	Zip Code 01002-2125				-	PR15968						
			01002-2123	- '	Amoun	t of	Each F	Receipt th	ls Per	100	_			
	FEC ID number of contributing federal political committee.	С					7	7		76.9	92			
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP - ADV	ANCED BUSINESS ANALYTICS											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		923.04	P/	R Ded	uctio	on (\$38.	.46 Bi-We	ekly)					
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,											
C.	Full Name (Last, First, Middle Initial) MS. KATHLEEN MA ALLEN			(Date of	f Re	ceipt							
	Mailing Address 149 LINCOLN RD				^M ^M	1	30		201		Y			
		State MA	Zip Code					PR1596			4			
	LONGMEADOW	IVIA	01106-2641	- /	Amount	t of	Each F	Receipt th	is Per	riod				
	FEC ID number of contributing federal political committee.	С				_	,		_	30.	76			
	Name of Employer	Occupation												
	MASSACHUSETTS MUTUAL LIFE INS.	AVP HR												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		369.12	P.	/R Ded	luctio	on (\$15	.38 Bi-We	ekly)					
			/5 /5											
s	UBTOTAL of Receipts This Page (optional)		•	.			7			161.5	52			
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	MIZED RECEIPTS		Use separate schedule(s)	(che	ck only	y on	ie)				
			for each category of the Detailed Summary Page	X	11a 13		11b	11c	12		17
	information copied from such Reports and St or commercial purposes, other than using the				or the		bose of s	soliciting	contrib		
\	IAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	ance Co	mpany Political Action	Con	nmitt	ee					
	ull Name (Last, First, Middle Initial) JOHN SIKARAS			[Date of	f Re	ceipt				
_	Aailing Address 8516 W CLARA DR				м м 11	/	D D D 30	/ Y	2015	Y	
	NILES	State IL	Zip Code 60714-2308				on ID : F Each Re				
	EC ID number of contributing ederal political committee.	С					,	,	6	0.00	
S	Jame of Employer	Occupation INSURANC									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.19	P/	/R Ded	uctio	on (\$30.0	00 Semi	-Monthly	')	
	ull Name (Last, First, Middle Initial) MS. LORIE VALLE-YANEZ			[Date of	f Re	ceipt				
_	Aailing Address 575 MOUNTAIN RD	01-1-1-	7. 0.4		M M 11	/	^D D 30	L	ү ү 2015		
	City NEST HARTFORD	State CT	Zip Code 06117-1842	A			on ID : F Each Re				
	EC ID number of contributing ederal political committee.	С					7	- 7	7	6.92	
	lame of Employer IASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRES	IDENT - DIVERSITY & INCLUSIO	r							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.04	P/	'R Dedi	uctic	on (\$38.4	6 Bi-W€	eekly)		
	Full Name (Last, First, Middle Initial) MR. HERBERT WI WHITAKER				Date of	f Re	ceipt				
Ν	Aailing Address 58 INDIAN FIELD RD				^M M 11	/	D D 30	/ Y	2015	Y	
	City HEBRON	State CT	Zip Code 06248-1337				on ID : F Each Re				
	EC ID number of contributing ederal political committee.	С					7		3	38.50	
			GE LEADER								
_	MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)		Year-to-Date ▼ 462.00	P	/R Ded	luctio	on (\$19.2	25 Bi-We	eekly)		
su	BTOTAL of Receipts This Page (optional)		····· •				,	- 1	17	5.42	
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check on	ly one)			
ILEWIZED NECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	4-7
Any information copied from such Reports a			rson for the	purpose			
or for commercial purposes, other than usin	g the name and a	ddress of any political committee	to solicit co	ntributions	s from suc	h committ	ee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	nsurance Co	mpany Political Action	Commit	tee			
Full Name (Last, First, Middle Initial) A. MR. KEVIN P SHERIDAN			Date c	f Receipt			
Mailing Address 15 WINTERSET LN			M M		D / Y	2015	Y
City SIMSBURY	State CT	Zip Code 06070-1720			: PR1606 Receipt th		4
FEC ID number of contributing federal political committee.	С						.94
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		SITE PRODUCT MANAGEMENT	_				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.28	P/R Dec	duction (\$3	38.47 Bi-W	eekly)	
Full Name (Last, First, Middle Initial) B. GEORGE BENOIT			Date o	f Receipt			
Mailing Address 69 JILLIAN WAY			11		D / Y	у у 2015	Y
City WESTPORT	State MA	Zip Code 02790-4231			: PR1619 Receipt th		4
FEC ID number of contributing federal political committee.	С			t of Lach	neceipt ti		.10
Name of Employer SELF	Occupation INSURANC		_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 442.56	P/R Dec	luction (\$3	6.05 Semi	Monthly)	
Full Name (Last, First, Middle Initial) C. MR. MARK KNAPP			Date o	f Receipt			
Mailing Address 4237 VIA MARINA APT	113		11		D / Y	y y 2015	Y
City MARINA DEL REY	State CA	Zip Code 90292-4552) : PR1637		4
FEC ID number of contributing federal political committee.	C		Amoun	it of Each	Receipt th		.00
Name of Employer	Occupation	l	_				
CORNERSTONE RE ADVISERS LLC	DIRECTOR	R					
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 240.00	P/R Dec	duction (\$1	10.00 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional	al)	•			7	169.	04
TOTAL This Period (last page this line nur	nber only)	•••••					

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			Detailed Summary Page	🖂	11a		11b	11c		12						
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	y information copied from such Reports and St for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big/$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee										
Α.	Full Name (Last, First, Middle Initial) HUGO X. CARVAJAL			ı	Date of	Re	ceipt									
	Mailing Address 79 RIDGEVIEW DR				м м 11	/	D D D 30	/ Y		015	Y					
	City	State	Zip Code		Trans	acti	on ID :	PR1637	4159)43644	ļ					
	WOODLAND PARK	NJ	07424-2719	_ /	Amount	of	Each R	eceipt th	is P	eriod						
	FEC ID number of contributing federal political committee.	С					,	- 7	_	29.	16					
	Name of Employer SELF	Occupation INSURANC														
	Receipt For:	_														
	Primary General	Year-to-Date ▼	P	/R Dedi	uctio	on (\$14	58 Semi	-Mor	nthlv)							
	Other (specify)	270.80		Dout		στη (φ τ τι:		mor								
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt									
	Mailing Address 1020 THACKERY LN			11 30 _2015 _												
	City	State	Zip Code	- '		acti		PR1637								
	NAPERVILLE	IL	60564-3143					eceipt th								
	FEC ID number of contributing federal political committee.	С					7	5	_	60.	00					
	Name of Employer SELF	Occupation INSURANC														
	Receipt For:		Year-to-Date ▼													
	Primary General Other (specify) ▼		240.00	P	/R Dedu	uctic	on (\$30.0	00 Semi	-Mon	thly)						
С.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt									
	Mailing Address 555 35TH ST				м м 11	/	D D 30	/ Y)15	Y					
	City	State	Zip Code		Trans	acti	ion ID :	PR1637	4596	343644	1					
	MANHATTAN BEACH	CA	90266-3407	/	Amount	of	Each R	eceipt th	is P	'eriod						
	FEC ID number of contributing federal political committee.	С					7	7	_	86.	78					
	Name of Employer	Occupation		_												
	SELF	INSURANC	E AGENT													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	33 - 3		P	/R Ded	uctio	on (\$43.	39 Sem	-Mor	nthly)						
	Other (specify)	L	556.62													
s	UBTOTAL of Receipts This Page (optional)		•				7	. ,		175.9	94					
т	OTAL This Period (last page this line number of				,											

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		Use separate schedule(s)	(check on	ly or	ie)	L		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	_
	Diata years		13		14	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the	e name and a	ay not be sold or used by any pe address of any political committee	to solicit co	purp ntrib	oose of utions fi	soliciting	contribut	ions ee.
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life Insu	irance Co	ompany Political Action	Commit	tee				
Full Name (Last, First, Middle Initial)			Date c	of Re	ceipt			
Mailing Address 20 COPPER VALLEY CT			MN		D D	/ Y	YY	Y
	Otata	Zin Oada	11		30		2015	
City CHESHIRE	State CT	Zip Code 06410-1761					20924364 is Period	4
FEC ID number of contributing	0		Amour					
federal political committee.	С				7	7	77.	.78
Name of Employer	Occupation	1	-					
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - INVESTMENTS						
Receipt For: Primary General	Aggregate	Year-to-Date ▼		du ceti	n (¢20)	89 Bi-We		
Other (specify) ▼		933.36	P/R Dec	Jucin	JU (\$30.)	69 DI-VVE	ekiy)	
		, , , , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial) B. MR. SRINIVAS DRONAMRAJU			Date c	of Re	ceipt			
Mailing Address 28 ALLEN RIDGE DR			M	/	D D	/ Y	Y Y	Y
City	State	Zip Code			30		2015	
ELLINGTON	CT	06029-3666			-		10243644 is Period	1
FEC ID number of contributing	С			-			115.	40
federal political committee.	C			-	7	J.	115.	40
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	I	_					
Receipt For:	-	ERPRISE INFORMATION RISK M	G					
Primary General	Aggregate	Year-to-Date ▼	P/R Dec	luctio	on (\$57.)	70 Bi-We	eklv)	
Other (specify) v		, 1384.80			(+-		- ,,	
Full Name (Last, First, Middle Initial)								
C. JACK STEVENS Mailing Address 9 WILLIAM ST			Date c				- Y - Y -	
			11		о о 30	/ т	2015	Y
City CAZENOVIA	State NY	Zip Code 13035-1121					24624364	4
	_	15055-1121	Amour	nt of	Each R	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	С				7	7	26	.04
Name of Employer	Occupation	1	_					
SELF	INSURANC	CE AGENT						
Receipt For: Primary General	Aggregate	Year-to-Date ▼		-l 4 ¹	(¢ 40	00.0	Manthlu)	
Other (specify)		223.98	P/R Dec	JUCTIO	on (\$13.	02 Semi-	Monthly)	
	7 7 7 7							
SUBTOTAL of Receipts This Page (optional)					7	- 7	219.	22
TOTAL This Period (last page this line number	only)				,			

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		Use separate schedule(s)	(check o	nly o	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any per	rson for th	e pur	14 pose of	15 soliciting	16 contribu	tions
NAME OF COMMITTEE (In Full)		uness of any political contributee		Jonuli		Such	COMMIN	
Massachusetts Mutual Life Insu	urance Co	mpany Political Action	Commi	ttee	!			
Full Name (Last, First, Middle Initial) A. MATTHEW A. GRIFFITH			Date	of Re	eceipt			
Mailing Address 517 NW 156TH CIR			11		30	/ Y	2015	Y
City EDMOND	State OK	Zip Code 73013-2087					2 6534364 is Period	
FEC ID number of contributing federal political committee.	С				7	7		.76
Name of Employer SELF	Occupation INSURANC							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		722.20	P/R De	educti	on (\$38.	88 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. MR. DENNIS STEMPEL			Date	of Re	eceipt			
Mailing Address 85 CHRISTOPHER LN			11		30	/ Y	y y 2015	Y
	State MA	Zip Code			-		2554364	
FEEDING HILLS	_	01030-2616	Amou	int of	Each R	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	С			_	7	7	23	.10
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VI	CE PRESIDENT & GENERAL AUE						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 277.20	P/R De	ducti	on (\$11.	55 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. MS. AMY LY FERRERO			Date	of Re	eceipt			
Mailing Address 42 STONEHILL RD			11		30	/ Y	2015	Y
	State	Zip Code	Tra	nsact	ion ID :		79124364	
E LONGMEADOW FEC ID number of contributing	MA	01028-1367	Amou	int of	Each R	eceipt th	is Period	
federal political committee.	C			_	7	7	53	3.84
Name of Employer	Occupation							
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		SIDENT - CAPABILITY DELIVERY Year-to-Date ▼	-					
Primary General Other (specify) ▼		646.08	P/R De	educti	ion (\$26.	.92 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optional)		•••••	Ē		7	- 7	154	.70

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		Use separate schedule(s)	(check on	ly or	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information partial framework Density - 10	totom and a		13		14	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life Insu	rance Co	mpany Political Action	Commit	tee				
Full Name (Last, First, Middle Initial) A. MS. HEATHER SMILEY			Date o	of Re	ceint			
Mailing Address 62 KENDALL HILL RD						/ Y	Y Y	Y
			11		30		2015	
City STERLING	State MA	Zip Code 01564-1515					9254364	4
	_	01004 1010	_ Amour	nt of	Each H	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	С				7		115.	40
Name of Employer	Occupation		-					
MASSACHUSETTS MUTUAL LIFE INS.	SVP - RS N	ARKETING & COMMUNICATION	5					
Receipt For:	Aggregate	Year-to-Date ▼			/ * -			
Other (specify)		1384.80	P/R De	ducti	on (\$57.	70 Bi-We	ekly)	
		7 7						
Full Name (Last, First, Middle Initial) B. ABIGAIL S. SPAULDING			Date o	of Re	eceipt			
Mailing Address 144 KENNER AVE			11	/	30	/ Y	2015	Y
City	State	Zip Code		10143644	4			
NASHVILLE	TN	37205-2219	Amour	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7		41.	67
Name of Employer	Occupation		-					
SELF	INSURANC	E AGENT						
Receipt For:	Aggregate	Year-to-Date ▼				07 14	1.3	
Other (specify)		, 458.37	P/R Dec	ductio	on (\$41.	67 Month	ily)	
Full Name (Last, First, Middle Initial)								
C. PATRICK D. OLSEN			Date o		· ·			
Mailing Address 5109 GARNER DR			11	/	30	/ Y	2015	Y
City	State	Zip Code	Tran	sact	ion ID :	PR16638	32384364	4
DAVENPORT	IA	52806-3680	Amour	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	9	20	.85
Name of Employer	Occupation		_					
SELF	INSURANC	CE AGENT	_					
Receipt For:	Aggregate	Year-to-Date ▼		duati	on (\$20	.85 Month	5h.d)	
Other (specify)	229.35	F/R De	uucu	0Π (φ20	.65 100110	шу)		
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TOTAL This Period (last page this line number	only)	••••••			7			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such F or for commercial purposes, other th	Reports and Statements mathematical mathematical second se	I ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual	Life Insurance Co	ompany Political Action	Committee							
Full Name (Last, First, Middle Ini PAUL E. ROSEN	tial)		Date of Receipt							
Mailing Address 124 ISLE OF VE	NICE DR		M M / D D / Y Y Y Y Y 11 30 2015							
City	State	Zip Code	Transaction ID : PR1663824043644							
FORT LAUDERDALE	FL	33301-1427	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		29.16							
Name of Employer	Occupation	1	—							
SELF	INSURANC	E BROKER								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		270.80	P/R Deduction (\$14.58 Semi-Monthly)							
Full Name (Last, First, Middle Ini B. MELISSA J. MORRIS	itial)		Date of Receipt							
Mailing Address 4266 20TH ST S	W		11 30 _2015 _							
City	State	Zip Code	Transaction ID : PR1663825743644							
WAVERLY	MN	55390-5004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		29.16							
Name of Employer	Occupation	1	_							
SELF	INSURANC	E AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		270.80	P/R Deduction (\$14.60 Semi-Monthly)							
Full Name (Last, First, Middle Ini C. JONATHAN S. PERRY	itial)		Date of Receipt							
Mailing Address 15 BROAD ST A			11 30 / Y Y Y Y Y 11 30 2015							
City NEW YORK	State NY	Zip Code 10005-1991	Transaction ID : PR1663829343644							
		10005-1991	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		37.66							
Name of Employer	Occupation	1								
SELF Receipt For:	INSURANC	CE AGENT	_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 343.47	P/R Deduction (\$18.83 Semi-Monthly)							
SUBTOTAL of Receipts This Page	(optional)		95.98							
TOTAL This Period (last page this	line number only)									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any p ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life II	nsurance Com	pany Political Action	Committee	
Full Name (Last, First, Middle Initial) A. MICHAEL J. SACHER			Date of Receipt	
Mailing Address 1861 LINDSEY LN	-		M = M / D = D / Y = Y = Y = Y 11 30 2015	
City CINCINNATI	State OH	Zip Code 45230-2198	Transaction ID : PR1672298143644	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation GENERAL IN Aggregate Ye	SURANCE AGENT ar-to-Date ▼ 1333.44	P/R Deduction (\$83.34 Monthly)	
Full Name (Last, First, Middle Initial) B. MR. SCOTT BUFFINGTON			Date of Receipt	
Mailing Address 16671 PISTOIA WAY			M M / D D / Y Y Y Y Y 11 30 2015	
City NAPLES	State FL	Zip Code 34110-3239	Transaction ID : PR1688809843644 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	ů – L			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESID	ENT - RS NATIONAL SALES		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 924.00	P/R Deduction (\$38.50 Bi-Weekly)	
Full Name (Last, First, Middle Initial) C. KELLEN B. DOOP			Date of Receipt	
Mailing Address 4535 CANOGA DR			M M / D D / Y Y Y Y Y 11 30 2015	
City WOODLAND HILLS	State CA	Zip Code 91364-5333	Transaction ID : PR1692472043644 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer	Occupation			
SELF	INSURANCE	AGENT		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 244.31	P/R Deduction (\$25.00 Semi-Monthly)	
SUBTOTAL of Receipts This Page (optiona	I)		238.12	
TOTAL This Period (last page this line num	iber only)			

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			Detailed Summary Page	X	11a		11b	11c		12					
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	information copied from such Reports and St or commercial purposes, other than using the														
	AME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee									
	ull Name (Last, First, Middle Initial) JOHN S. HETTIGER			Date of Receipt											
M	ailing Address 12484 BURKE DR			11 30 2015											
	ity	State	Zip Code		Trans	acti	on ID :	PR169	2497	54364	4				
	CARMEL	IN	46032-7284	A	Amount	of	Each R	leceipt	this I	Period					
	EC ID number of contributing deral political committee.	С					,			100	.00				
	ame of Employer ELF	Occupation													
-	ecceipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		400.00	P/	'R Ded	uctio	on (\$50.	.00 Ser	ni-Mc	onthly)					
	ull Name (Last, First, Middle Initial) ANTHONY W. YOUSSEFI				Date of	Re	ceipt								
M	ailing Address 7928 KIRKFIELD DR				м м 11	/	30	/	Y Y 2	015	Y				
C	ity	State	Zip Code		Trans	acti	on ID :	PR170	2300	34364	4				
N	IASHVILLE	LE TN 37211-4697						Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	ş					29.16								
	ame of Employer ELF														
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 241.64	P/	R Dedi	uctic	on (\$14.	58 Sen	ni-Mo	onthly)					
	ull Name (Last, First, Middle Initial) JEANNETTE STRELITZ				Date of	Re	ceipt								
M	lailing Address 12280 NW 4TH ST				м м 11	/	30) /		015	Y				
		State	Zip Code				ion ID :				4				
	PLANTATION	FL	33325-2424	A	Amount	of	Each R	leceipt	this I	Period					
	EC ID number of contributing ederal political committee.	С					7	3		15	.63				
N	ame of Employer	Occupation													
_	ELF	INSURANC	EAGENT												
R	leceipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		237.54	P/	/R Ded	uctio	on (\$15	.63 Ser	ni-Mc	onthly)					
SU	BTOTAL of Receipts This Page (optional)									144.	79				
то	TAL This Period (last page this line number of	only)	••••••				,								

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12					
Any information copied from such Reports an	d Statements ma	av not be sold or used by any ne	erson fr	13 or the	Durr	14 pose	of s	15 olicitina	16 contribu	17 tions				
or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Com	nmitte	ee									
Full Name (Last, First, Middle Initial) A. ROBERT C. CARTY				Date of	Re	eceipt								
Mailing Address 1421 GREENFIELD AVE			11 30 2015											
City	State	Zip Code		Trans	acti	ion IC) : P	R17023	80574364	4				
LOS ANGELES	CA	90025-8017	A	mount	of	Each	Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					9		7	146	.30				
Name of Employer	Occupation													
SELF Receipt For:	INSURANC		_											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 728.65	P/	R Dedi	uctio	on (\$3	385.0	68 Sem	i-Monthly)				
Full Name (Last, First, Middle Initial) B. NICHOLAS S. CHAVIS	I			Date of	Re	eceipt								
Mailing Address 3411 COLLIER CT		11 / D D / Y Y Y Y Y 130 2015												
City	State	Zip Code	Transaction ID : PR1702316643644											
GLEN ALLEN	number of contributing							ceipt th	is Period					
FEC ID number of contributing federal political committee.								7	29	.16				
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.80	P/I	R Dedu	uctic	on (\$1	14.58	3 Semi-	Monthly)					
Full Name (Last, First, Middle Initial) C. BRIAN K. VIESELMEYER				Date of	Re	ceipt								
Mailing Address 6 YOUNG ST				м м 11	/		D 30	/ Y	y y 2015	Y				
City CORTLANDT MANOR	State NY	Zip Code 10567-1008	A						3 326436 4 is Period	4				
FEC ID number of contributing federal political committee.	С					y		7	21	.84				
Name of Employer	Occupation	1												
SELF	INSURANC	CE AGENT												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		203.20	P/	R Ded	uctio	on (\$′	10.9	2 Semi-	Monthly)					
SUBTOTAL of Receipts This Page (optional)									197	30				
TOTAL This Period (last page this line numb	per only)	······				,								

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		for each category of the Detailed Summary Page		(11a		11b	11c	12								
		Detailed Summary Faye		13		14	15	16	17							
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma g the name and ac	y not be sold or used by any p dress of any political committee	erson e to so	for the plicit co	purı ntrib	oose of utions f	soliciting	g contribi h commi	utions ttee.							
NAME OF COMMITTEE (In Full)																
angle Massachusetts Mutual Life Ir	nsurance Co	mpany Political Action	Cor	nmitt	ee											
Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt										
Mailing Address 7971 STONEHURST DR				M M	/	30) / Y	2015	Y							
City	State	Zip Code		Trans	sacti	on ID :	PR1702	3338436	44							
DUBLIN	OH	43016-9210	_	Amoun	t of	Each R	leceipt th	nis Perio	k							
FEC ID number of contributing federal political committee.	С					y		6	6.70							
Name of Employer	Occupation		-													
SELF	INSURANCI	EAGENT														
Receipt For:	Aggregate '	Year-to-Date ▼	\neg													
Primary General	1.99.094.0		I F	P/R Ded	luctio	on (\$33.	.35 Semi	-Monthly)							
Other (specify)		200.10				•										
Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt										
Mailing Address 4277 HICKORY ROCK D	R			M M	/	30	/ Y	2015	Y							
City	State	Zip Code		Trans	acti	on ID :	PR1702	33394364	44							
POWELL	OH 43065-7334						Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	of Employer Occupation					60.00										
Name of Employer SELF																
Receipt For:	INSURANCE		_													
Primary General	Aggregate	Year-to-Date ▼				مەر (¢20		Monthly								
Other (specify) ▼		, 240.00		/R Deu	ucuc	JU (\$20.	oo Semi	-Monthly)								
Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt										
Mailing Address 58 MIDLAND RD				M M	/	. 30) / Y	2015	Y							
City	State	Zip Code		Trans	sact	ion ID :	PR1709	9730436	44							
ROSLYN HEIGHTS	NY	11577-1415		Amoun	t of	Each R	leceipt th	nis Perio	t							
FEC ID number of contributing federal political committee.	С					7	7	4	8.58							
Name of Employer	Occupation		-													
SELF	INSURANC	E AGENT														
Receipt For:	Aggregate '	Year-to-Date ▼														
Primary General Other (specify) ▼		451.40	F	P/R Dec	luction	on (\$24	.29 Semi	-Monthly)							
SUBTOTAL of Receipts This Page (optional	I)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		_	7		175	5.28							

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

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)							
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>				
Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	A not be sold or used by any predering a committee	erson for the to solicit cor	14 purpose of s	15 soliciting om such	contribut	17 tions ee.				
NAME OF COMMITTEE (In Full)											
Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committe	ee							
Full Name (Last, First, Middle Initial) A. RYAN THOMAS			Date of	Receipt							
Mailing Address 468 SOUTHBURY LN			м м 11	/ D D 30	/ Y	y y 2015	Y				
City	State	Zip Code	Trans	action ID : P	R17099		4				
CHICO	CA	95973-8207	Amount	of Each Re	ceipt thi	s Period					
FEC ID number of contributing federal political committee.	С				7	84	.00				
Name of Employer	Occupation	1	_								
SELF	INSURANC	CE AGENT									
	Aggregate	Year-to-Date ▼									
Other (specify)		258.00	P/R Ded	uction (\$42.0	0 Semi-	Monthly)					
		1									
Full Name (Last, First, Middle Initial) B. GREGORY T. FREEMAN			Date of	Receipt							
Mailing Address 5901 N MERIDIAN ST			Batto 01		/ Y	Y Y	Y				
			11	30		2015					
City	State	Zip Code		action ID : P			4				
INDIANAPOLIS	IN	46208-1532	Amount	of Each Re	ceipt thi	s Period					
FEC ID number of contributing federal political committee.	C			58.3							
Name of Employer	Occupatior	1	_								
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		541.70	P/R Ded	uction (\$29.1	7 Semi-I	Monthly)					
Full Name (Last, First, Middle Initial) C. MS. JENNIFER ORZELL			Date of	Receipt							
Mailing Address 44 WESTWOODS DR			M M M	/ D D 30	/ Y	y y 2015	Y				
City	State CT	Zip Code		action ID : F			4				
CANTON	CI	06019-4500	Amount	of Each Re	ceipt thi	s Period					
FEC ID number of contributing federal political committee.	С				7	76	.92				
Name of Employer	Occupation	1									
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRE	SIDENT & ACTUARY									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		923.04	P/R Ded	uction (\$38.4	6 Bi-We	ekly)					
		7									
SUBTOTAL of Receipts This Page (optional).					- 7	219.	26				
TOTAL This Period (last page this line numb	er only)										

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only	(check only one)							
IILIVIIZED NEVEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17				
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the	purpose of s	soliciting	contribut	tions				
NAME OF COMMITTEE (In Full)											
> Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Committe	ee							
Full Name (Last, First, Middle Initial) A. MICHAEL F. MORAN			Date of	f Receipt							
Mailing Address 225 NORTHERN AVE			M M 11	/ D D 30	/ Y	y y 2015	Y				
City	State	Zip Code		action ID : F			4				
BOSTON	MA	02210-2052	Amount	t of Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					100	.00				
Name of Employer	Occupation	1									
SELF	INSURANC	E AGENT	_								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		400.00	P/R Ded	uction (\$50.0	0 Semi-	Monthly)					
		(f)									
Full Name (Last, First, Middle Initial) B. ADAM G. CLAERBOUT			Date of	f Receipt							
Mailing Address 7141 DICKINSON LN					/ Y	Y Y	Y				
		11	30		2015						
City	State	Zip Code		action ID : P			4				
INDIANAPOLIS	IN	46259-5703	Amount	t of Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			31.							
Name of Employer	of Employer Occupation										
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) V		268.80	P/R Ded	uction (\$15.6	3 Semi-	Monthly)					
Full Name (Last, First, Middle Initial) C. WILLIAM CREEDEN			Date of	f Receipt							
Mailing Address 701 ROYAL CT APT 302			11	/ D D 30	/ Y	y y 2015	Y				
City	State	Zip Code	Trans	action ID : F	PR17272	25844364	4				
CHARLOTTE	NC	28202-2751	Amount	t of Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С			7	9	75	.00				
Name of Employer	Occupation	1									
SELF	INSURANO	CE AGENT									
Receipt For:	Aggregate	Year-to-Date V									
Other (specify)		225.00	P/R Ded	luction (\$37.5	i0 Semi-	Monthly)					
		7									
SUBTOTAL of Receipts This Page (optional)		•				206.	26				
TOTAL This Period (last page this line number	only)	••••••									

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		Detailed Summary Page		11a		111	ъΓ	11c	12			
		Detailed Summary Page		13		14		15	16	17		
Any information copied from such Reports and a or for commercial purposes, other than using th	Statements made and a	ay not be sold or used by any penderss of any political committee	erson fo to soli	or the picit con	purp ntribu	oos utio	e of s ons fr	soliciting om suc	g contribu h commit	utions tee.		
NAME OF COMMITTEE (In Full)	-		_									
Aassachusetts Mutual Life Inst	urance Co	mpany Political Action	Com	mitte	ee							
Full Name (Last, First, Middle Initial) A. JASON PERCY			Date of Receipt									
Mailing Address 2535 E 26TH ST		Zip Code		м м 11	/		30	/ Y	ү ү 2015	Y		
City	State		Trans	acti	on	ID : F	PR1727	2611436	44			
TULSA	OK	74114-4413	A	mount	of I	Ead	ch Re	eceipt th	nis Perioo	ł		
FEC ID number of contributing federal political committee.	С					,		7	29	9.16		
Name of Employer	Occupation	1										
SELF	INSURANC	E AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		270.80	P/	R Dedu	uctio	on (\$14.5	58 Semi	-Monthly)			
Full Name (Last, First, Middle Initial) B. FRANCES WORTHINGTON				ate of	Ree	ceip	ot					
Mailing Address 965 SHADES CREST RD			™ _ M 1_1	/	D	30	/ Y	2015	Y			
City	State	Zip Code		Transaction ID : PR172726484364						14		
BIRMINGHAM	number of contributing						ch Re	eceipt th	nis Perioo	4		
FEC ID number of contributing federal political committee.								- 7	46	6.10		
Name of Employer SELF	Occupation INSURANC											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 261.48	P/I	R Dedu	uctio	on (:	\$23.0	5 Semi	-Monthly)			
Full Name (Last, First, Middle Initial) C. EDWARD O. QUINN	1		C	ate of	Ree	ceip	ot					
Mailing Address 17 AVON AVE				^M ^M 11	/		30	/ Y	y y 2015	Y		
City	State	Zip Code		Trans	acti	ion	ID : I	PR1727	2778436	44		
CUMBERLAND	RI	02864-1751	A	mount	of I	Ead	ch Re	eceipt th	nis Perioo	ł		
FEC ID number of contributing federal political committee.	С					,		7	10	0.00		
Name of Employer	Occupatior	l										
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	33 - 35.10		P/	R Ded	uctic	on (\$50.0	00 Semi	-Monthly)		
Other (specify)		365.13										
SUBTOTAL of Receipts This Page (optional)			. [175	5.26		
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		Detailed Summary Page		K 11a		11b		11c		12										
				13		14		15		16	17									
Any information copied from such Reports a or for commercial purposes, other than usir																				
NAME OF COMMITTEE (In Full)																				
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Co	mmitt	ee															
Full Name (Last, First, Middle Initial) A. DAWN HANCOCK										Date of Receipt										
Mailing Address 18141 MARKSMAN CIR				M M	/	D	D	/ Y	Y	Y	Y									
City	State	Zip Code	11 30 2015 Transaction ID : PR1727286943644 Amount of Each Receipt this Period																	
OLNEY	MD	20832-1475																		
FEC ID number of contributing federal political committee.	С					7			_	94	.50									
Name of Employer	Occupation																			
SELF	INSURANC	E AGENT																		
Receipt For:	Aggregate	Year-to-Date ▼																		
Other (specify)		205.50	'	P/R Ded	luctio	on (\$4	47.2	25 Semi	-Mor	nthly)										
Full Name (Last, First, Middle Initial) B. MICHAEL J. SHEAN				Date of	f Re	eceipt														
Mailing Address 427 BONNIE BRAE RD				1 <u>1</u>	/		D 30	/ Y) 15	Y									
City	State Zip Code								Transaction ID : PR1727302643644											
HINSDALE	IL	60521-2815	Amount of Each Receipt this Period																	
FEC ID number of contributing federal political committee.	ů – Elektrik						57.79													
Name of Employer	Occupation																			
SELF	INSURANC	E AGENT																		
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$260.03 Semi-Monthly)																	
Other (specify)		537.73		P/R Ded	uctio	on (\$2	260	.03 Sem	i-Mc	onthly)										
Full Name (Last, First, Middle Initial) C. TIMOTHY D. STARK				Date of	f Re	eceipt														
Mailing Address 4402 POMONA RD				м м 11	/		D 30	/ Y) 15	Y									
City	State	Zip Code						PR1728			4									
DALLAS	ТХ	75209-2824	_	Amoun	t of	Each	Re	eceipt th	is P	'eriod										
FEC ID number of contributing federal political committee.	С					7		7	_	104	.16									
Name of Employer	Occupation		\neg																	
SELF	INSURANC	E AGENT																		
Receipt For:	Aggregate	Year-to-Date ▼																		
Other (specify)		895.83	P/R Deduction (\$52.08 Semi-Month 895.83						nthly)											
SUBTOTAL of Receipts This Page (option	al)		<u> </u>			,		7	-	256.	45									

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee						
Α.	Full Name (Last, First, Middle Initial) BRIAN KAPLAN Mailing Address 300 E 71ST ST APT 16K	RIAN KAPLAN								
	City NEW YORK	State NY	Zip Code 10021-5242	11 30 2015 Transaction ID : PR1728066543644 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		56.66						
	Name of Employer SELF Receipt For:	Occupation INSURANC		_						
	Primary General Other (specify) ▼		514.97	P/R Deduction (\$28.33 Semi-Monthly)						
В.	Full Name (Last, First, Middle Initial) MS. WENDY BENSON			Date of Receipt						
	Mailing Address 270 ALLERTON COMMONS L	.N		11 30 2015						
	City	State MA	Zip Code 02184-8248	Transaction ID : PR1728095743644						
	BRAINTREE FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRES	IDENT - SALES OPERATIONS							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)						
c.	Full Name (Last, First, Middle Initial) MR. MATTHEW VERDI			Date of Receipt						
	Mailing Address 25 NEW SOUTH ST APT 304			11 30 / Y Y Y Y 11 30						
	City NORTHAMPTON	State MA	Zip Code 01060-4056	Transaction ID : PR1728096543644 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP DUE D		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	152.82						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	urance Company Political Action	Committee
Full Name (Last, First, Middle Initial) MR. PAUL W ABDOW Mailing Address 1945 SUGARLOAF CLUB DF	2	Date of Receipt
Maining Address 1943 SUGAREOAT GEOD DI	Υ.	11 30 _ 2015 _
City	State Zip Code	Transaction ID : PR1729800743644
DULUTH	GA 30097-7449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.30
Name of Employer	Occupation	_
MASSMUTUAL TRUST COMPANY	AVP SALES	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 207.60	P/R Deduction (\$8.65 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. MR. TIMOTHY BARRY		Date of Receipt
Mailing Address 246 WOLF SWAMP RD		11 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID : PR1737014543644
LONGMEADOW	MA 01106-3240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.30
Name of Employer	Occupation	
MASSACHUSETTS MUTUAL LIFE INS.	AVP STRATEGIC DEVELOPMENT	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 231.60	P/R Deduction (\$9.65 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. RICHARD A. JONES		Date of Receipt
Mailing Address 1153 GRAND CYPRESS CV		11 30 / Y Y Y Y Y 2015
City COLLIERVILLE	State Zip Code TN 38017-3464	Transaction ID : PR1737062643644
	30017-3404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	18.23
Name of Employer	Occupation	
SELF	INSURANCE AGENT	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.86	P/R Deduction (\$18.23 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		54.83

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ITEIMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
				13		14	15		16 ng contribution	17
Any information copied from such Report or for commercial purposes, other than										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Lif	e Insurance Co	mpany Political Action	Com	mitte	ee					
Full Name (Last, First, Middle Initial) A. JOSHUA A. MICELI			D	ate of	Re	ceipt				
Mailing Address 710 MORE AVE				M M 1_1	/	30				Y
City	State	Zip Code		Trans	acti	on ID :	: PR173	3708	064364	4
LOS GATOS	CA	95032-1623	A	mount	of	Each F	Receipt	this	Period	
FEC ID number of contributing federal political committee.	C					,	,		43	.74
Name of Employer SELF	Occupation INSURANC									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		306.30	P/I	R Dedu	uctio	on (\$21	.87 Se	mi-Mo	onthly)	
Full Name (Last, First, Middle Initial) B. CHRISTOPHE J. JACKSON			D	ate of	Re	ceipt				
Mailing Address 7426 COBBLESTON	E WEST DR			M ■ M 1_1	/	30				Y
City	State	Zip Code		Transa	acti	on ID :	PR175	i9838	384364	4
INDIANAPOLIS	IN	46236-9742	A	mount	of	Each F	Receipt	this	Period	
FEC ID number of contributing federal political committee.	С					7	,		160	.00
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	P/f	R Dedu	uctic	on (\$80	.00 Sei	ni-Mo	onthly)	
Full Name (Last, First, Middle Initial) C. BRADLEY T. FAIR				ate of	Re	ceipt				
Mailing Address 349 OLD PAYNE PL				M M 11	/	D 30				Y
City SALTILLO	State MS	Zip Code 38866-8753								4
	MB	30000-0753	A	mount	of	Each F	Receipt	this	Period	
FEC ID number of contributing federal political committee.	C			_		,			29	.16
Name of Employer	Occupation	1								
SELF	INSURANC	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		270.80	P/1	R Ded	uctio	on (\$14	1.58 Se	mi-M	onthly)	
SUBTOTAL of Receipts This Page (op	tional)					7	,		232.	90
TOTAL This Period (last page this line	number only)					, .				

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements m the name and a	ay not be sold or used by any pa address of any political committee	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. JOHNNY LEECH Jr			Date of Receipt										
Mailing Address 1107 CLAYTON AVE			M M / D D / Y Y Y Y Y 11 30 2015										
City TUPELO	State MS	Zip Code 38804-1822	Transaction ID : PR1762091543644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		29.16										
Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate		P/R Deduction (\$14.58 Semi-Monthly)										
Full Name (Last, First, Middle Initial) B. JACKELINE MARQUES FERNAN Mailing Address 12710 SW 27TH ST	IDEZ		Date of Receipt										
City	State	Zip Code	11 30 2015 Transaction ID : PR1762098043644										
ΜΙΑΜΙ	FL	33175-2148	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		20.85										
Name of Employer SELF	Occupation INSURANC	E BROKER											
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 229.35	P/R Deduction (\$20.85 Monthly)										
Full Name (Last, First, Middle Initial) C. VICTOR WERLEY			Date of Receipt										
Mailing Address 15 CARDINAL CIR			11 30 2015										
City CONWAY	State AR	Zip Code 72032-8836	Transaction ID : PR1762099143644										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00										
Name of Employer	Occupation		_										
SELF Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Semi-Monthly)										
SUBTOTAL of Receipts This Page (optional).			110.01										
TOTAL This Period (last page this line number	er only)	······											

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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	Use separate schedule(s)			(check only one)									
11			for each category of the Detailed Summary Page		K 11a	11a 11b 11c 12 13 14 15 16 or the purpose of soliciting contributions from such committee mmittee Date of Receipt M / 2015 Transaction ID : PR1762108043644 wnount of Each Receipt this Period 58.3 R Deduction (\$29.17 Semi-Monthly) Date of Receipt M / 11 30 2015 Transaction ID : PR1762115043644 wnount of Each Receipt this Period 30 2015 Transaction ID : PR1762115043644 wnount of Each Receipt this Period 31.2 R Deduction (\$15.63 Semi-Monthly) Date of Receipt M / 2015 Transaction ID : PR1774172443644 wnount of Each Receipt this Period 31.2 Date of Receipt M / 11 30 2015 Transaction ID : PR1774172443644 wnount of Each Receipt this Period							
_					-			17					
						a 11b 11c 12 14 15 16 ne purpose of soliciting contribution from such committee. ittee of Receipt M / 2015 insaction ID : PR1762108043644 unt of Each Receipt this Period 58.34 reduction (\$29.17 Semi-Monthly) of Receipt M / 2015 insaction ID : PR1762115043644 unt of Each Receipt this Period 58.34 reduction (\$29.17 Semi-Monthly) of Receipt M / 30 2015 nsaction ID : PR1762115043644 unt of Each Receipt this Period 31.26 eduction (\$15.63 Semi-Monthly) of Receipt M / 30 2015 nsaction ID : PR1774172443644							
ITEMIZED RECEIPTS for each category of the Detailed Summary Page Internation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliditing contributions from such committee to solidit contributions from such committee to solidit contributions from such committee Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliditing contributions from such committee to solidit contributions from such committee 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 State KNOXVILLE TN FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Mailing Address 8901 MAGNOLIA CHASE CIR Transaction ID : PR176211504366. City State Zip Code TAMPA FL 3647-2220 FEC ID number of contributing federal political committee. C Name of Employer Occupation Name of Employer Occupation <th></th> <th></th>													
$\left \right\rangle$	· · · · · ·	rance Co	mpany Political Action	Co	mmitte	e							
Α.					Date of	Recei	pt						
	Mailing Address 2060 ELIZA GLYNNE LN					/		/ Y			Y		
	City	State	Zip Code			action		PR1762					
	KNOXVILLE	TN	37931-3681	_	Amount	of Ea	ch Re	eceipt t	his P	eriod			
	5	С						- 7		58.3	34		
	Name of Employer	Occupation											
		INSURANC	EAGENT										
		Aggregate	Year-to-Date ▼										
			541.70		P/R Dedu	uction	(\$29.1	17 Sem	i-Mor	nthly)			
			7 7 7										
в.					Date of	Recei	pt						
	Mailing Address 8901 MAGNOLIA CHASE CIR				M M			Y					
	ТАМРА	FL 33647-2220				of Ea	ch Re	eceipt t	his P	eriod			
	5	С				- 7				31.2	26		
		Occupation											
		INSURANC	E AGENT										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		253.17	F	P/R Dedu	iction ((\$15.6	3 Semi	i-Mon	ithly)			
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date of	Recei	pt						
-	Mailing Address 6113 COUNTRYVIEW LN				M M	/	D D	/ Y	20	15	Y		
	City	State	Zip Code		Trans	action	ID : I	PR1774	1724	43644			
	RALEIGH	NC	27606-9255		Amount	of Ea	ch Re	eceipt t	his P	eriod			
	FEC ID number of contributing federal political committee.	С				- 7		- 7		37.	50		
	Name of Employer	Occupation											
	SELF	INSURANC	E AGENT										
	Receipt For:	Aggregate	Year-to-Date ▼			otion	(010-	75 0 0 000	: Mor				
	Other (specify) ▼		262.50		P/R Deal	uction	(\$10.	o Sem		iuriiy)			
s	UBTOTAL of Receipts This Page (optional)		•••••	(- 7			-	127.1	0		
т	OTAL This Period (last page this line number of	only)			Li.								

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			Detailed Summary Page	×	11a		111	b	11c	12						
			Detailed Summary Page	Ľ	13		14	- F	15	16	1					
	v information copied from such Reports and Si for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
\rangle	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Cor	nmitt	ee										
•	Full Name (Last, First, Middle Initial) JOSEPH M. KLOECKNER				Date of	f Re	eceij	ot								
	Mailing Address 11813 ORENSE DR				M M	/		30	/	2015	Y					
	City	State	Zip Code		Trans	acti	ion	ID :	PR1774	1727436	44					
_	LAS VEGAS	NV	89138-4562		Amoun	t of	Ead	ch R	eceipt t	his Perio	t					
	FEC ID number of contributing federal political committee.	С					7		7	2	5.00					
	Name of Employer SELF	Occupation INSURANC														
	Receipt For:		Year-to-Date ▼	\neg												
	Primary General Other (specify) ▼	Ayyreyale	275.00	P	/R Ded	uctio	on (\$25.	00 Mon	hly)						
	Full Name (Last, First, Middle Initial) RODNEY A. EISSENS		, ,		Date of	f Bo		ot								
	Mailing Address 3131 N 11TH ST			\dashv		, 110				V V	V					
				11 30 2015												
	City	State	Zip Code	Transaction ID : PR1774173743644												
_	SHEBOYGAN	WI	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С					5			4	6.88					
	Name of Employer SELF	Occupation INSURANC														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 206.27	P	/R Ded	uctio	on (\$23.4	14 Sem	-Monthly	1					
	Full Name (Last, First, Middle Initial)				Date of	f Re	ecei	ot								
	Mailing Address 3694 DOTY LN				м м 11	/		30	/	2015	Y					
	City CARMEL	State IN	Zip Code 46033-4743							1738436 his Perio						
	FEC ID number of contributing federal political committee.	С					,			2	9.16					
Ī	Name of Employer	Occupation		\neg												
	SELF	INSURANC	E AGENT													
Ĩ	Receipt For:		Year-to-Date ▼	\neg												
	Primary General Other (specify)		241.64	P	P/R Ded	luctio	on (\$14.	58 Sem	i-Monthly)					
รเ	JBTOTAL of Receipts This Page (optional)			•			,			10 ⁻	.04					

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ITEMIZED RECEIPTS		Detailed Summary Page	X	11a 13		11b 14	11c 15	12	17						
Any information copied from such Reports and or for commercial purposes, other than using the				or the		bose of s	soliciting	g contribu	utions						
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	o Corr	nmitt	ee										
Full Name (Last, First, Middle Initial) A. THERESE SHEWITZ			[Date of	Re	ceipt									
Mailing Address 1721 VICTORIA POINTE C	IR			M M	/	D D D 30	/ Y	2015	Y						
City	State	Zip Code		Trans	acti	on ID : F	PR1776	15574364	44						
WESTON	FL	33327-1309	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С			20.85											
Name of Employer	Occupation	1													
SELF	INSURANC	CE BROKER													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			P/	'R Ded	uctio	on (\$20.8	85 Mont	hly)							
Other (specify)		229.35													
Full Name (Last, First, Middle Initial) B. MR. DONALD GRIFFITH				Date of	Re	ceipt									
Mailing Address 46 PINEWOOD DR				M M	/	30	/ Y	2015	Y						
City	State Zip Code														
LONGMEADOW	MA	01106-1638	Transaction ID : PR1779022343644 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С					,	7	76	6.92						
Name of Employer	Occupation	1		-											
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - COMPLIANCE													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			P/	R Ded	uctic	on (\$38.4	6 Bi-We	ekly)							
Other (specify)		923.04													
Full Name (Last, First, Middle Initial) C. JODIE B. WEST				Date of	Re	ceipt									
Mailing Address 6024 CRESTRIDGE LN				™M 11	/	D D 30	/ Y	ү ү 2015	Y						
City	State	Zip Code		Trans	acti	ion ID : F	PR1779	0579436	44						
SACHSE	ТХ	75048-6500	A	Amount	t of	Each Re	eceipt th	nis Perioo	ł						
FEC ID number of contributing federal political committee.	С					9	7	54	4.54						
Name of Employer	Occupation	1													
SELF	INSURANO	CE AGENT													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		245.43] P/	/R Ded	uctio	on (\$27.2	27 Semi	-Monthly))						
SUBTOTAL of Receipts This Page (optional)				-		7	- 1	152	2.31						

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

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	Use separate schedule(s)		(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17					
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	not be sold or used by any pendotes of any policities of any political committee	erson for the	purpose of s	oliciting	contribut	tions					
NAME OF COMMITTEE (In Full)												
Massachusetts Mutual Life Ins	urance Co	ompany Political Action	Committe	ee								
Full Name (Last, First, Middle Initial) GERALD M. MIRRA			Date of	Receipt								
Mailing Address 511 NORMANDY VLG			M = M 1_1	/ D D 30	/ Y	y y 2015	Y					
City	State	Zip Code	Trans	action ID : P	R18246	1974364	4					
NANUET	NY	10954-6900	Amount	of Each Re	ceipt thi	s Period						
FEC ID number of contributing federal political committee.	С				7	60	.00					
Name of Employer	Occupation	1										
SELF	INSURANC	E AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		040.00	P/R Ded	uction (\$30.0	0 Semi-	Monthly)						
Other (specify)		240.00										
Full Name (Last, First, Middle Initial) B. AMIR J. POURI			Date of	Receipt								
Mailing Address 15021 VENTURA BLVD			M = M / D = D / Y = Y = Y Y 11 30 2015									
City	State	Zip Code	Trans	action ID : P	R18246	2154364	4					
SHERMAN OAKS	CA	91403-2442	Amount	of Each Re	ceipt thi	s Period						
FEC ID number of contributing federal political committee.	С			- J	7	29.	.16					
Name of Employer	Occupation	1										
SELF	INSURANC	E AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	, iggi oguto		P/R Ded	uction (\$14.5	8 Semi-l	Monthly)						
Other (specify)		270.80				,						
Full Name (Last, First, Middle Initial) c. AARON S. CURRY	1		Date of	Receipt								
Mailing Address 2051 HAWK CLIFF PL			11	· · · · · · · · · · · · · · · · · · ·	/ Y	y y 2015	Y					
City	State	Zip Code	Trans	action ID : P	R18246	2284364	.4					
EDMOND	OK	73025-1239	Amount	of Each Re	ceipt thi	s Period						
FEC ID number of contributing federal political committee.	С				7	29	0.16					
Name of Employer	Occupation	1										
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			P/R Ded	Monthly)								
Other (specify)		270.80										
SUBTOTAL of Receipts This Page (optional)						118.	.32					
TOTAL This Period (last page this line numbe					- 7							

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			Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17
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$\overline{\langle}$	NAME OF COMMITTEE (In Full)			10 00						- 001		
$\Big\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee						
Α.	Full Name (Last, First, Middle Initial) MR. GARY MOELLER				Date of	Re	eceipt					
	Mailing Address 24 PARK RD				M M	/	30		/ Y) 15	Y
	City	State CT	Zip Code				ion ID					ļ
	SIMSBURY	CI	06070-2712	_ /	Amount	of	Each I	Rec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7	_	7	_	19.	30
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP PROC										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		231.60	P	/R Ded	uctio	on (\$9.	65 E	Bi-Wee	kly)		
В.	Full Name (Last, First, Middle Initial) BRIAN E. BAKER				Date of	Re	eceipt					
	Mailing Address 205 ARCHWAY CT				м м 1_1	/	D 30		/ Y	20 ⁻	ү 15	Y
	City	State	Zip Code		Trans	acti	ion ID :	: PR	R18288	962	43644	
	LYNCHBURG	VA	24502-3159	_	Amount	of	Each I	Rec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С				_	,	_	7		29.	16
	Name of Employer SELF	Occupation INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P	'R Dedu	uctio	on (\$14	1.58	Semi-	Mon	thly)	
C.	Full Name (Last, First, Middle Initial) D R. BUSHNELL				Date of	Re	eceipt					
	Mailing Address 10616 LAKE SHORE RD				м м 11	/	D 30		/ Y	20	ү 15	Y
	City IRVING	State NY	Zip Code 14081-9549				ion ID					1
			14081-9549	_	Amount	of	Each I	Rec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	C					7	_	7	_	33.	34
	Name of Employer	Occupation										
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼				(*	-				
	Other (specify) ▼		266.70		/R Ded	uctio	on (\$16	5.67	' Semi-	Mon	ithly)	
s	UBTOTAL of Receipts This Page (optional)			.			1		1		81.8	30
т	OTAL This Period (last page this line number of	only)	•••••				, .		7			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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••			Detailed Summary Page		X 11a		11b		11c		12			
_					13		14		15	15 16 liciting contributi	17			
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_										
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Co	mmit	tee	;							
Α.	Full Name (Last, First, Middle Initial) DAVID R. KROLL				Date of	of Re	eceip	t						
	Mailing Address 5501 E GRANDVIEW RD				11	И /		30) / Y			Y		
	City	State	Zip Code		Tran	sact	tion I	D :	PR1828	9248	34364	4		
	SCOTTSDALE	AZ	85254-1173	_	Amour	nt of	Eacl	h R	Receipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					7				37.	50		
	Name of Employer	Occupation	1											
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General				P/R De	ducti	ion (\$	518.	.75 Semi	-Moi	nthly)			
	Other (specify)		262.50											
в.	Full Name (Last, First, Middle Initial) MR. PAUL LAGONIGRO				Date of	of Re	eceip	t		_				
	Mailing Address 45 QUEENS PEAK				11	/		30	/ Y			Y		
	City	State	Zip Code		Tran	sact	ion II	D :	PR1829	0916	643644	<u>ا</u>		
	CANTON	СТ	06019-2641		Amour	nt of	Eacl	h R	leceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					7				19.	24		
	Name of Employer	Occupation	1											
	MASSACHUSETTS MUTUAL LIFE INS.	AVP FINAN	ICIAL											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 230.88] '	P/R De	ducti	ion (\$	9.6	2 Bi-Wee	ekly)				
— C.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER COBURN				Date of	of Re	eceip	t						
	Mailing Address 5 SUNHILL DR.				M 11		· D	30				Y		
	City	State	Zip Code		the second se	sact						4		
	FLORENCE	MA	01062-1929		Amour	nt of	Eacl	h R	Receipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					7				50	.00		
	Name of Employer	Occupation	1	\neg										
	MASSACHUSETTS MUTUAL LIFE INS.	RELATION	SHIP MANAGER											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00		P/R De	duct	ion (\$	525	.00 Bi-W	eekl	y)			
s	UBTOTAL of Receipts This Page (optional)						3				106.	74		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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			Detailed Summary Page		11a 13		11b 14		11c		12 16	17
Any or fo	information copied from such Reports and Stor commercial purposes, other than using the	atements ma	ay not be sold or used by any p ddress of any political committe	erson f	or the	purp ptrib	pose (of s	soliciting	cor	ntribut	ions
<u> </u>	IAME OF COMMITTEE (In Full)			0 10 00								
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	n Con	nmitt	ee						
F A.	ull Name (Last, First, Middle Initial) DANE COOPER				Date of	Re	ceipt					
N	Aailing Address 1139 BROOKHAVEN NORTH	CIR NE			м м 11	/	3	0	/ Y	Y 20)15	Y
C	lity	State	Zip Code		Trans	acti	ion ID) : F	PR18414	1620	4364	4
_E	BROOKHAVEN	GA	30319-2865	A	Amount	t of	Each	Re	eceipt th	is P	eriod	
	EC ID number of contributing aderal political committee.	С					7			_	60.	00
N	lame of Employer	Occupation										
S	ELF	INSURANC	E AGENT									
R	leceipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		P/	/R Ded	uctio	on (\$3	80.0	00 Semi-	Mor	thly)	
	Other (specify)		240.00									
	ull Name (Last, First, Middle Initial) MR. CHARLES DA TATRO				Date of	Re	eceipt					
N	Aailing Address 49 GEORGE ST				м м 11	/	3	D 10	/ Y	ү 20	ү 15	Y
C	lity	State	Zip Code		Trans	acti	on ID	: F	PR18539	900	43644	•
Ν	/ENDON	MA	01756-1139	/	Amount	t of	Each	Re	eceipt th	is P	eriod	
	EC ID number of contributing aderal political committee.	С					7		- 7	_	76.	94
N	lame of Employer	Occupation										
N	IASSACHUSETTS MUTUAL LIFE INS.	SVP & ACT	UARY - PRODUCT DEVEL									
R	leceipt For:	Aggregate	Year-to-Date ▼									
	Primary General			P/	R Ded	uctio	on (\$3	8.4	7 Bi-We	ekly)	
	Other (specify)		923.28									
	ull Name (Last, First, Middle Initial) LESLIE A. HALSTEAD				Date of	Re	eceipt					
N	Aailing Address 4511 MEREDITH CREEK DR				M M 11	/	3	D 80	/ Y		15	Y
C	Sity	State	Zip Code		Trans	act	ion ID):	PR18540)247	4364	4
_	GLEN ALLEN	VA	23060-3421	A	Amount	t of	Each	Re	eceipt th	is P	eriod	
	EC ID number of contributing aderal political committee.	С					7			_	25	.00
N	lame of Employer	Occupation										
s	SELF	INSURANC	E AGENT									
R	leceipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0		- P.	/R Ded	ucti	on (\$2	25.0	00 Month	ıly)		
	Other (specify)		275.00									
SU	BTOTAL of Receipts This Page (optional)						,		- 7	_	161.	94

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

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			Detailed Summary Page		11a		11b	11c		12	
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big)$	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Con	nmitte	ee					
Α.	Full Name (Last, First, Middle Initial) LEE P. SANDERS				Date of	Re	ceipt				
	Mailing Address 2750 MUSCADINE				M M	1	30	/ Y) 15	Y
	City	State	Zip Code		Trans	acti	on ID : F	PR1857	0913	43644	ł
	CONWAY	AR	72034-6984	_ /	Amount	of	Each Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7			68.	20
	Name of Employer	Occupation									
	SELF	INSURANC	EAGENT								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		259.14	P	/R Dedu	uctio	on (\$34.1	10 Semi	-Mor	nthly)	
В.	Full Name (Last, First, Middle Initial) MARK J. WEINSTOCK				Date of	Re	ceipt				
	Mailing Address 8 GARFIELD AVE				M M	/	30	/ Y	20	ү 15	Y
	City	State	Zip Code		Transa	acti	on ID : F	PR18570	0930	43644	
	CLIFTON	NJ	07012-1213	/	Amount	of	Each Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7		30.	00
	Name of Employer SELF	Occupation INSURANC									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P	/R Dedu	uctic	on (\$30.0	0 Semi-	Mor	ithly)	
С.	Full Name (Last, First, Middle Initial) JEFFREY S. CHIPPER				Date of	Re	ceipt				
	Mailing Address 527 LIBERTY DR				м м 11	/	D D 30	/ Y		15	Y
	City	State	Zip Code		Trans	acti	ion ID : I	PR1857	0995	543644	4
	YARDLEY	PA	19067-4538	/	Amount	of	Each Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,			100.	00
	Name of Employer	Occupation	I								
	SELF	INSURANC	E AGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3-10		P	/R Ded	uctio	on (\$50.0	00 Semi	-Mor	nthly)	
	Other (specify)	L	400.00								
s	UBTOTAL of Receipts This Page (optional)						,	,		198.2	20
Т	OTAL This Period (last page this line number o	only)					,				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b)	11c	12				
				13		14		15	16	17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Corr	nmitte	ee								
Full Name (Last, First, Middle Initial) A. DANIEL S. BLUM	Full Name (Last, First, Middle Initial) DANIEL S. BLUM				Date of Receipt								
Mailing Address 7633 MADELINE WAY City State Zip Code					11 / D D / Y FY FY Y 11 30 2015								
City CITRUS HEIGHTS	Zip Code 95610-6704				-			1544364	4				
FEC ID number of contributing federal political committee.	CA		_ A	mount	of	⊦acl	n Rec	eipt thi	is Period 23	.34			
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation INSURANCE AGENT eneral Aggregate Year-to-Date ▼ 216.70						P/R Deduction (\$11.67 Semi-Monthly)						
Full Name (Last, First, Middle Initial) B. MR. RICHARD C MARTIN				Date of	Re	eceip	ot						
Mailing Address 169 PENN DR				™ = M 1_1	/		30	/ Y	y y 2015	Y			
City WEST HARTFORD	State CT	Zip Code 06119-1041							4894364 is Period				
FEC ID number of contributing federal political committee.	С		30				30	.76					
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ADVANCE	D MARKETS CONSULTANT											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.12	P/	R Dedu	uctic	on (\$	\$15.38	Bi-We	ekly)				
Full Name (Last, First, Middle Initial) C. GABRIEL SCHULMAN				Date of	Re	ceip	ot						
Mailing Address 385 GRAND ST APT L14				™M 11	/		30	/ Y	y y 2015	Y			
City NEW YORK	State NY	Zip Code 10002-3968	A						36624364 is Period				
FEC ID number of contributing federal political committee.	С		37.66					.66					
Name of Employer	Occupation	1	-										
SELF	INSURANC	E AGENT											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 362.30	P/	'R Dedi	uctio	on (\$	\$18.83	3 Semi-	Monthly)				
SUBTOTAL of Receipts This Page (optional)									91	.76			
TOTAL This Period (last page this line number of						7		7					

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and S	Statements ma	ay not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions							
or for commercial purposes, other than using the	e name and a	ddress of any political committee	to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Committee							
Full Name (Last, First, Middle Initial) A. MR. DONALD L LEVI			Date of Receipt							
Mailing Address 6802 MINUTEMAN CIR			11 30 2015							
City CRYSTAL LAKE	State IL	Zip Code 60012-3142	Transaction ID : PR1869386243644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.80							
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)		OMATION CONSULTANT Year-to-Date ▼ 369.60	P/R Deduction (\$15.40 Bi-Weekly)							
Full Name (Last, First, Middle Initial) B. MS. FRANCENE KA FRAME			Date of Receipt							
Mailing Address 4 FARNHAM RD 	State	Zip Code	11 30 2015							
WEST HARTFORD	CT	06119-1318	Transaction ID : PR1873733543644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		19.24							
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation ASSOCIAT	E DIRECTOR	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. DOUGLAS E. JONES			Date of Receipt							
Mailing Address 303 CASALOMA DR			11 30 / Y Y Y Y 2015							
City FOREST	State VA	Zip Code 24551-1703	Transaction ID : PR1873743743644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		60.00							
Name of Employer	Occupation	I								
SELF Receipt For:										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly)							
SUBTOTAL of Receipts This Page (optional)			110.04							
TOTAL This Period (last page this line number	only)	••••••								

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17			
Any information copied from such Reports or for commercial purposes, other than usi			rson for the	purpose of a	soliciting	contribu	itions			
NAME OF COMMITTEE (In Full)	-									
Massachusetts Mutual Life	Insurance Co	ompany Political Action	Committe	ee						
Full Name (Last, First, Middle Initial) A. ROBERT DURE			Date of Receipt							
Mailing Address 567 CLEAR CREEK DR		11 30 2015								
City	State	Zip Code		action ID : I						
DANVILLE	IN	46122-9006	Amount	of Each Re	eceipt th	is Period]			
FEC ID number of contributing federal political committee.	С				,	24	4.30			
Name of Employer	Occupatior	1								
SELF	INSURANC	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		213.55	P/R Ded	uction (\$12.1	5 Semi-	Monthly)				
Other (specify)		1 1								
Full Name (Last, First, Middle Initial) B. KEVIN C. GUTWEIN			Date of	Receipt						
Mailing Address 3713 WEATHER STON	F XING		MM	/ D D	/ Y	Y Y	Y			
			11	30		2015				
City	State	Zip Code	Trans	action ID : F	PR18737	<u>′5104364</u>	4			
ZIONSVILLE	IN	46077-3803	Amount	of Each Re	eceipt th	is Period	l			
FEC ID number of contributing federal political committee.	С			7	,	31	.26			
Name of Employer	Occupation	1	_							
SELF	INSURANC	E AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 268.80	P/R Deduction (\$15.63 Semi-Month							
Full Name (Last, First, Middle Initial) C. GENESIS LOERA			Date of	Receipt						
Mailing Address 9813 CYNTHIA ANN C	г		M M 11	/ D D 30	/ Y	2015	Y			
City	State	Zip Code	Trans	action ID : I	PR1903	6154364	14			
HOUSTON	TX	77025-4344	Amount	of Each Re	eceipt th	is Period	1			
FEC ID number of contributing federal political committee.	С			- 7	7	60	0.00			
Name of Employer	Occupation	1								
SELF	INSURANO	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	240.00	P/R Deduction (\$30.00 Semi-Monthl								
Other (specify)		240.00								
SUBTOTAL of Receipts This Page (option	nal)	••••••				115	.56			
TOTAL This Period (last page this line nu	mber only)	••••••								
SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports and	Statements ma	ay not be sold or used by any per	13 rson for the	14 purpose of	15 soliciting	16 contribut	tions			
or for commercial purposes, other than using t	ne name and a	address of any political committee	to solicit co	ntributions	from sucr	n committ	ee.			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Committ	ee						
Full Name (Last, First, Middle Initial) A. MR. JOHN FR KENNEDY			Date o	f Receipt						
Mailing Address 51 ANDREW DR			M M	/ D 1		ү ү 2015	Y			
City CANTON	State CT	Zip Code 06019-5001		saction ID : t of Each F			4			
FEC ID number of contributing federal political committee.	С					76	.92			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRES	I SIDENT - DISTRIBUTION STRATE	(
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.04	P/R Ded	luction (\$38	.46 Bi-We	eekly)				
Full Name (Last, First, Middle Initial) B. MR. MELVIN TI CORBETT			Date o	f Receipt						
Mailing Address 11 MOUNTAIN SPRING RD)		M M	/ D I		ү ү 2015	Y			
City FARMINGTON	State CT	Zip Code 06032-1612		saction ID : t of Each F			4			
FEC ID number of contributing federal political committee.	С			7		384	.60			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EVP & CHI	EF INVESTMENT OFFICER								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.20	P/R Ded	uction (\$19	2.30 Bi-W	/eekly)				
Full Name (Last, First, Middle Initial) C. TIMOTHY D. O'CONNELL			Date o	f Receipt						
Mailing Address 15 WEBSTER PL			M M	/ D 1		2015	Y			
City NEWTOWN	State CT	Zip Code 06470-1837		saction ID : t of Each F			4			
FEC ID number of contributing federal political committee.	С					60	.00			
Name of Employer	Occupation	l	-							
SELF	INSURANC	CE AGENT	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Dec	luction (\$30	.00 Semi	-Monthly)				
SUBTOTAL of Receipts This Page (optional)						521.	52			
TOTAL This Period (last page this line number	er only)	· · · · · · · · · · · · · · · · · · ·			,					

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVIIZED RECEIPIO		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Lif	e Insurance Co	ompany Political Action	Committee
Full Name (Last, First, Middle Initial) A. JEFFREY A. PONSON			Date of Receipt
Mailing Address 10144 GLEN MANO	RAVE		11 30 2015
City BATON ROUGE	State LA	Zip Code 70809-3874	Transaction ID : PR1930044143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate		P/R Deduction (\$30.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. MS. ELEANOR PA WILLIAM Mailing Address 57 CLAIRMONT ST	S		Date of Receipt
City	State	Zip Code	11 30 2015 Transaction ID : PR1934307443644
LONGMEADOW	MA	01106-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer MASSACHUSETTS MUTUAL LIFE IN:	Occupation S. AVP & COL		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MR. ERIC A ENNES			Date of Receipt
Mailing Address 105 RIVERSIDE DR			M M / D D / Y Y Y Y 11 30 2015
City WRENTHAM	State MA	Zip Code 02093-1455	Transaction ID : PR1934311243644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer	Occupation	1	—
BABSON CAPITAL MANAGEMENT L	LC MANAGING	G DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)
SUBTOTAL of Receipts This Page (opi	ional)		98.48
TOTAL This Period (last page this line	number only)		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17				
Any information copied from such Reports and or for commercial purposes, other than using	I Statements mathematic mathematical statements in the statement of the st	I ay not be sold or used by any p address of any political committee	erson for the	purpose of a	soliciting	contribut	ions				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Ins	surance Co	ompany Political Action	Committ	ee							
Full Name (Last, First, Middle Initial) A. MS. TAKESHA KE POLLOCK			Date of	f Receipt							
Mailing Address 3306 MORELAND CT			M M 11	/ D D 30	/ Y	ү ү 2015	Y				
City FORT MILL	State SC	Zip Code 29715-8328		action ID : F			4				
FEC ID number of contributing federal political committee.	С			3			.24				
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation DIRECTOR										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88	P/R Ded	uction (\$9.62	2 Bi-Wee	kly)					
Full Name (Last, First, Middle Initial) B. MS. CHRISTINE FREDERICK	·		Date of	f Receipt							
Mailing Address 2 EMERSON LN			M M	/ D D 30	/ Y	y y 2015	Y				
City St. GRANBY C		Zip Code 06035-2713		action ID : F			1				
FEC ID number of contributing federal political committee.	С			3		57.	70				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VI	CE PRESIDENT - COMPLIANCE									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.40	P/R Ded	uction (\$28.8	5 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. REBECCA S. FOSTER			Date of	f Receipt							
Mailing Address 1108 WILD PLUM			M M 11	/ D D 30	/ Y	y y 2015	Y				
City EDMOND	State OK	Zip Code 73025-2974		saction ID : I			4				
FEC ID number of contributing federal political committee.	С			7	,		.54				
Name of Employer	Occupation		_								
SELF Receipt For:		CE BROKER	_								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 248.14	P/R Ded	luction (\$3.65	5 Semi-M	lonthly)					
SUBTOTAL of Receipts This Page (optional).						97.	48				
TOTAL This Period (last page this line number	er only)	······		, , , , , , , , , , , , , , , , , , , ,	,						

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			Detailed Summary Page		11a		11b		11c		12			
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An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson f e to so	for the licit cor	purp ntrib	pose contions	of s fro	oliciting om such	j cor n co	ntribut mmitte	ions e.		
\backslash	NAME OF COMMITTEE (In Full)	-	_	~	-									
\sum	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Con	nmitt	ee								
Α.	Full Name (Last, First, Middle Initial) DANIEL GOLDSMITH				Date of	Re	eceipt							
	Mailing Address 1667 ARONA ST			11 30 2015										
	City	State	Zip Code		Trans	acti	ion ID	: P	R19343	3225	543644			
	SAINT PAUL	MN	55108-2351	/	Amount	t of	Each	Red	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					y		y	_	145.	84		
	Name of Employer	Occupation												
	SELF	INSURANC	E AGENT											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1354.20		/R Ded	uctio	on (\$7	2.92	2 Semi-	-Mor	nthly)			
В.	Full Name (Last, First, Middle Initial) ROBERT J. SMITH				Date of	Re	eceipt							
	Mailing Address 491 PASEO SOLEADO			M M	/	3		/ Y	20	15	Y			
	City	State	Zip Code		Trans	acti	ion ID	: P	R19343	<u>3319</u>	43644			
	PALM SPRINGS	CA	92264-8477		Amount	t of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7		3	_	83.	35		
	Name of Employer SELF	Occupation INSURANC												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 633.43	P.	/R Dedi	uctio	on (\$8:	3.35	5 Semi-	Mor	nthly)			
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt							
	Mailing Address 2114 CASTLEHEATH CT				M M 11	/	D 3		/ Y) 15	Y		
	City	State	Zip Code		Trans	act	ion ID	: P	R1934	3358	34364	4		
	КАТҮ	ТХ	77450-6072	/	Amount	t of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7		3	_	29	16		
	Name of Employer	Occupation		_										
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			P	/R Ded	ucti	on (\$1	4.5	8 Semi	-Mor	nthly)			
	Other (specify)	L	270.80											
s	UBTOTAL of Receipts This Page (optional)			•			7		7		258.	35		
т	OTAL This Period (last page this line number	only)	•	.			,		7					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any Iddress of any political committed	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	ompany Political Actio	n Committee
Full Name (Last, First, Middle Initial) A. MR. MARTIN LILIENTHAL			Date of Receipt
Mailing Address 7 HARRISON RD			M M / D D / Y Y Y Y 11 30 2015
City	State	Zip Code	Transaction ID : PR1947061743644
WALLINGFORD	СТ	06492-4942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		16.70
Name of Employer	Occupation	1	
CORNERSTONE RE ADVISERS LLC	DIRECTOR	R	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			P/R Deduction (\$8.35 Bi-Weekly)
Other (specify)	L	200.40	
Full Name (Last, First, Middle Initial) B. MR. CARL PA STEINHILBER			Date of Receipt
Mailing Address 158 CHARLES ST			11 30 _2015 _
City	State	Zip Code	Transaction ID : PR1947062443644
TOLLAND	СТ	06084-2258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		44.46
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation		
Receipt For:		Year-to-Date ▼	
Primary General	Ayyreyale		P/R Deduction (\$22.23 Bi-Weekly)
Other (specify)	L	533.52	
Full Name (Last, First, Middle Initial) C. MR. DOMINIC BLUE			Date of Receipt
Mailing Address 28 EASTHAM LANE			M M / D D / Y Y Y Y Y 11 30 2015
City	State	Zip Code	Transaction ID : PR1947062943644
LONGMEADOW	MA	01106-2342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		53.84
Name of Employer	Occupation	1	
MASSACHUSETTS MUTUAL LIFE INS.	SVP & DEF	PUTY GEN COUNS - CORPOR	ATE
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		646.08	P/R Deduction (\$26.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			▶ 115.00

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

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		Detailed Summary Page		. 11a		11b	11	с	12					
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NAME OF COMMITTEE (In Full)														
Aassachusetts Mutual Life	e Insurance Co	mpany Political Action	Cor	nmitt	ee									
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Mailing Address N71W31034 LOWER	CLUB CIR W		1.1 30 / Y Y Y Y Y											
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Detailed Summary Page X 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee 13 14 15 16 NAME OF COMMITTEE (in Full) A. JAMES J. HORTON Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt City State Zip Code Tn 37221-1347 FEC ID number of contributing federal political committee. Occupation 40.6 Name of Employer Occupation Quarter to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$20.31 Semi-Monthly) B. JEREMY LINDQUIST Date of Receipt Date of Receipt Date of Receipt	ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check c	only o	ne)							
Ary Information copied from such Reports and Statements may not be sold or used by any perion for the purpose, 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, JANES J. HORTON Mailing Address 2714 AMBERWOOD CIR City State City State Name of Employer SELF Name of Employer Self error Other (specify) Full Name (Last, First, Middle Initial) B, JEREMY LINDOUIST Mailing Address 6 ELIJAH HILL LN City State Zip Code Name of Employer Self Error Occupation Pitt Name (Last, First, Middle Initial) B, JEREMY LINDOUIST Date of Receipt Mailing Address 6 ELIJAH HILL LN City City State Zip Code Name of Employer Occupation SELF INSURANCE AGENT Receipt For: Oneward Aggregate Year-to-Date ▼ Primary General <th></th> <th></th> <th>for each category of the Detailed Summary Page</th> <th></th> <th></th> <th>-1 ŀ</th> <th></th> <th></th> <th><u> </u></th>			for each category of the Detailed Summary Page			-1 ŀ			<u> </u>				
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Α.	Full Name (Last, First, Middle Initial) MORGAN MARLIN				[Date c	of R	eceipt						
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в.	Full Name (Last, First, Middle Initial) MICHAEL MODABERPOUR				[Date c	of R	eceipt						
	Mailing Address 625 S FAIRFAX AVE									/ Y) 015	Y	
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s	UBTOTAL of Receipts This Page (optional)							7			_	157	.71	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information conied from such Reports a	nd Statements m		13 14 15 16 17 erson for the purpose of soliciting contributions									
			to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life II	nsurance Co	mpany Political Action	Committee									
Full Name (Last, First, Middle Initial) A. STEVEN E. CHICK			Date of Receipt									
Mailing Address 124 ELM ST			M = M / D = D / Y = Y = Y Y 11 30 2015									
City WILLIAMSTOWN	State MA	Zip Code 01267-2576	Transaction ID : PR1965200743644									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer SELF Receipt For:	Occupation INSURANC											
Primary General Other (specify) ▼		541.70	P/R Deduction (\$29.17 Semi-Monthly)									
Full Name (Last, First, Middle Initial) E. EDWARD J. GARTNER			Date of Receipt									
Mailing Address 1 LOCUST DR			11 30 2015									
City LEBANON	State NJ	Zip Code 08833-2100	Transaction ID : PR1965218143644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	84.00										
Name of Employer SELF	Occupation INSURANC											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 258.00	P/R Deduction (\$12.50 Semi-Monthly)									
Full Name (Last, First, Middle Initial) C. CHRISTOPHE ROBINETTE			Date of Receipt									
Mailing Address 201 HERBERT CT			M M / D D / Y Y Y Y 11 30 2015									
City BRENTWOOD	State TN	Zip Code 37027-7653	Transaction ID : PR1980140943644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer	Occupation	I										
SELF	INSURANC	CE AGENT										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 376.27	P/R Deduction (\$50.00 Semi-Monthly)									
SUBTOTAL of Receipts This Page (optiona	<u>ا</u>		242.34									
TOTAL This Period (last page this line num	,	r										

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		Detailed Summary Page		11a		11b	11c		12					
Any information copied from such Reports and St	atomonto m	av not be sold or used by only of		13		14	15 solicitir		16 ntribut	17				
or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
Aassachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee									
Full Name (Last, First, Middle Initial) A. KATHRYN BRYAN				Date of	Re	ceipt								
Mailing Address 29900 EMERY RD			11 30 / Y Y Y Y Y 11 30 2015											
City	State	Zip Code		Trans	acti	ion ID :	PR198			ł				
CHAGRIN FALLS	OH	44022-1664	/	Amount	of	Each R	eceipt t	his F	Period					
FEC ID number of contributing federal political committee.	С					y			70.	00				
Name of Employer	Occupation		-											
SELF	INSURANC	E AGENT												
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		245.00	P	/R Ded	uctio	on (\$35.	.00 Sem	ii-Mo	nthly)					
Full Name (Last, First, Middle Initial) B. BRANDON SHAW				Date of	Re	ceipt								
Mailing Address 1567 ONEIDA DR				M _ M 1_1	/	30) 015	Y				
City	State	Zip Code		Trans	acti	on ID :	PR1980							
JEFFERSON HILLS	PA	15025-2715	_ /	Amount	of	Each R	eceipt 1	his F	Period					
FEC ID number of contributing federal political committee.	С					7	5		35.	00				
Name of Employer SELF	Occupation INSURANC													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		205.00	P	'R Dedu	uctio	on (\$17.	50 Sem	i-Moı	nthly)					
Full Name (Last, First, Middle Initial) C. JOSEPH C. GODSEY				Date of	Re	ceipt								
Mailing Address 730 LACHMAN LN				M M 11	/	30) 015	Ŷ				
	State CA	Zip Code				ion ID :				1				
PACIFIC PLSDS	CA	90272-2803		Amount	of	Each R	eceipt t	his F	Period					
FEC ID number of contributing federal political committee.	С				_	,	7		58.	34				
Name of Employer	Occupation													
SELF	INSURANC	E BROKER												
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify) ▼		454.19	P	/R Ded	uctio	on (\$29	.17 Serr	ni-Mo	nthly)					
SUBTOTAL of Receipts This Page (optional)									163.:	34				
TOTAL This Period (last page this line number of			-				- 7	Ţ		1				

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IT.			Use separate schedule(s)	(che	eck only	on	e)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
۸.	ny information copied from such Reports and S	Statemente m	w not be cold or used by any or		13 for the r		14	15 soliciting	16	17
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to so	licit con	tribu	itions fr	om such	n commit	tee.
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Con	nmitte	e				
Α.	Full Name (Last, First, Middle Initial) MATTHEW BURKS				Date of	Red	ceipt			
	Mailing Address 2687 S BROOKSIDE BLU				M M	/	D D	/ Y	Y Y	Y
		0 1 1			11		30	L	2015	
	City LAKELAND	State FL	Zip Code 33813-0820				1983859243644 eipt this Period			
	FEC ID number of contributing federal political committee.	С					7			9.16
	Name of Employer	Occupation		-						
	SELF	INSURANC	EAGENT							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		270.80		/R Dedu	ictio	n (\$14.5	58 Semi-	Monthly)	
В.	Full Name (Last, First, Middle Initial) JOSEPH J. FEMIA				Date of	Red	eipt			
	Mailing Address 505 W 37TH ST APT 12				M M	/	D D	/ Y	Y Y	Y
	City	State	_	11		30		2015	_	
	NEW YORK	NY	Zip Code 10018-1257			21054364 is Period				
	FEC ID number of contributing				Amount					
	federal political committee.	С					7		24	1.30
	Name of Employer	Occupation								
	SELF	INSURANC	E AGENT							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		213.55	P/	/R Dedu	ictio	n (\$12.1	5 Semi-	Monthly)	
C.	Full Name (Last, First, Middle Initial) MR. THOMAS O'GRADY				Date of	Red	ceipt			
	Mailing Address 20 HERON DR				M M	/	D D D 30	/ Y	2015	Y
	City	State	Zip Code		Transa	acti	on ID : I	PR2002	82504364	44
	SOMERS	СТ	06071-1600		Amount	of E	Each Re	eceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					9		19	9.46
	Name of Employer	Occupation								
	MASSACHUSETTS MUTUAL LIFE INS.	INVESTIGA	ATIVE CONSULTANT							
	Receipt For:	Aggregate	Year-to-Date ▼		P/R Dedu	untin	n (¢0 7′			
	Other (specify)		, 233.52		7K Deal	JCIIO	11 (99.73	DI-VVE	экту)	
s	UBTOTAL of Receipts This Page (optional)		•••••				,	- 7	72	92

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Committee								
Full Name (Last, First, Middle Initial) A. MR. IAN M FOWLER			Date of Receipt								
Mailing Address 301 CHEROKEE RD	Ctoto	Zip Code	11 30 / Y Y Y Y Y Y								
	State IL	60045-3062	Transaction ID : PR2006647543644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		77.00								
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGIN0	GDIRECTOR									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	P/R Deduction (\$38.50 Bi-Weekly)								
Full Name (Last, First, Middle Initial) EVAN S. SUSSMAN			Date of Receipt								
Mailing Address 3201 BIRD AVE			11 30 2015								
City MIAMI	State FL	Zip Code 33133-4451	Transaction ID : PR2006650143644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer SELF	Occupation INSURANC										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly)								
Full Name (Last, First, Middle Initial) C. JAMES E. MASUR			Date of Receipt								
Mailing Address 66 THORNTON RD			M M / D D / Y Y Y Y Y 11 30 2015								
City NEEDHAM	State MA	Zip Code 02492-4330	Transaction ID : PR2006654043644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		35.88								
Name of Employer	Occupation	1									
SELF	INSURANC	CE AGENT	_								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.26	P/R Deduction (\$17.94 Semi-Monthly)								
SUBTOTAL of Receipts This Page (optional)		172.88								
TOTAL This Period (last page this line numl											

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	Detailed Summary Page											
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)												
⁹ Massachusetts Mutual Life Ir	nsurance Company Political Action	on Committee										
Full Name (Last, First, Middle Initial) RYAN J. BOTNER		Date of Receipt										
Mailing Address 1414 57TH AVE S		11 30 2015										
City	State Zip Code	Transaction ID : PR2006660043644										
FARGO	ND 58104-7215	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С	166.70										
Name of Employer	Occupation											
SELF	INSURANCE AGENT											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General		P/R Deduction (\$83.35 Semi-Monthly)										
Other (specify)	666.80											
Full Name (Last, First, Middle Initial) JOSHUA BACH		Date of Receipt										
Mailing Address 101 28TH AVE NE												
		11 30 2015										
City	State Zip Code	Transaction ID : PR2006660443644										
FARGO	ND 58102-1704	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С	48.58										
Name of Employer	Occupation	—										
SELF	INSURANCE AGENT											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General		P/R Deduction (\$24.29 Semi-Monthly)										
Other (specify) ▼	451.40											
Full Name (Last, First, Middle Initial) MICHAEL P. LACEY	1	Date of Receipt										
Mailing Address 4431 PERSHING AVE		11 30 2015										
City	State Zip Code	Transaction ID : PR2006677343644										
DOWNERS GROVE	IL 60515-2660	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	106.64										
Name of Employer	Occupation											
SELF	INSURANCE AGENT											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General	Aygrogato real-to-Date V	P/R Deduction (\$53.32 Semi-Monthly)										
	246.62	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Other (specify)												

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ir	nsurance Co	mpany Political Action	Committee							
Full Name (Last, First, Middle Initial) MICHAEL MELITO			Date of Receipt							
Mailing Address 7 S MADISON AVE			11 30 2015							
City UPPER DARBY	State PA	Zip Code 19082-2818	Transaction ID : PR2008483443644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		66.68							
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.04	P/R Deduction (\$33.34 Semi-Monthly)							
Full Name (Last, First, Middle Initial) B. TOMASZ ALEMANY ROJAS			Date of Receipt							
Mailing Address 145 GABLES BLVD			11 30 / Y Y Y Y Y 11 30 2015							
City WESTON	State FL	Zip Code 33326-5501	Transaction ID : PR2008497843644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		58.34							
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 524.51	P/R Deduction (\$12.45 Semi-Monthly)							
Full Name (Last, First, Middle Initial) C. JACK L. CHOU			Date of Receipt							
Mailing Address 6010 CELEDON CRK			M M / D D / Y Y Y Y Y 11 30 2015							
City PLAYA VISTA	State CA	Zip Code 90094-2349	Transaction ID : PR2008505943644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		46.16							
Name of Employer	Occupation									
SELF Receipt For:	INSURANC	-								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 253.88	P/R Deduction (\$23.08 Semi-Monthly)							
SUBTOTAL of Receipts This Page (optional	l)		171.18							
TOTAL This Period (last page this line num	ber only)									

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			Detailed Summary Page		(11a		11k		11c		12	
	information copied from such Reports and St or commercial purposes, other than using the							e of s		g cont		
N /	IAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul											
F A. I	ull Name (Last, First, Middle Initial) MICHAEL DALEY				Date of	f Re	eceip	pt				
_	lailing Address 478 MAYMONT DR	State	Zip Code		1 <u>1</u>		L	30	/ Y	201		Y
	BALLWIN	MO	63011-3465						R20119			
F	EC ID number of contributing ederal political committee.	С			Amoun	ιΟΓ	=a0		Jeipt th	ns re	37.0)4
S	lame of Employer ELF	Occupation INSURANC										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 244.45] P	P/R Ded	luctio	on ((\$18.52	2 Semi	-Mont	thly)	
	ull Name (Last, First, Middle Initial) MR. MARC R BELLETSKY				Date of	f Re	eceip	pt				
N	lailing Address 9 MOOSEHORN HILL RD				M M	/	D	30	/ Y	y 201	Y 5	Y
		State	Zip Code						R20120			
	VEST GRANBY	СТ	06090-1007		Amoun	t of	Eac	ch Reo	ceipt th	is Pe	eriod	
	EC ID number of contributing ederal political committee.	С					7		7		30.8	30
	lame of Employer IASSACHUSETTS MUTUAL LIFE INS.	Occupation ADVANCED	MARKETS CONSULTANT									
R	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 369.60	P	/R Ded	uctio	on (S	\$15.40) Bi-We	ekly)		
F	ull Name (Last, First, Middle Initial)			-								
	ROBERT J. WALTOS				Date of	f Re	eceip	pt				
_	Aailing Address 7 CASTAWAYS N				11	1	D	30	/ Y	ү 201	Y 15	Y
	Sity NEWPORT BEACH	State CA	Zip Code 92660-8403		Trans Amoun				R2016 ceipt th			•
	EC ID number of contributing aderal political committee.	С					7		7		60.	00
	lame of Employer	Occupation										
	SELF	INSURANC										
н	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00] F	P/R Ded	lucti	ion ((\$30.0	0 Semi	-Mont	thly)	
SU	BTOTAL of Receipts This Page (optional)						3	-	3		127.8	34

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

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

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			Detailed Summa			(11a		11b	11c		12		
				ary raye		13		14	15		16	1	7
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the	atements ma name and a	ly not be sold or u ddress of any polit	sed by any pe ical committee	to so	for the licit cor	purp ntrib	oose o utions	f soliciti from su	ng co ich co	ontributi committe	ons e.	
\	AME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Politi	cal Action	Cor	nmitte	ee						
	ull Name (Last, First, Middle Initial) WILLIAM S. ROBERTSON					Date of	Re	ceipt					
N	lailing Address 5100 FM 126					M M	/	30		Y Y	015	Y	
C	ity	State	Zip Code			Trans	acti	ion ID :	: PR201	6623	343644	L.	
1	NOLAN	ТХ	79537-1702		_ 4	Amount	t of	Each F	Receipt	this F	Period		
	EC ID number of contributing deral political committee.	С						,			34.	51	
N	ame of Employer	Occupation			_								
S	ELF	INSURANC	E AGENT										
R	eceipt For:	Aggregate	Year-to-Date 🔻										
	Primary General	00 0			P	/R Ded	uctio	on (\$34	1.51 Ser	ni-Mo	nthly)		
	Other (specify)	L	7 7	431.35									
	ull Name (Last, First, Middle Initial) RENEE C. ADKINS					Date of	Re	ceipt					
_	lailing Address 102 FIFTH ST					M M	/	D 30			015	Y	
	ity	State	Zip Code			Trans	acti	on ID :	PR201	6634	643644		
<u> </u>	JNION	MS	39365-2114			Amount	t of	Each F	Receipt	this F	Period		
	EC ID number of contributing ederal political committee.	С						7	. ,	_	31.	80	
N	ame of Employer	Occupation											
S	ELF	INSURANCI	E AGENT										
R	leceipt For:	Aggregate	Year-to-Date ▼										
	Primary General				P.	/R Ded	uctio	on (\$15	5.90 Ser	ni-Mo	nthly)		
	Other (specify)		<u>, , , , , , , , , , , , , , , , , , , </u>	236.36									
	ull Name (Last, First, Middle Initial) FAVIO J. TABORDA					Date of	Re	ceipt					
N	lailing Address 231 MENDOZA AVE					м м 11	1	D 30			015	Y	
	ity	State	Zip Code			Trans	act	ion ID	: PR201	6646	443644	1	
	CORAL GABLES	FL	33134-3943			Amount	t of	Each F	Receipt	this F	Period		
	EC ID number of contributing ederal political committee.	С						7			37.	50	
N	ame of Employer	Occupation											
S	ELF	INSURANC	E AGENT										
R	leceipt For:	Aggregate	Year-to-Date 🔻										
Primary General					P	/R Ded	ucti	on (\$37	7.50 Ser	ni-Mo	nthly)		
	Other (specify)		y	412.50									
SU	BTOTAL of Receipts This Page (optional)			•••••				7			103.8	31	

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

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			Detailed Summary Page		11a		11b	11c		12	
Δn	y information copied from such Reports and St	atements ma	av not be sold or used by any pe		13 for the i		14	15 solicitin		16 ntribut	17 17
	for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee					
Α.	Full Name (Last, First, Middle Initial) SETH M. SCOTT				Date of	Re	ceipt	_	_		_
	Mailing Address 519 E LIBERTY ST				M M	/	30			ү 015	Y
	City	State	Zip Code					PR2016			ł
	CHAMBERSBURG	PA	17201-2615		Amount	of	Each R	leceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,			27.	77
	Name of Employer	Occupation									
	SELF	INSURANC	EAGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		416.73	P	/R Dedu	uctio	on (\$27.	.77 Sem	i-Mo	nthly)	
В.	Full Name (Last, First, Middle Initial) MR. RICHARD MURPHY				Date of	Re	ceipt				
	Mailing Address 67 SEWALL WOODS RD				M M	/	30		2() 15	Y
	City	State	Zip Code	_	Transa	acti	on ID :	PR2020	2323	343644	
	MELROSE	MA	02176-1709	_ /	Amount	of	Each R	leceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7			50.	00
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP SYSTE									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	P/	/R Dedu	uctic	on (\$25.	00 Bi-W	eekly	/)	
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 31314 E RUTLAND ST				м м 11	/	30) 15	Y
		State MI	Zip Code					PR2023			4
	BEVERLY HILLS	IVII	48025-5424		Amount	of	Each R	leceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7			29	16
	Name of Employer	Occupation		_							
	SELF	INSURANC	E AGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	/R Ded	uctio	on (\$14	.58 Sem	i-Mo	nthly)	
	Other (specify)	L	263.83								
s	UBTOTAL of Receipts This Page (optional)						7			106.	93
т	OTAL This Period (last page this line number of	only)	••••••				,				

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ITEMIZED RECEIPTS	Use separate schedule(s)		(check only	/ one)			
I EIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any pe address of any political committee	erson for the	purpose of s	oliciting	contribut	ions
NAME OF COMMITTEE (In Full)							
Aassachusetts Mutual Life In	surance Co	ompany Political Action	Committe	ee			
Full Name (Last, First, Middle Initial) CHIPLEY S. DICKEY			Date of	Receipt			
Mailing Address 4320 BELLAIRE DR S			M M	/ D D 30	/ Y	y y 2015	Y
City	State TX	Zip Code	Trans	action ID : P	R20237	3164364	4
FORT WORTH	1.	76109-5127	Amount	of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	22	.75
Name of Employer	Occupation						
SELF	INSURANC	CE AGENT					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		227.50	P/R Ded	uction (\$22.7	5 Month	ly)	
Full Name (Last, First, Middle Initial) B. PHILIP MASON			Date of	Receipt			
Mailing Address 145 FOX RUN			M M	/ D D 30	/ Y	y y 2015	Y
City	State	Zip Code	Trans	action ID : P	R20239	2554364	4
EASTON	PA	18042-8773	Amount	of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	60.	00
Name of Employer	Occupation	1					
SELF	INSURANC	E AGENT					
Receipt For:	Aggregate	Year-to-Date ▼			. .		
Other (specify) ▼		, 240.00	P/R Dedu	uction (\$30.0	0 Semi-l	vionthly)	
Full Name (Last, First, Middle Initial) C. MR. ARTHUR J. DICKEY			Date of	Receipt			
Mailing Address 160 LAKESHORE DRIVE			M M 11	/ D D 30	/ Y	у у 2015	Y
	State MA	Zip Code		action ID : F			4
MARLBOROUGH	IVIA	01752-4211	Amount	of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С					19	.46
Name of Employer	Occupation	1					
MASSACHUSETTS MUTUAL LIFE INS.	BUSINESS	OPERATIONS DIRECTOR					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.52	P/R Ded	uction (\$9.73	Bi-Wee	kly)	
SUBTOTAL of Receipts This Page (optional)			•			102.	21
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12			
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any po	erson fo	13 or the picit con	purpo	14 ose of tions fr	15 soliciting	16 contribu	utions	17	
NAME OF COMMITTEE (In Full)	y the name and a		. 10 301		u		Sin Suci			_	
Massachusetts Mutual Life I	nsurance Co	mpany Political Action	Com	mitte	ee						
Full Name (Last, First, Middle Initial) A. MR. CARLO GUERRERA			C	Date of	Rec	eipt					
Mailing Address 1 WHISPERING ROD RO	DAD			м м 11	1	30	/ Y	2015	Y		
City	State	Zip Code			actio		PR20300	6777436	44		
UNIONVILLE	СТ	06085-1436	A	mount	of E	ach R	eceipt th	is Perio	b		
FEC ID number of contributing federal political committee.	C				,			1	9.30		
Name of Employer	Occupation	 									
MASSACHUSETTS MUTUAL LIFE INS.	VP - KEY A	CCOUNTS									
Receipt For:	Aggregate	Year-to-Date ▼				(0.0.0)					
Other (specify) ▼		231.60		R Dedu	uctior	n (\$9.6	5 Bi-Wee	ekly)			
Full Name (Last, First, Middle Initial) B. MS. LOUISE PROVENZANO				Date of	Rec	eipt					
Mailing Address 316 WOLCOTT STREET			11	м м 11	/	30	/ Y	2015	Y		
City	State	Zip Code		Transa	actio	n ID : I	PR20306	69864364	44		
BRISTOL	СТ	06010-6427	A	mount	of E	ach R	eceipt th	is Perio	b		
FEC ID number of contributing federal political committee.	C				,		7	3(0.80		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CHANGE A	GENT CONSULTANT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		369.60	P/I	R Dedu	uctior	ר (\$15.₄	40 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) C. MR. LUIS O CONCEPCION			С	Date of	Rec	eipt					
Mailing Address 12 HAWKS RIDGE				м м 1_1	/	30	/ Y	2015	Y		
City	State	Zip Code		Trans	actic	on ID :	PR2030	7231436	44		
AVON	СТ	06001-4417	A	mount	of E	Each R	eceipt th	is Perio	b		
FEC ID number of contributing federal political committee.	C				,		7	3	8.50		
Name of Employer	Occupation										
MASSACHUSETTS MUTUAL LIFE INS.	AVP & COU	JNSEL									
Receipt For:	Aggregate	Year-to-Date ▼			104:-	n (#40)					
Other (specify) ▼		462.00		R Dedl	uctiol	n (⊅19.	25 Bi-We	JUNIY)			
SUBTOTAL of Receipts This Page (optiona	' l)			_	,		- 7	88	3.60]	

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ITEMIZED RECEIPTS	Use separate schedule(s) (c		(check onl	(check only one)								
ILWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_					
Any information copied from such Reports and s or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)		duress of any political committee				IT COMMIT						
Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Committ	ee								
Full Name (Last, First, Middle Initial) A. MR. RUSSELL AR NORRIS			Date o	f Receipt								
Mailing Address 21 GREAVES RD W			M M		D / Y	2015	Y					
City STAFFORD SPRINGS	State CT	Zip Code 06076-3018	Trans	saction ID) : PR2030 Receipt th	740243644	4					
FEC ID number of contributing federal political committee.	C			9		44.	50					
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP GROL	IP BUSINESS										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 356.00	P/R Ded	luction (\$2	22.25 Bi-We	eekly)						
Full Name (Last, First, Middle Initial) B. MR. ROBERT C TRENERRY			Date o	f Receipt								
Mailing Address 3009 VIA MERIDIANA			1 <u>1</u>		D / Y 30	2015	Y					
City	State	Zip Code			: PR20307							
HENDERSON	NV	89052-3842	Amoun	t of Each	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	С		L			22.	24					
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CLIENT RE											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.88	P/R Ded	uction (\$1	1.12 Bi-We	ekly)						
Full Name (Last, First, Middle Initial) C. MR. WILLIAM T. ABRAMOWICZ			Date o	f Receipt								
Mailing Address 723 TAFT ROAD			M M 11		D / Y 30	2015	Y					
City HINSDALE	State IL	Zip Code 60521-4834			D: PR2030 Receipt th		4					
FEC ID number of contributing federal political committee.	С			7			50					
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		SALES MANAGER	_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	P/R Dec	luction (\$ ²	19.25 Bi-We	eekly)						
SUBTOTAL of Receipts This Page (optional)		····· •				105.3	24					

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ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b			_	_		
Any information copied from such Reports and	Statements ma	ay not be sold or used by any pe	13 erson for the	14 purpose	of solicit	ting contri		17 าร		
or for commercial purposes, other than using t	he name and a	ddress of any political committee	to solicit cor	ntributior	ns from s	uch comn	nittee			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Committ	ee						
Full Name (Last, First, Middle Initial)			Date of	f Receip	t					
Mailing Address 144 PEACHTREE ROAD			M M		D /	YYY	/ = Y	1		
City	State	Zip Code	11		30 D · BB 20	2015 30746843				
MOUNTAIN BRK	AL	35213-2931				t this Peri				
FEC ID number of contributing federal political committee.	С				,		19.46	5		
Name of Employer	Occupation	1								
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	SALES RE	PRESENTATIVE	_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 233.52	P/R Ded	uction (\$	9.73 Bi-V	Veekly)				
Full Name (Last, First, Middle Initial) B. MR. DENNIS E. GLYNN			Date of	f Receip	t					
Mailing Address 37 DANIEL RIDGE			M M		30 /	_ 2015		1		
City	State	Zip Code				30750543				
WESTFIELD	MA	01085-4151	Amount	t of Eacl	h Receipt	t this Peri	od			
FEC ID number of contributing federal political committee.	С			7			44.46			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation PRODUCT	MANAGEMENT CONSULTANT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 533.52	P/R Ded	uction (\$	22.23 Bi-	Weekly)				
Full Name (Last, First, Middle Initial) C. MR. TROY K. ENGLERTH			Date of	f Receip	t					
Mailing Address 7253 W MELINDA LANE			11		D / 30	2015		1		
City GLENDALE	State AZ	Zip Code 85308-9538				30750743 t this Peri				
FEC ID number of contributing federal political committee.	С				, ,		55.56	3		
Name of Employer	Occupatior									
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		JP BUSINESS	_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.72	P/R Ded	luction (\$	\$27.78 Bi	Weekly)				
SUBTOTAL of Receipts This Page (optional).		••••••				1	19.48	_		

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11 - 11	IIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
Any ir	nformation copied from such Reports and commercial purposes, other than using the	Statements ma	ay not be sold or used by any person ddress of any political committee t	son for the	purpose of	soliciting	g contribu	17 utions ttee.
	ME OF COMMITTEE (In Full)		and the second s					
	assachusetts Mutual Life Ins	urance Co	mpany Political Action C	Committ	ee			
	l Name (Last, First, Middle Initial) IS. PATRICIA L. HARRIS			Date of	f Receipt			
	iling Address 22 CHAROLAIS WAY			M M 11	/ D I) / Y	ү ү 2015	Y
Cit	y JRLINGTON	State CT	Zip Code 06013-1627		action ID : t of Each F			
	C ID number of contributing eral political committee.	С		Γ.	3		19	9.24
MA	me of Employer SSACHUSETTS MUTUAL LIFE INS. ceipt For:	Occupation VICE PRES	SIDENT - RS PRODUCT MANAGEN	-				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Ded	luction (\$9.6	62 Bi-Wee	∍kly)	
	I Name (Last, First, Middle Initial) ASON AURICCHIO	·		Date of	f Receipt			
	iling Address 6078 SW 33RD ST		7.0.1	M M 11	/ D I 30		2015	Y
City		State FL	Zip Code		action ID :			
	AMI	гL	33155-4906	Amoun	t of Each F	Receipt th	is Period	ł
	C ID number of contributing leral political committee.	С				- 7	3⁄	1.26
SE		Occupation INSURANC						
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 268.80	P/R Ded	uction (\$15	.63 Semi-	Monthly)	I
	I Name (Last, First, Middle Initial) VILLIAM ZIMMER	1		Date of	f Receipt			
Ма	iling Address 2213 HAMRICK DR			11 M	/ D 1		2015	Y
City	y ALEIGH	State NC	Zip Code 27615-2512		action ID :			
FE	C ID number of contributing leral political committee.	C		_ Amoun	t of Each F	leceipt th		d 0.00
Na	me of Employer	Occupation		_				
SE	LF	INSURANC	E AGENT					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Ded	luction (\$30	.00 Semi	-Monthly)
SUB	TOTAL of Receipts This Page (optional)	·	•				110	0.50
тот	AL This Period (last page this line number	r only)	•••••					

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270

		Use separate schedule(s)	(check only one)	-
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	-
Any information copied from such Deposts and	Statomanta		13 14 15 16	17
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee	
Full Name (Last, First, Middle Initial)				
A. BRET A. HARTUNG			Date of Receipt	
Mailing Address 4317 N DAMEN AVE			11 30 _ 2015 _	
City	State	Zip Code	Transaction ID : PR2038720443644	
CHICAGO	IL	60618-1705	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		187.50	
·	Occupation			
Name of Employer SELF	Occupation INSURANC			
Receipt For:		Year-to-Date ▼	-	
Primary General	, ,99109416		P/R Deduction (\$93.75 Semi-Monthly)	
Other (specify)		1312.50		
Full Name (Last, First, Middle Initial)	1			
B. SAHAND ELMTALAB			Date of Receipt	
Mailing Address 4295 WESTON LN N			11 30 _2015 _	
City	State	Zip Code	Transaction ID : PR2038727643644	
PLYMOUTH	MN	55446-2502	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		26.04	
Name of Employer	Occupation	1	-	
SELF	INSURANC	E AGENT		
Receipt For:	Aggregate	Year-to-Date ▼	P/P Deduction (\$12.02 Comi Monthly)	
Other (specify) ▼		, 223.98	P/R Deduction (\$13.02 Semi-Monthly)	
Full Name (Last, First, Middle Initial) c. JUSTIN HAYWARD	1		Date of Receipt	
Mailing Address 16 WESTON RD				
			11 30 2015	
City WELLESLEY	State MA	Zip Code 02482-6313	Transaction ID : PR2041714643644	
FEC ID number of contributing	_		Amount of Each Receipt this Period	_
federal political committee.	C		100.00	
Name of Employer	Occupation	1	-	
SELF	INSURANC	CEAGENT		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		400.00	P/R Deduction (\$50.00 Semi-Monthly)	
, (FFF), *		(f)		
SUBTOTAL of Receipts This Page (optional)			313.54	
TOTAL This Period (last page this line numbe	r only)			

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	EIMIZED RECEIPIS		for each category of the Detailed Summary Page		K 11	а		11b		11c	12	2	
_					13	1		14		15	16	6	17
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and a	y not be sold or used by any poddress of any political committee	erson e to s	for olicit	he co	pur ntrib	pose oution	of s fr	soliciting om sucl	g contri h comr	ibuti nitte	ons e.
\square	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Co	mm	itt	ee						
Α.	Full Name (Last, First, Middle Initial) MR. DANIEL J MCGEE				Date	e of	f Re	eceipt					
	Mailing Address 10812 ALEXANDER MILL D	R				™ 1	1		D 30	/ Y	2015		Y
	City	State	Zip Code		Tr	ans	act	ion IE):	PR2045	466543	8644	
	CHARLOTTE	NC	28277-2701	_	Amo	bun	t of	Each	Re	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С						3		7	1	66.7	70
	Name of Employer	Occupation		_									
	BABSON CAPITAL MANAGEMENT LLC	MANAGING	DIRECTOR										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 3		l F	P/R [Ded	uctio	on (\$8	83.3	35 Bi-We	eekly)		
	Other (specify)		1333.60										
В.	Full Name (Last, First, Middle Initial) MANUEL AMEZCUA				Date	e of	f Re	eceipt					
	Mailing Address 9809 MARGO LN				М	M	/	D	D	/ Y	Y		Y
	City	State	Zip Code			1			30 		2015		
	MUNSTER	IN	46321-9128					-		PR2045 eceipt th		-	
	FEC ID number of contributing federal political committee.	С				Jun		,		, j		60.0)0
	Name of Employer	Occupation		_									
	SELF	INSURANC											
	Receipt For:	1	-	_									
	Primary General	Aggregate	Year-to-Date ▼)/R [)od	uctio	on (\$?	20 0	00 Semi-	Month	hz)	
	Other (specify)		240.00	"	/17.6	Jeu	ucin	υπ (ψι	50.0	Jo Genn	-worth in	iy)	
с.	Full Name (Last, First, Middle Initial) THOMAS BLOCK	1			Date	e of	f Re	eceipt					
	Mailing Address 2720 S VEITCH ST					™ 1	/		D 30	/ Y	2015		Y
	City	State	Zip Code		Tr	ans	act	ion II) :	PR2045	502243	3644	<u>ا</u>
	ARLINGTON	VA	22206-3052	_	Amo	bun	t of	Each	Re	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С						,				32.	24
	Name of Employer	Occupation		_									
	SELF	INSURANC	EAGENT										
	Receipt For:		Year-to-Date ▼	\neg									
	Primary General	Ayyreyale		u la	P/R I	Ded	lucti	on (\$	16.	12 Semi	-Month	lv)	
	Other (specify)		251.62					(+				,,	
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				7		,	2	58.9	94

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mather name and a	ay not be sold or used by any po address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee
Full Name (Last, First, Middle Initial) A. MS. RACHEL AY PARENT			Date of Receipt
Mailing Address 5 PEMBROKE DR	State	Zip Code	11 30 2015
SUFFIELD	CT	06078-2096	Transaction ID : PR2052377643644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		111.12
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) v		BIDENT PROGRAM MGMT Year-to-Date ▼ 1333.44	P/R Deduction (\$55.56 Bi-Weekly)
Full Name (Last, First, Middle Initial) MR. MICHAEL E HENDERLONG			Date of Receipt
Mailing Address 41 BEAVER CREEK CT			11 30 2015
City FAR HILLS	State NJ	Zip Code 07931-2594	Transaction ID : PR2052379343644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		77.00
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupatior MANAGIN0) G DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	P/R Deduction (\$38.50 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. QUINTIN T. HARDTNER			Date of Receipt
Mailing Address 4142 FAIRFIELD AVE			M M / D D / Y Y Y Y Y 11 30 2015
City SHREVEPORT	State LA	Zip Code 71106-1018	Transaction ID : PR2052450743644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		54.40
Name of Employer	Occupatior	1	
SELF	INSURANO	CE AGENT	
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 234.40	P/R Deduction (\$30.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional).			242.52
TOTAL This Period (last page this line number	er only)		

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	5	Detailed Summary Page	X	11a		11b	11c		12	
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		y not be sold or used by any pe ddress of any political committee								
NAME OF COMMITTEE (Ir										
Aassachusetts Mu	Itual Life Insurance Co	mpany Political Action	Corr	nmitte	ee					
Full Name (Last, First, Mid A. MS. SUSAN JE GAR				Date of	Re	ceipt				
Mailing Address 11 SOME	RSET LN			м м 1_1	/	D D D 30	/ Y	2(015	Y
City	State	Zip Code		Transa	acti	on ID :	PR2076	5239	4364	4
SIMSBURY	CT	06070-1716	A	Amount	of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contribution federal political committee.	ting					7			166.	70
Name of Employer	Occupation									
MASSACHUSETTS MUTUA	AL LIFE INS. SENIOR VI	CE PRESIDENT - HR CONSULTI	IN							
Receipt For:	Aggregate	Year-to-Date ▼								
	neral		P/	'R Dedu	uctic	on (\$83.	35 Bi-W	eekly	/)	
Other (specify)		2000.40								
Full Name (Last, First, Mid B. MARTIN J. MCALPIN				Date of	Re	ceipt				
Mailing Address 10762 ASH				M M	/	D D	/ 7	Y	Y	Y
5 1010 <u>2</u> 701				11		30			15	
City	State	Zip Code		Transa	acti	on ID : I	PR2076			1
SAINT PAUL	MN	55129-6903	A	Amount	of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contribution federal political committee.	ting					7	 	_	31.	26
Name of Employer	Occupation									
SELF	INSURANC	E AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary Ger	neral		P/	R Dedu	ictic	on (\$15.6	53 Semi	-Mor	thly)	
Other (specify) ▼		268.80				ζ.			,	
Full Name (Last, First, Mid C. ADAM MORGAN	dle Initial)			Date of	Re	ceipt				
Mailing Address 4809 ROE	DNEY RD			M M	/	30	/ Y)15	Y
City	State	Zip Code		Transa	acti	on ID :	PR2076	5472	24364	4
RICHMOND	VA	23230-2508	A	Amount	of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contribution federal political committee.	ting					7		_	60.	.00
Name of Employer	Occupation									
SELF	INSURANC	E AGENT								
Receipt For:		Year-to-Date ▼	\neg							
Primary Ger	neral		P/R Deduction (\$30.00 Semi-Monthly)							
Other (specify)		240.00				(+-).				
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			Detailed Summary Page		11a		11b	11c		12	
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	nformation copied from such Reports and S commercial purposes, other than using the										
	AME OF COMMITTEE (In Full)	-		-							
	lassachusetts Mutual Life Insu	rance Co	mpany Political Action	Cor	nmitt	ee					
Fu A. C	ill Name (Last, First, Middle Initial) DAVY KWOK				Date of	f Rec	ceipt				
Ma	ailing Address 19770 CAMINO ARROYO				M M	/	D D D 30	/ Y	ү 20	15	Y
Ci	-	State	Zip Code		Trans	sactio	on ID :	PR20902	2003	43644	Ļ
W	/ALNUT	CA	91789-1716		Amount	t of E	Each R	eceipt thi	is Pe	eriod	
	EC ID number of contributing deral political committee.	С					,			31.	24
Na	ame of Employer	Occupation									
	ELF	INSURANC	E AGENT								
Re	eceipt For:	Aggregate	Year-to-Date ▼								
Γ	Primary General	99. 09ulo		Р	/R Ded	luctio	n (\$15.	62 Semi-	Mon	thly)	
	Other (specify) ▼	L	218.80							- 1	
	II Name (Last, First, Middle Initial)				Date of	f Rec	ceipt				
Ma	ailing Address 118 STATION RD				M M	/	30	/ Y	20 ²	15	Y
Ci	ty	State	Zip Code		Trans	actio	on ID : I	PR21057			
N	EW PALTZ	NY	12561-4022					eceipt thi			
	EC ID number of contributing deral political committee.	С					,			60.	00
Na	ame of Employer	Occupation		_							
SE	ELF	INSURANC	E AGENT								
Re	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	/R Ded	uctior	n (\$30.0	00 Semi-l	Mon	thly)	
	Other (specify)	L	240.00							• •	
	II Name (Last, First, Middle Initial)				Date of	f Rec	ceipt				
Ma	ailing Address 26 FORBES ST #3				^M M	/	30	/ Y	20 ²	ү 15	Y
Ci	ty	State	Zip Code		Trans	sactio	on ID :	PR21060)697	43644	4
_J/	AMAICA PLAIN	MA	02130-1810		Amount	t of E	Each R	eceipt thi	is Pe	eriod	
	EC ID number of contributing deral political committee.	С					,			52.	64
Na	ame of Employer	Occupation									
M	ASSACHUSETTS MUTUAL LIFE INS.	AVP SALE	6								
Re	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 - 0 - 10		F	P/R Ded	luctio	n (\$26.	32 Bi-We	ekly	')	
	Other (specify)		421.12								
SUB	TOTAL of Receipts This Page (optional)			▶			,			143.8	38

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

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		Detailed Summary Page		11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	0		0	•						
Aassachusetts Mutual Life Ins	surance Co	mpany Political Action	Con	nmitt	ee					
Full Name (Last, First, Middle Initial) A. MR. DANIEL L FLYNN				Date of	f Re	ceipt				
Mailing Address 7917 SKYE LOCHS DR				M M	1	D D D	/ Y) 015	Y
City	State	Zip Code		Trans	acti	ion ID :	PR2106	0716	643644	ļ
WAXHAW	NC	28173-7493	/	Amount	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	7	_	111.	12
Name of Employer	Occupation	1								
BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		000.00	P.	/R Ded	uctio	on (\$55.	56 Bi-W	eekly	/)	
Other (specify)		888.96								
Full Name (Last, First, Middle Initial) B. MR. SCOTT ED SEBASTIAN	·			Date of	f Re	ceipt				
Mailing Address 43 LEXINGTON RD				11	/	30	/ Y	ү 20)15	Y
City	State	Zip Code		Trans	acti	on ID :	PR2106	<u>0728</u>	43644	
WEST HARTFORD	СТ	06119-1748	/	Amount	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С						7	_	19.2	24
Name of Employer	Occupation	1								
MASSACHUSETTS MUTUAL LIFE INS.	AVP GOVE	RNMENT RELATIONS								
Receipt For:	Aggregate	Year-to-Date V								
Other (apacify)		230.88	P/	R Ded	uctio	on (\$9.6	2 Bi-We	ekly)		
Other (specify)		, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial) C. CLARK SNITKO				Date of	f Re	ceipt				
Mailing Address 4910 EL DON DR				M M 11	1	D D D	/ Y) 15	Y
City	State	Zip Code		Trans	sact	ion ID :	PR2119	9220)43644	1
ROCKLIN	CA	95677-3385	/	Amount	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С					7	- 7		54.	54
Name of Employer	Occupation	1								
SELF	INSURANC	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		245.43] P	/R Ded	luctio	on (\$27.	27 Sem	i-Mor	าthly)	
SUBTOTAL of Receipts This Page (optional).						3		_	184.9	90

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

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July Of	y one)	ne)			
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he pur	purpose of ntributions	15 of solicitin	g contrib	oution	17 s
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ittee	ee				
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		7	2	27.80	
eductio	luction (\$13	3.90 Bi-W	'eekly)		
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™ / 1	/ D 30		2015	Y	
	action ID :				
	t of Each F	Receipt ti		00.00	
eductio	uction (\$50).00 Bi-W	eekly)		
of Re	f Receipt				
M / 1	, , , , , , , , , , , , , , , , , , ,		2015	Y	
	saction ID : t of Each F				
		7	2	29.16	
eductio	luction (\$14	4.58 Sem	i-Monthly	y)	
			15	6.96	
	Dec	Deduction (\$14	Deduction (\$14.58 Sem		Deduction (\$14.58 Semi-Monthly) 156.96

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	
_					13		14	15	16	17
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any p ddress of any political committee	erson e to so	for the plicit co	pur ntrik	pose o putions	f soliciting from suc	g contribu h commi	itions tee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-		_						
	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Cor	nmitt	ee				
Α.	Full Name (Last, First, Middle Initial) MR. ERIC P PIRONE				Date o	f Re	eceipt			
	Mailing Address 536 SAN RAFAEL AVE				M M	/	30		2015	Y
	City	State	Zip Code		Trans	sact	ion ID :	PR2154	0011436	14
	BELVEDERE TIBURON	CA	94920-2338	_	Amoun	t of	Each F	Receipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С					7		12	5.00
	Name of Employer	Occupation		_						
	BABSON CAPITAL MANAGEMENT LLC	MANAGING	DIRECTOR							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		875.00	I F	P/R Dec	lucti	on (\$62	2.50 Bi-We	eekly)	
	Other (specify)		875.00	4						
R	Full Name (Last, First, Middle Initial)				Date o	f Re	eceint			
υ.	Mailing Address 439 GREENFIELD LN				M M		D		Y Y	Y
	5 THE TO ONLENTIELD EN				11		30		2015	
	City	State	Zip Code		Trans	sact	ion ID :	PR2154	01314364	14
	PAINESVILLE	OH	44077-6150	_	Amoun	t of	Each F	Receipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С					7	3	60	0.00
	Name of Employer	Occupation								
	SELF	INSURANC	E AGENT							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		240.00	F	P/R Ded	lucti	on (\$30	.00 Semi	-Monthly)	
C.	Full Name (Last, First, Middle Initial) ERIC GROSS				Date o	f Re	eceipt			
	Mailing Address 1761 VALLEJO ST				M M	/	30		2015	Y
	City	State	Zip Code			sact		, : PR2154		44
	SAN FRANCISCO	CA	94123-5051					Receipt th		
	FEC ID number of contributing	0								_
	federal political committee.	С					7		3	7.50
	Name of Employer	Occupation								
	SELF	INSURANC	E AGENT							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		262.50	F	P/R Dec	ducti	ion (\$18	3.75 Semi	-Monthly)
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		222	2.50
1					1.1.1	-				

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

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

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••			Detailed Summary Page		X 11a		11b	11c		12	
A	ny information pariod from such Departs and (Statamanta and	hu not be cold or used by stress		13		14	15		16	17
	ny information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Insu	Irance Co	mpany Political Action	Со	mmit	tee	;				
Α.	Full Name (Last, First, Middle Initial) KEVIN E. STOKESBARY				Date o	of Re	eceipt				
	Mailing Address 7133 SAINT ANDREWS LN S	SE			M M	1	3			015	Y
	City	State	Zip Code		Trans	sact	tion ID	: PR2159	450	54364	4
	SNOQUALMIE	WA	98065-9092	_	Amoun	it of	Each	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	120	.00
	Name of Employer	Occupation	1								
	SELF	INSURANC	E AGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		480.00		P/R Dec	duct	ion (\$6	0.00 Semi	-Mo	nthly)	
	Other (specify)		480.00								
в.	Full Name (Last, First, Middle Initial) MUHAMMAD PETRUS				Date o	f Re	eceipt				
	Mailing Address 1523 DOROTHY LN				M M	/	3			ү 015	Y
	City	State	Zip Code		Trans	sact	tion ID	: PR2159	461	74364	4
	FULLERTON	CA	92831-2900		Amoun	t of	Each	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	60.	00
	Name of Employer	Occupation	1								
	SELF	INSURANC	EAGENT								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		P/R Dec	lucti	ion (\$6	0.00 Mont	hlv)		
	Other (specify)		240.00			1001			ny)		
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt				
	Mailing Address 1099 DELMAR AVE				M N	/	3			015	Y
	City	State	Zip Code		Tran	sac		: PR2159			4
	FRANKLIN SQ	NY	11010-2740		Amoun	t of	Each	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	66	.70
	Name of Employer	Occupation	1	\neg							
	SELF	INSURANC	CE AGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General				P/R Deo	duct	ion (\$6	6.70 Mont	hly)		
	Other (specify)		733.70								
s	UBTOTAL of Receipts This Page (optional)			•			7			246.	70

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

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		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports and or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full)				
Aassachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee	
Full Name (Last, First, Middle Initial) MR. SCOTT DA BROWN			Date of Receipt	
Mailing Address 479 CHESTNUT ST			M M / D D / Y Y Y 11 30 2015	Y
City WABAN	State MA	Zip Code 02468-1204	Transaction ID : PR216646024364	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	7.78
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGIN0	G DIRECTOR	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3333.36	P/R Deduction (\$138.89 Bi-Weekly)	
Full Name (Last, First, Middle Initial) B. DEEPAK MALHOTRA			Date of Receipt	
Mailing Address 23 WARWICK ST	Ctoto	Zin Code	11 30 / Y Y Y Y	_
City ISELIN	State NJ	Zip Code 08830-1837	Transaction ID : PR216647054364 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С			0.64
Name of Employer SELF	Occupation INSURANC		_	
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		258.82	P/R Deduction (\$25.32 Semi-Monthly)	1
Full Name (Last, First, Middle Initial) C. JASON M. VENDITTI			Date of Receipt	
Mailing Address 712 THURBER ST			11 30 / Y Y Y Y 2015	Y
City SYRACUSE	State NY	Zip Code 13210-3755	Transaction ID : PR216649434364 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C			0.00
Name of Employer	Occupation	1		
SELF	INSURANO	CE AGENT		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly))
SUBTOTAL of Receipts This Page (optional).			388	3.42
TOTAL This Period (last page this line number	er only)	••••••		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In:	surance Company Political Actior	n Committee
Full Name (Last, First, Middle Initial) A. CHRISTOPHE M. SMITH		Date of Receipt
Mailing Address 2647 WESTMINSTER PL		11 30 / Y Y Y Y Y
City COSTA MESA	State Zip Code CA 92627-4643	Transaction ID : PR2192455143644
	GA 92027-4043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	51.70
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	214.16	P/R Deduction (\$25.85 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. MARK KEATING		Date of Receipt
Mailing Address 3711 OAKMONT ST SE		11 30 2015
City	State Zip Code	Transaction ID : PR2192477043644
GRAND RAPIDS	MI 49546-9216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$50.00 Bi-Weekly)
Other (specify)	900.00	
Full Name (Last, First, Middle Initial) C. GREGORY W. BRENNER		Date of Receipt
Mailing Address 2219 OAKLEAF DR		11 30 2015
City	State Zip Code	Transaction ID : PR2192491443644
FRANKLIN	TN 37064-7414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	160.00
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	640.00	P/R Deduction (\$80.00 Semi-Monthly)
	640.00	311.70

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	ny information copied from such Reports and for commercial purposes, other than using th									
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	mpany Political Action (Cor	nmit	tee				
A .	Full Name (Last, First, Middle Initial) JASON M. LETTENBERGER Mailing Address 19760 BRENNER DR City BROOKFIELD FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	State WI C Occupation INSURANC Aggregate			Amour	sact	30 ion ID Each	D / Y : PR2194 Receipt tl 	his Perio	544 od 50.00
В.	Full Name (Last, First, Middle Initial) MR. DAVID J SPRINGER Mailing Address 1170 ADAMS LN	State	Zip Code		Date of 11	/	3) ; PR2202	2015	
	SOUTHLAKE FEC ID number of contributing federal political committee. Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: Primary General Other (specify) ▼	1	76092-8501 DIRECTOR Year-to-Date ▼ 421.12		Amour	nt of	Each	6.32 Bi-W	his Perio 5	
С.	Full Name (Last, First, Middle Initial) MR. DAVID ACSELROD Mailing Address 12 BURR SCHOOL RD City WESTPORT FEC ID number of contributing federal political committee. Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)		Zip Code 06880-3816 SIDENT - NEW BUSINESS & UNDE Year-to-Date ▼ 595.00		Amour	sact	ion ID Each	D / Y : PR2202 Receipt th	his Perio 7	644
s	UBTOTAL of Receipts This Page (optional)	I					7		18	2.64

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

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	
				13		14	Ĺ	15	16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Com	mitte	эе					
Full Name (Last, First, Middle Initial) A. FREDDY S. LOPEZ			D	ate of	Re	ceipt				
Mailing Address 10070 CORBETT ST			_	M M 1_1	1	3		/ Y	y y 2015	Y
City	State NV	Zip Code 89149-1204)7384364	4
LAS VEGAS		03143-1204	A	mount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		-7	116	.66
Name of Employer	Occupation	I								
SELF	INSURANC	EAGENT								
Receipt For:	Aggregate	Year-to-Date ▼					-			
Primary General Other (specify) ▼		624.97	P/I	R Dedı	uctic	on (\$5	58.3	3 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. CHARLES DOWNS			D	ate of	Re	ceipt				
Mailing Address 155 OCEAN LANE DR				M M 1_1	1	3	D 0	/ Y	2015	Y
City	State	Zip Code				-		-	5364364	
KEY BISCAYNE	FL	33149-1436	A	mount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		3	100	.00
Name of Employer SELF	Occupation GENERAL	INSURANCE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/F	R Dedu	uctic	on (\$5	0.00	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. CHRISTOPHE M. DERHAM			D	Date of	Re	ceipt				
Mailing Address 26 CURRIER PL				^M ^M 11	1	3	D 80	/ Y	y y 2015	Y
City CHESHIRE	State CT	Zip Code 06410-1460							97864364 is Period	
FEC ID number of contributing federal political committee.	C							7	67	7.70
Name of Employer	Occupation		\neg							
SELF	INSURANC	EAGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		432.25		R Dedı	uctio	on (\$3	33.8	5 Semi-	Monthly)	
SUBTOTAL of Receipts This Page (optional))		, Г		_				284	.36
TOTAL This Period (last page this line num	, 		. [

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a		11b	11c	12		
Any information copied from such Reports and	Statements m	ay not be sold or used by any pe	rson for the	purp	14 Dose of	15 soliciting	contribut	17 ions	
or for commercial purposes, other than using th	e name and a	ddress of any political committee	to solicit co	ontrib	utions f	rom such	n committ	ee.	
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	ompany Political Action	Commit	tee					
Full Name (Last, First, Middle Initial) A. PAUL W. TOKARZ				Date of Receipt					
Mailing Address 3963 W BELMONT AVE				11 30 2015					
City				Transaction ID : PR2274982843644					
CHICAGO	IL	60618-5129	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				7	7	87	72		
Name of Employer SELF	Occupation INSURANC								
Receipt For:	T	Year-to-Date ▼		1					
Primary General Other (specify) ▼		219.30	P/R Deduction (\$43.86 Semi-Monthly)						
Full Name (Last, First, Middle Initial) B. MR. CHRISTIAN GU FELIX			Date o	of Re	ceipt				
Mailing Address 8328 DEVINNEY CT			M M / D D / Y Y Y Y 11 30 _2015 _						
City State		State Zip Code		Transaction ID : PR2323642043644					
ARVADA	CO	80005-5937	Amour	nt of	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP SALE								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Dec	P/R Deduction (\$50.00 Bi-Weekly)					
Full Name (Last, First, Middle Initial) C. MS. JENNIFER RI RUTLEY	1		Date o	of Re	ceipt				
Mailing Address 21 LOIS LN				/	D D D	/ Y	y y 2015	Y	
City NEEDHAM	State MA	Zip Code 02492-4421					12654364 is Period	4	
FEC ID number of contributing federal political committee.	С				,	7	140	.00	
Name of Employer	Occupation								
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		NOLOGY CREATIVE DESIGN							
Primary General Other (specify) ▼	Year-to-Date ▼ 560.00	P/R De	P/R Deduction (\$70.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		•		-	7	7	327.	72	

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IEMIZED RECEIPTS			11a		11c	12														
		Detailed Summary Page		13		11b 14		15	16											
ny information copied from such Reports and for commercial purposes, other than using																				
NAME OF COMMITTEE (In Full)																				
Massachusetts Mutual Life In	surance Co	mpany Political Action	Com	mitte	ee															
Full Name (Last, First, Middle Initial) ABBE F. LARGE		Date of Receipt																		
Mailing Address 11 BLANCHARD RD				11 30 2015																
City	State	Zip Code		Trans	acti	on II) : P	R7898	4404364	4										
GREENWICH	СТ	06831-3676	A	mount	of	Each	n Re	ceipt th	nis Perioo	d										
FEC ID number of contributing federal political committee.	C					7		ŋ	2	8.26										
Name of Employer	Occupation																			
SELF	INSURANC	E AGENT																		
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General			P/I	R Ded	uctic	on (\$	14.1	3 Semi	-Monthly)										
Other (specify)		271.80																		
Full Name (Last, First, Middle Initial) ALAN L. MELTZER									Date of Receipt											
Mailing Address 2000 S OCEAN BLVD			_	M M / D D / Y Y Y Y																
				11			30		2015											
City	State	Zip Code		Trans	actio	on IC) : P	R78984	45143644	4										
BOCA RATON	FL	FL 33432-8068						Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C				7		7	416	6.66											
Name of Employer	Occupation		-																	
SELF	INSURANC	E AGENT																		
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General	ggi oguto		P/F	R Dedu	uctio	on (\$2	208.;	33 Sem	ni-Monthly	y)										
Other (specify)		, 4583.32								,										
Full Name (Last, First, Middle Initial) ANTHONY R. STARR				ate of	Re	ceint														
Mailing Address 2 PAISLEY CT				M			D	/ V	Y Y	V										
				11	Ĺ		30		2015	, i I.										
City	State	Zip Code		Trans	acti	ion II	D : P	R7898	5134364	4										
SAVANNAH	GA	31411-3078	A	mount	of	Each	n Re	ceipt th	nis Perioo	d										
FEC ID number of contributing federal political committee.	C					7		7	2	7.08										
Name of Employer	Occupation		_																	
SELF	INSURANC	E AGENT																		
Receipt For:		Year-to-Date ▼	\neg																	
Primary General	Ayyreyale		P/	R Ded	uctio	on (\$	13.5	4 Semi	-Monthly	')										
Other (specify)		272.90		. 200		-·· (Ψ				,										
				-	-	-	_	_		2.00										
SUBTOTAL of Receipts This Page (optional)		•		_		7	-	7	472	2.00										
OTAL This Period (last page this line numb	er only)	•	. [_		7														

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements may not be sold or used by any p g the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ir	nsurance Company Political Action	Committee									
A. BRET J. BUTERBAUGH Mailing Address 207 FAIRFIELD DR		Date of Receipt									
City	State Zip Code	11 30 2015 Transaction ID : PR789858143644									
STATE COLLEGE	PA 16801-8244	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	46.16									
Name of Employer SELF	Occupation INSURANCE AGENT										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 253.88	P/R Deduction (\$23.08 Semi-Monthly)									
B. BRINEY LEE CLORE		Date of Receipt									
Mailing Address 5064 SWITCH GRASS LN	N	11 30 _2015 _									
City	State Zip Code	Transaction ID : PR789859943644									
NAPERVILLE	IL 60564-5367	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	28.12									
Name of Employer SELF	Occupation INSURANCE AGENT										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	271.85	P/R Deduction (\$14.06 Semi-Monthly)									
Full Name (Last, First, Middle Initial) C. BRUCE T. RIDDLE	·	Date of Receipt									
Mailing Address 3702 E 63RD ST		11 30 Y Y Y Y Y 11 30 2015									
City TULSA	State Zip Code OK 74136-1523	Transaction ID : PR789860743644 Amount of Each Receipt this Period									
FEC ID number of contributing											
federal political committee.	C	62.50									
Name of Employer											
SELF Receipt For:		_									
Primary General Other (specify)	Aggregate Year-to-Date ▼ 625.00	P/R Deduction (\$62.50 Monthly)									
SUBTOTAL of Receipts This Page (optiona	I) 🕽	136.78									

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270

1 71	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page		11b 11c	12	17						
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	l ay not be sold or used by any pe ddress of any political committee	rson for the purpo	ose of soliciting	contributi	ons						
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	Massachusetts Mutual Life Insur	rance Co	mpany Political Action	Committee									
Α.	Full Name (Last, First, Middle Initial) BRYAN S. HANNING			Date of Rec	eipt								
	Mailing Address 1 N SANDPIPER ST			M = M / D = D / Y = Y = Y = Y 11 20 2015									
	City	State	Zip Code	11 Transactio	30 n ID : PR78986	2015 61043644							
	WICHITA	KS	67230-6626	Amount of E	ach Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С				83.3	35						
	Name of Employer	Occupation		-									
	SELF	INSURANC	E AGENT										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		916.85	P/R Deduction	n (\$83.35 Month	ıly)							
	Full Name (Last, First, Middle Initial) B H. ERSTAD Jr.			Date of Rec	oint								
D .	Mailing Address 2510 S NANTUCKET WAY					YY	Y						
				11	30	2015							
	City BOISE	State ID	Zip Code		n ID : PR78986								
			83706-5095	Amount of E	ach Receipt th	is Period	_						
	FEC ID number of contributing federal political committee.	С			27.0	08							
	Name of Employer SELF	Occupation											
	Receipt For:			_									
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction	n (\$13.54 Semi-	Monthly)							
	Other (specify) v	L	272.90			,, , ,							
C.	Full Name (Last, First, Middle Initial) CASSANDRA L. WILSON			Date of Rec	eipt								
	Mailing Address 3909 PATTY LN			M M /	D D / Y 30	2015	Y						
	City BETHANY	State OK	Zip Code 73008-3046		on ID : PR78986								
		UIX	73000 3040	Amount of E	ach Receipt th	is Period	_						
	FEC ID number of contributing federal political committee.	С				27.0	08						
	Name of Employer	Occupation											
	SELF Receipt For:	INSURANC		_									
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction	n (\$13.54 Semi-	-Monthly)							
	Other (specify)		272.90		(¢10.01 Com	montally)							
s	UBTOTAL of Receipts This Page (optional)		••••••			137.5	51						
т	OTAL This Period (last page this line number of	only)	••••••										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$											
or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committee											
Full Name (Last, First, Middle Initial) A. CHRISTOPHE J. FLYNN			Date of Receipt											
Mailing Address 126 JERICHO RD	Otata	Zie Ocale	11 30 / Y Y Y Y Y											
City SCITUATE	State MA	Zip Code 02066-3558	Transaction ID : PR789870943644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		28.12											
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 271.85	P/R Deduction (\$14.06 Semi-Monthly)											
Full Name (Last, First, Middle Initial) B. CHRISTOPHE L. HEERDEGEN	N		Date of Receipt											
Mailing Address 6862 SECTION RD			11 30 2015											
City OTTAWA LAKE	State MI	Zip Code 49267-9551	Transaction ID : PR789871343644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С	89.72												
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 710.30	P/R Deduction (\$44.86 Semi-Monthly)											
Full Name (Last, First, Middle Initial) COREY A. SCHNEIDER			Date of Receipt											
Mailing Address 20 STRATTON RD			11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City SCARSDALE	State NY	Zip Code 10583-7555	Transaction ID : PR789873243644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		232.36											
Name of Employer	Occupation													
SELF	INSURANC	E AGENT												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2267.67	P/R Deduction (\$116.18 Semi-Monthly)											
SUBTOTAL of Receipts This Page (option	al)		350.20											
TOTAL This Period (last page this line nu	mber only)													

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	[X	11a]11b		11c	12	_					
				13		14		15	16	17					
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any penderess of any political committee	erson fo	or the icit cor	purp ntrib	pose outior	e of sons fro	oliciting	contribu	tions ee.					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Corr	nmitte	ee										
Full Name (Last, First, Middle Initial) A. DANIEL M. SMITH			Date of Receipt												
Mailing Address 90 DOLAN DR				11 30 2015											
City	State CT	Zip Code				-			77643644						
GUILFORD		06437-2350	A	Amount	of	Eac	h Ree	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					3		7	33	.35					
Name of Employer SELF	Occupation INSURANC														
Receipt For:			\neg												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 366.85	P/	'R Dedi	uctio	on (\$	\$33.3	5 Month	nly)						
Full Name (Last, First, Middle Initial) B. DAVID G. CARVER	1		Date of Receipt												
Mailing Address 100 OCEANGATE STE 800			11 30 / Y Y Y Y Y												
	State CA	Zip Code							31343644						
LONG BEACH FEC ID number of contributing federal political committee.	C	90802-4369	Amount of Each Receipt this Period												
Name of Employer SELF	Occupation														
Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 250.00	P/	R Dedu	uctic	on (\$	625.00) Month	nly)						
Full Name (Last, First, Middle Initial) C. DAVID L. DAVIS				Date of	Re	eceip	ot								
Mailing Address 4211 83RD AVE SE				м м 11	/		о 30	/ Y	ууу 2015	Y					
City MERCER ISLAND	State WA	Zip Code 98040-4015							82243644 is Period						
FEC ID number of contributing federal political committee.	С					,		7	100	0.00					
Name of Employer	Occupatior	1	\neg												
SELF	INSURANC	CE AGENT													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		1100.00	P/	/R Ded	uctio	on (\$	\$100.0	00 Mon	thly)						
SUBTOTAL of Receipts This Page (optional)						4			158	.35					
TOTAL This Period (last page this line numbe	r only)					,		,							

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17					
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the	purpose of a	soliciting	contribut	tions					
NAME OF COMMITTEE (In Full)	The name and a	duress of any pointear commuter										
Massachusetts Mutual Life Ir	nsurance Co	ompany Political Action	Committ	ee								
Full Name (Last, First, Middle Initial) A. DAVID M. BECKER			Date of Receipt									
Mailing Address 1121 WOODBERRY CIR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City	State	Zip Code	Trans	saction ID : F	PR78988	35643644						
STATE COLLEGE	PA	16803-2233	Amoun	t of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С				-	27.	.08					
Name of Employer	Occupation	1										
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date V										
Primary General		272.00	P/R Ded	luction (\$13.5	54 Semi-	Monthly)						
Other (specify)		272.90										
Full Name (Last, First, Middle Initial) B. DEANNA FILOSA			Date o	f Receipt								
Mailing Address 94 HOLST DR W			M M 11	/ D D 30	/ Y	2015	Y					
City	State	Zip Code	Trans	action ID : F	PR78988							
HUNTINGTON	NY	11743-3940	Amoun	t of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С					28.	12					
Name of Employer	Occupation	1										
SELF	INSURANC	E AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		271.85	P/R Ded	uction (\$14.0	6 Semi-	Monthly)						
Full Name (Last, First, Middle Initial)		, ,	-									
C. DENNIS J. FLANAGAN			Date o	f Receipt								
Mailing Address 4366 ALTHEA WAY			M M	/ D D 30	/ Y	у у 2015	Y					
City	State	Zip Code	Trans	saction ID : I	PR7898	38543644						
WEST PALM BEACH	FL	33410-5408	Amoun	t of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	C				- 7	24	.30					
Name of Employer	Occupation	1	_									
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		213.55	P/R Dec	luction (\$12.7	15 Semi	-Monthly)						
SUBTOTAL of Receipts This Page (optional)				- 1	79.	50					
TOTAL This Period (last page this line num	ber only)											

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IT!			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	L ay not be sold or used by any pe ddress of any political committee	rson for th to solicit c	e pur contrib	14 pose of outions fr	15 soliciting om such	contribu contribu	tions tee.				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commi	ttee								
A.	Full Name (Last, First, Middle Initial) DONALD G. OLSEN			Date of Receipt									
	Mailing Address 709 JEFFERSON ST												
	City HANOVER	State IL	Zip Code 61041-9678										
	FEC ID number of contributing federal political committee.	С							.16				
	Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate		P/R Deduction (\$14.58 Semi-Monthly)									
В.	Full Name (Last, First, Middle Initial) DONALD J. HARRINGTON Mailing Address 4150 VIA DOLCE APT 1			Date		eceipt	/ Y	2015	Y				
	City MARINA DEL REY	State CA	Zip Code 90292-5291	Trai	nsacti	on ID : I		2343644					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer SELF	Occupation INSURANC											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R De	eductio	on (\$30.0	00 Month	ly)					
<u>с.</u>	Full Name (Last, First, Middle Initial) EDDIE D. ROBERTS			Date	of Re	eceipt							
	Mailing Address 2906 LAKEHURST RD			11		D D 30	/ Y	2015	Y				
	City SPICEWOOD	State TX	Zip Code 78669-6886					544364 is Period					
	FEC ID number of contributing federal political committee.	С				1	,		5.00				
	Name of Employer SELF	Occupation INSURANC											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)					,		84	.16				
т	OTAL This Period (last page this line number o	nly)	••••••			,							

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TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12										
		, , ,	13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full)	•												
Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. EDWARD J. LEBOLD			Date of Receipt										
Mailing Address 945 OAK TER			11 30 2015										
City	State	Zip Code	Transaction ID : PR789897743644										
LAKE OSWEGO	OR	97034-4664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		55.54										
Name of Employer	Occupation												
SELF	INSURANC	E AGENT	_										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		644.44	P/R Deduction (\$27.77 Semi-Monthly)										
Full Name (Last, First, Middle Initial) B. EDWARD P. SUNTER Jr.		Date of Receipt											
Mailing Address 106 BROOKHAVEN DR		11 30 2015											
City													
E LONGMEADOW	MA	01028-1409	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri												
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 256.22	P/R Deduction (\$14.58 Semi-Monthly)										
Full Name (Last, First, Middle Initial) C. FORREST E. WILLIAMS			Date of Receipt										
Mailing Address 1909 WOODSIDE LN			11 30 / Y Y Y Y 2015										
City VIRGINIA BCH	State VA	Zip Code 23454-1031	Transaction ID : PR789904443644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		29.16										
Name of Employer	Occupation	1											
SELF	INSURANC	CE AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	00.0		P/R Deduction (\$14.58 Semi-Monthly)										
Other (specify)		270.80											
SUBTOTAL of Receipts This Page (optional).			113.86										
TOTAL This Period (last page this line number	er only)												

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usin	and Statements may not be sold or used by any ng the name and address of any political commit	v person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	Insurance Company Political Action	on Committee							
Full Name (Last, First, Middle Initial) GARY L. EICKHORST	ame (Last, First, Middle Initial)								
Mailing Address 2425 W 67TH ST		M = M / D = D / Y = Y = Y Y 11 30 2015							
City MISSION HILLS	State Zip Code KS 66208-2205	Transaction ID : PR789911743644							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
Name of Employer SELF Receipt For:	Occupation INSURANCE AGENT								
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Monthly)							
Full Name (Last, First, Middle Initial) B. GENE S. TYRRELL	1	Date of Receipt							
Mailing Address 1657 SOUTHPORT DR		11 30 2015							
City RIVERSIDE	StateZip CodeCA92506-5450	Transaction ID : PR789913343644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer SELF	Occupation INSURANCE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)							
Full Name (Last, First, Middle Initial) C. GEORGE P. BECKNELL III		Date of Receipt							
Mailing Address 201 CRESCENT ST		11 30 / Y Y Y Y Y							
City SAN ANTONIO	StateZip CodeTX78209-4406	Transaction ID : PR789915643644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	83.35							
Name of Employer	Occupation								
SELF	INSURANCE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.85	P/R Deduction (\$83.35 Monthly)							
SUBTOTAL of Receipts This Page (option	al)	158.35							
TOTAL This Period (last page this line nur	mber only)								

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			Detailed Summary Page		(11a		11b	11c	\vdash	12				
		<u> </u>			13		14	15		16	17			
			ay not be sold or used by any poddress of any political committee											
		-	B	~	-									
Massachusetts	s Mutual Life Ins	urance Co	mpany Political Action	Cor	nmitt	ee								
Full Name (Last, Firs A. GEORGE V. CA					Date of Receipt									
Mailing Address 2460	RIVERMONT AVE				M = M / D = D / Y = Y = Y									
				_	11		30	JL	20					
City LYNCHBURG		State VA	Zip Code 24503-1546	-			-	PR78991						
		VA	24303-1340	_	Amoun	t of	Each Re	eceipt th	is Pe	eriod				
FEC ID number of co federal political comm	0	С			L		7		_	50.	00			
Name of Employer		Occupation												
SELF		INSURANC	EAGENT											
Receipt For:		Aggregate	Year-to-Date ▼											
Other (specify)	General		550.00	1 F	P/R Ded	luctio	on (\$50.0	00 Month	ıly)					
Other (specify)	•		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7											
Full Name (Last, Firs B. GREGORY F. C					Date o	f Re	ceipt							
Mailing Address 6016	CAIRN TER				M M	/	30	/ Y	201	Y 15	Y			
City		State	Zip Code			acti		PR78992						
BETHESDA		MD	20817-5406					eceipt thi						
FEC ID number of co federal political comm		С					7		_	100.	00			
Name of Employer		Occupation		_										
SELF		INSURANC	E BROKER											
Receipt For:	_	Aggregate	Year-to-Date ▼											
Primary	General		1000.00	F	P/R Ded	uctic	on (\$100	.00 Mont	thly)					
Other (specify)	•		1000.00	4										
Full Name (Last, Firs					Date o	f Re	ceipt							
Mailing Address 746	LOST CREEK DR				M M	/	D D 30	/ Y	201	Y 15	Y			
City		State	Zip Code		Trans	sacti	ion ID :	PR78992	2604	3644				
BULVERDE		TX	78163-3147	_	Amoun	t of	Each Re	eceipt thi	is Pe	eriod				
FEC ID number of co	0	С							-	38.	46			
federal political comm	ittee.	U			<u> </u>		7							
Name of Employer		Occupation												
SELF		INSURANC	E AGENT	_										
Receipt For:	Conorol	Aggregate	Year-to-Date V											
Other (specify)	General		211.55	P/R Deduction (\$19.23 Semi-Monthly)										
	•		1 1											
					_	-			_		_			
SUBTOTAL of Receipts	This Page (optional)		••••••	•	L		7		_	188.4	46			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b		11c	12					
Any information and from out Deside		, ,		13		14	4 -	15	16	17				
Any information copied from such Reports and St or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Com	mitte	ee									
Full Name (Last, First, Middle Initial) A. HOWARD N. BIENENFELD			C	Date of Receipt										
Mailing Address 5921 SW 33RD LN			11 30 2015											
	State FL	Zip Code				-			82743644					
FT LAUDERDALE	r L	33312-6364	_ A	mount	of	Each	Red	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					,	_	7	83	.35				
Name of Employer	Occupation		_											
SELF	INSURANC	E AGENT												
Receipt For:	Aggregate	Year-to-Date ▼				·+ -								
Other (specify)		833.50	P/	R Dedu	uctic	on (\$8:	3.35	5 Month	nly)					
Full Name (Last, First, Middle Initial) B. IVAN C. HINRICHS				Date of	Re	ceipt								
Mailing Address 2418 LA MAISON DR			11 30 2015											
City	State	Zip Code		Transa	actio	on ID	: Pl	R78993	5243644					
CHARLOTTE	NC	28226-6200	A	mount	of	Each	Red	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С		45.10											
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 454.85	P/I	R Dedu	uctio	on (\$22	2.55	5 Semi-	Monthly)					
Full Name (Last, First, Middle Initial) C. JAMES M. JENSEN				Date of	Re	ceipt								
Mailing Address 7903 COPELAND RD				м м 11	/	3		/ Y	уу 2015	Y				
City	State FL	Zip Code							37143644					
ODESSA	FL	33556-3261	A	mount	of	Each	Red	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					,		J	54	.16				
Name of Employer	Occupation													
SELF	INSURANC	E AGENT												
Receipt For:	Aggregate	Year-to-Date ▼	_				_							
Other (specify) ▼		545.80	P/	R Dedu	uctic	on (\$2	7.08	8 Semi-	Monthly)					
SUBTOTAL of Receipts This Page (optional)					_				182	.61				
TOTAL This Period (last page this line number of			Ī					7						

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IТ			Use separate schedule(s)	(check d	only o	ne)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	Г	47				
	ny information copied from such Reports and S													
	for commercial purposes, other than using the													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		manager Dallithas I.A. (0										
\mathcal{V}	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Comm	ITTEE	;								
Α.	Full Name (Last, First, Middle Initial) JAMES C. BROCKE			Data	of P	eceipt								
А.	Mailing Address 5940 CHAPMANS TRL			-			1	Y Y						
				11 30 2015										
	City	State	Zip Code	Transaction ID : PR789941843644										
	CARMEL	IN	46033-8644	Amount of Each Receipt this Period										
	FEC ID number of contributing	С						3	34.38	В				
	federal political committee.					3	y							
	Name of Employer	Occupation												
	SELF Receipt For:	INSURANC		_										
	Primary General	Aggregate	Year-to-Date ▼			ion (\$17	10 Cami	Manthl	۵					
	Other (specify)		231.27	P/R Deduction (\$17.19 Semi-Monthly)										
			J											
P	Full Name (Last, First, Middle Initial) JAMES H. MCGINNIS			Dete		occint								
D.	Mailing Address 2108 DUDLEY AVE			Date of Receipt										
	Maning Hadrood 2100 DUDLET AVE			1		30	/ 4	2015	= Y	1				
	City	State	Zip Code				PR78994		4					
	PARKERSBURG	WV	26101-3406	Amo	unt of	Each R	eceipt th	is Perio	d					
	FEC ID number of contributing	С		25.00										
	federal political committee.	5			-	7	7							
	Name of Employer	Occupation		1										
	SELF	INSURANC	E AGENT											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		250.00	P/R D	educt	ion (\$25.	00 Month	ly)						
_	• • • • • • • • • • • • •		<u> </u>											
-	Full Name (Last, First, Middle Initial) JAMES I. FINNEY III			Data	of P	eceipt								
0.	Mailing Address 2304 BUFFAPPLE CT						/ V	Y Y	V					
				1		30	/ T	2015	- 1					
	City	State	Zip Code	Tra	insac	tion ID :	PR78994	1724364	44					
	RICHMOND	VA	23233-2601	Amo	unt of	Each R	eceipt th	is Perio	d					
	FEC ID number of contributing federal political committee.	С						6	60.0	0				
						7	y							
	Name of Employer	Occupation												
	SELF	INSURANC		_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		o d·····	ion (*00	00 0'	Month						
	Other (specify)		240.00	P/R Deduction (\$30.00 Semi-Monthly)										
			/J /J // //											
					-					-				
1	SUBTOTAL of Receipts This Page (optional)		•••••	· L.		7		11	9.38	3				
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1 ⁺									
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may not be sold or used by any g the name and address of any political commit	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	nsurance Company Political Actio	on Committee									
Full Name (Last, First, Middle Initial) JAMES L. BUSH		Date of Receipt									
Mailing Address 10 COTTAGE ST		11 30 2015									
City HINGHAM	StateZip CodeMA02043-2202	Transaction ID : PR789948043644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	55.54									
Name of Employer SELF	Occupation INSURANCE AGENT										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 444.50	P/R Deduction (\$27.77 Semi-Monthly)									
Full Name (Last, First, Middle Initial) B. JAMES P. GROOMS		Date of Receipt									
Mailing Address 660 OWNBY DR		11 30 2015									
City GATLINBURG	State Zip Code TN 37738-5767	Transaction ID : PR789950743644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů – Elektrik										
Name of Employer SELF	Occupation INSURANCE AGENT										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 227.42	P/R Deduction (\$11.28 Semi-Monthly)									
Full Name (Last, First, Middle Initial) . JANET G. FLEISHMAN		Date of Receipt									
Mailing Address 168 BELLTOWN RD		M M / D D / Y Y Y Y 11 30 2015									
City STAMFORD	StateZip CodeCT06905-3331	Transaction ID : PR789955543644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	27.08									
Name of Employer SELF	Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 272.90	P/R Deduction (\$13.54 Semi-Monthly)									

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			Detailed Summary Page		(11a		11b	110	; [12					
An	y information copied from such Reports and S	Statements ma	av not be sold or used by any no	erson	13 for the	DUrr	14 Dose of	15 solicit	tina a	16 contribu	17 tions				
	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)	wance C-	moony Dolitical Action	Car		••									
/	Massachusetts Mutual Life Insu	liance Co	impany Political Action	Cor	mmu	ee									
A.	Full Name (Last, First, Middle Initial) JEFFREY H. DUNCAN				Date of	Ro	coint								
А.	Mailing Address 39 DEACON PL) /	Y	Y Y	Y				
					11		30			2015					
	City CRESSKILL	State NJ	Zip Code 07626-1140				ion ID :								
		_	07020-1140	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	al political committee.													
	Name of Employer														
	SELF Receipt For:	INSURANCE AGENT													
	Primary General	Aggregate rear-to-Date V													
	Other (specify)			P/R Ded	uotit			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,						
в.	Full Name (Last, First, Middle Initial) JOHN C. SKOOG				Date of	Re	ceipt								
	Mailing Address 4945 PINE LN				M M	/	D D	/	Y	Y Y	Y				
	City	State	Zip Code	_	11	١.	30			2015					
	EAGAN	MN	55123-4911		Amount		on ID : Each R								
	FEC ID number of contributing federal political committee.	48.58													
	Name of Employer SELF	Occupation													
	Receipt For:	Aggregate	Year-to-Date ▼		1										
	Primary General Other (specify) ▼		427.11	P/R Deduction (\$24.29 Semi-Monthly)											
С.	Full Name (Last, First, Middle Initial) JOHN L. ROSENHEIM				Date of	Re	ceipt								
	Mailing Address 1102 WISTERIA WAY				M M 11	1	30			y y 2015	Y				
	City WAYLAND	State MA	Zip Code 01778-2845	-			ion ID :								
		_	01110 2043		Amount	tot	Each H	leceip	t this	Period					
	FEC ID number of contributing federal political committee.	С			L	-	7	7		22	56				
	Name of Employer	Occupation													
	SELF Receipt For:	INSURANC													
	Primary General	Aggregate	Year-to-Date ▼	I F	P/R Ded	uctio	on (\$11	.28 Se	mi-N	(100 100 100 100 100 100 100 100 100 100					
	Other (specify)	L	227.42		,										
s	UBTOTAL of Receipts This Page (optional)			•			7			121	14				
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TEMIZED RECEIPTS		Detailed Summary Page		11a		11b	b 🗌	11c	12				
Any information copied from such Reports a													
or for commercial purposes, other than usin	ng the name and a	ddress of any political committee	e to so	licit cor	ntrib	outio	ons froi	n such	committ	ee.			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	Insurance Co	mpany Political Action	Con	nmitt	ee								
Full Name (Last, First, Middle Initial) A. JOHN M. RUCKEL			1	Date of Receipt									
Mailing Address 524 INWOOD LN				M M	/	D	30	/ Y	ү ү 2015	Y			
City NACOGDOCHES	State TX	Zip Code 75965-1929							5543644 is Period				
FEC ID number of contributing federal political committee.	С			Anoun		1 1		,		.00			
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	P	/R Ded	uctio	on (S	\$25.00	Month	ıly)						
Full Name (Last, First, Middle Initial) B. JOHN N. SCHNEIDER				Date of Receipt									
Mailing Address 2524 MAPLE TREE DR				™ _ M 1_1	1	D	30	/ Y	y y 2015	Y			
City SAINT CHARLES	State MO	Zip Code 63303-4334	/						5643644 is Period				
FEC ID number of contributing federal political committee.	С			_	7		7	24	30				
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.40	P/	/R Dedi	uctic	on (\$	\$12.15	Semi-	Monthly)				
Full Name (Last, First, Middle Initial) C. JOHN R. DEGEN				Date of	Re	eceip	ot						
Mailing Address 1231 W 66TH ST				M M 11	/	D	30	/ Y	y y 2015	Y			
City KANSAS CITY	State MO	Zip Code 64113-1805							7 6843644 is Period				
FEC ID number of contributing federal political committee.	С					7		7	54	.16			
Name of Employer	Occupation	1											
SELF	INSURANC	CE AGENT											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.80	P	/R Ded	uctio	on (:	\$27.08	Semi-	Monthly)				
SUBTOTAL of Receipts This Page (option	al)	`				-			103.	46			
TOTAL This Period (last page this line nur	,		-			7		7					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)											
ILIVIIZED NEVEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c	12								
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	l ay not be sold or used by any pe ddress of any political committee	rson for the to solicit co	purpose of s	15 soliciting om such	contribut committe	ions ee.							
NAME OF COMMITTEE (In Full)														
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Committ	ee										
Full Name (Last, First, Middle Initial) A. JOHN W. WILSON			Date of Receipt											
Mailing Address 1321 VASSAR ST			M M	/ D D 30	/ Y	ү ү 2015	Y							
City HOUSTON	State TX	Zip Code 77006-6029		saction ID : F t of Each Re										
FEC ID number of contributing federal political committee.	С					120	.00							
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$60.00 Semi-Monthly)											
Full Name (Last, First, Middle Initial) B. JOSEPH F. EPPY	-		Date o	f Receipt										
Mailing Address 100 N FEDERAL HWY	_		11 30 / 2015 Transaction ID : PR789983143644											
City FORT LAUDERDALE	State FL	Zip Code 33301-1129		action ID : F t of Each Re										
FEC ID number of contributing federal political committee.	ng C				277.76									
Name of Employer SELF	Occupation													
Receipt For:		Year-to-Date ▼	_											
Primary General Other (specify) ▼		2222.20	P/R Deduction (\$138.88 Semi-Monthly)											
Full Name (Last, First, Middle Initial) C. KARL J. FEITELBERG	I		Date o	f Receipt										
Mailing Address 175 DERBY ST UNIT 33			1 <u>1</u>	/ D D 30	/ Y	2015	Y							
City HINGHAM	State MA	Zip Code 02043-4007		saction ID : I t of Each Re										
FEC ID number of contributing federal political committee.	С				,		.00							
Name of Employer	Occupation	1	_											
SELF Receipt For:	INSURANC		_											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Dec	duction (\$55.0	0 Month	nly)								
SUBTOTAL of Receipts This Page (optional)						452.	76							
TOTAL This Period (last page this line number	r only)	••••••												

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 17											
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any pound of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committee											
Full Name (Last, First, Middle Initial) A. KATHLEEN L. DEGEN		Date of Receipt												
Mailing Address 1231 W 66TH ST			11 30 2015											
City KANSAS CITY	State MO	Zip Code 64113-1805	Transaction ID : PR789989243644											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.00											
Name of Employer SELF	Occupation INSURANC													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 284.00	P/R Deduction (\$42.00 Monthly)											
Full Name (Last, First, Middle Initial) KIRK A. RYDER			Date of Receipt											
Mailing Address 3815 TRIMBLE RD			11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City NASHVILLE	State TN	Zip Code 37215-3101	Transaction ID : PR789996843644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		20.85											
Name of Employer SELF	Occupation INSURANC	E BROKER												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.50	P/R Deduction (\$20.85 Monthly)											
Full Name (Last, First, Middle Initial) C. LANGHORNE H. MEEM II			Date of Receipt											
Mailing Address 215 OLD ORCHARD L	N		M M / D D / Y Y Y Y Y 11 30 2015											
City RICHMOND	State VA	Zip Code 23226-2246	Transaction ID : PR789998343644 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		20.85											
Name of Employer	Occupation	1	_											
SELF	INSURANC	CE AGENT												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.65	P/R Deduction (\$20.85 Monthly)											
SUBTOTAL of Receipts This Page (optio	nal)		83.70											
TOTAL This Period (last page this line n														

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)										
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Rep or for commercial purposes, other that	ports and Statements man using the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
Aassachusetts Mutual L	ife Insurance Co	mpany Political Action	Committee										
Full Name (Last, First, Middle Initia LAWRENCE M. TOMCZAK	l)		Date of Receipt										
Mailing Address 5938 SWAN CREE	EK DR		M M / D D / Y Y Y Y Y										
City	State	Zip Code	11302015 Transaction ID : PR790001743644										
TOLEDO	OH	43614-1021	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer	Occupation	1											
SELF	INSURANC	E AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		416.70	P/R Deduction (\$41.67 Monthly)										
			4										
Full Name (Last, First, Middle Initia B. LAWRENCE N. HOLDEN I			Date of Receipt										
Mailing Address 601 ARBOR RD													
			11 30 2015										
City	State NC	Zip Code	Transaction ID : PR790001843644										
WINSTON SALEM	NC	27104-2331	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer SELF	Occupation												
Receipt For:	INSURANC		_										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$50.00 Monthly)										
Other (specify)		450.00											
Full Name (Last, First, Middle Initia C. LOUIS F. GRAMMES	l)		Date of Receipt										
Mailing Address 990 GRANDON W	ΆΥ		M - M / D - D / Y - Y - Y Y 11 30 2015										
City MECHANICSBURG	State PA	Zip Code 17050-9190	Transaction ID : PR790009043644										
		17030-9190	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		90.00										
Name of Employer	Occupation												
SELF Receipt For:	INSURANC		_										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$90.00 Monthly)										
Other (specify)		637.50	P/R Deduction (\$90.00 Monthly)										
		7	a										
SUBTOTAL of Receipts This Page (c	optional)		181.67										
TOTAL This Period (last page this lin	ne number only)												

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page											
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Cor	mpany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. LOUIS BELINKIE		Date of Receipt											
Mailing Address 1711 CLOISTER DR	State	Zip Code	11 30 2015 Transaction ID : PR790009643644										
RICHMOND	VA	23238-3408	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		22.50										
Name of Employer SELF	Occupation INSURANCE	AGENT											
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V												
Full Name (Last, First, Middle Initial) B. LYNN B. WESTBROOK Jr.			Date of Receipt										
Mailing Address 6412 E ONEIDA ST			11 30 2015										
City WICHITA	State KS	Zip Code 67206-1318	Transaction ID : PR790010443644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		31.56										
Name of Employer SELF	Occupation INSURANCE	AGENT											
Receipt For: Primary General Other (specify) ▼	Aggregate	⁄ear-to-Date ▼ 318.40	P/R Deduction (\$15.78 Semi-Monthly)										
Full Name (Last, First, Middle Initial) C. MARK R. RICHARDS			Date of Receipt										
Mailing Address 22600 SW MIAMI DR			11 30 / Y Y Y Y 2015										
City _TUALATIN	State OR	Zip Code 97062-7363	Transaction ID : PR790016543644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		105.00										
Name of Employer	Occupation		—										
SELF	INSURANCE	AGENT											
Receipt For: Primary General Other (specify) ▼	Aggregate	⁄ear-to-Date ▼ 247.50	P/R Deduction (\$52.50 Semi-Monthly)										
SUBTOTAL of Receipts This Page (option	nal)		159.06										
TOTAL This Period (last page this line nu	Imber only)												

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and Sta or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Company Political Action C	Committee							
Full Name (Last, First, Middle Initial) MATTHEW L. KERN		Date of Receipt							
Mailing Address 1019 CHAMBERLEYNE WA	State Zip Code	11 30 2015							
WAXHAW	NC 28173-7332	Transaction ID : PR790022643644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	48.04							
Name of Employer SELF	Occupation INSURANCE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00	P/R Deduction (\$24.02 Semi-Monthly)							
Full Name (Last, First, Middle Initial) B. MICHAEL G. FOGARTY		Date of Receipt							
Mailing Address 52 RICHMOND DR		11 30 2015							
City SAVANNAH	State Zip Code GA 31406-7541	Transaction ID : PR790028143644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	25.00							
Name of Employer SELF	Occupation INSURANCE AGENT	-							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Monthly)							
Full Name (Last, First, Middle Initial) C. MICHAEL O. BROWN		Date of Receipt							
Mailing Address 6512 NE 113TH ST		11 30 / Y Y Y Y 2015							
City EDMOND	StateZip CodeOK73013-8351	Transaction ID : PR790030543644 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	70.00							
Name of Employer									
SELF Receipt For: Primary General Other (specify) ▼	INSURANCE AGENT Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$70.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)	•	143.04							

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

FEC Schedule A (Form 3X) Rev. 02/2003

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
		Detailed Summary Fage	13 14 15 16 17										
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. MITCHELL B. STARR													
Mailing Address 9800 SW 4TH ST	_		Date of Receipt										
City PLANTATION	State FL	Zip Code 33324-2826	Transaction ID : PR790035443644										
		55524-2020	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		232.36										
Name of Employer	Occupation	l											
SELF	E AGENT	_											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		2267.67	P/R Deduction (\$116.18 Semi-Monthly)										
Full Name (Last, First, Middle Initial) B. MOLLY G. MEEM			Date of Receipt										
Mailing Address 215 OLD ORCHARD LN			11 30 2015										
City	State	Zip Code	Transaction ID : PR790035843644										
RICHMOND	VA	23226-2246	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Monthly)										
Full Name (Last, First, Middle Initial) C. NADER A. ISSA			Date of Receipt										
Mailing Address 1533 KOCH LN			M M / D D / Y Y Y Y Y 11 30 2015										
City SAN JOSE	State CA	Zip Code 95125-4852	Transaction ID : PR790036943644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation	1											
SELF	INSURANC	E AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		250.00	P/R Deduction (\$25.00 Monthly)										
Other (specify) V		230.00											
SUBTOTAL of Receipts This Page (optional)		282.36										
TOTAL This Period (last page this line numl	per only)	•											

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b		11c	12								
				13		14		15	16	17						
Any information copied from such Reports and S or for commercial purposes, other than using the																
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	urance Co	mpany Political Action	Com	mitte	ee											
Full Name (Last, First, Middle Initial) A. PATRICK J. DOLAN			D	ate of	Re	ceipt	_									
Mailing Address 34 BERKELEY PL		7.0.1	M M / D / Y													
City GLEN ROCK	State NJ	Zip Code 07452-1835														
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 46.78													
Name of Employer	Occupation															
SELF	INSURANC															
Receipt For:		Year-to-Date ▼	\neg													
Primary General Other (specify)	, iggi egale	429.86	P/I	R Dedu) Semi-	Semi-Monthly)										
Full Name (Last, First, Middle Initial) B. PAUL A. DECOURSEY			D	Date of Receipt												
Mailing Address 4605 N MERIDIAN ST				M M	/	3		/ Y	2015	Y						
City INDIANAPOLIS	State IN	Zip Code 46208-3537							4843644 is Period							
FEC ID number of contributing federal political committee.	ů – Elektrik								29.16							
Name of Employer SELF																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/F	R Dedu	uctic	on (\$14	4.58	Semi-	Monthly)							
Full Name (Last, First, Middle Initial) C. PAUL H. HERZOG			D	ate of	Re	ceipt										
Mailing Address 900 HIGHLAND CT				^M ^M 11	/	3		/ Y	2015	Y						
City GERMANTOWN HILLS	State IL	Zip Code 61548-9056							1624364 is Period							
FEC ID number of contributing federal political committee.	С					,		7	5	4.16						
Name of Employer	Occupation	1														
SELF	INSURANC	E AGENT														
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify)		545.80	P/I	R Dedi	uctio	on (\$2	7.08	3 Semi-	Monthly)						
SUBTOTAL of Receipts This Page (optional)			. [130).10						
TOTAL This Period (last page this line number						,		7								

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check on	(check only one)								
		for each category of the Detailed Summary Page	X 11a	11b) 11 15	- H	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	I ay not be sold or used by any pe uddress of any political committee	erson for the	e purpose	e of solic	iting c	contribut	ions				
NAME OF COMMITTEE (In Full)												
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Commit	tee								
Full Name (Last, First, Middle Initial) A. PAUL M. JOANOU			Date o	of Receip	ot							
Mailing Address 59 BRIARWOOD DR			M - N 1_1	/ / D	30 /		y y 2015	Y				
City WHEELING	State WV	Zip Code 26003-4835		saction I nt of Eac								
FEC ID number of contributing federal political committee.	С					,	60.	00				
Name of Employer SELF	Occupation INSURANC											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly)									
Full Name (Last, First, Middle Initial) B. PHILIP J. SPRAGUE			Date o	of Receip	ot							
Mailing Address 1308 SUNSET RDG			11 30 2015 Transaction ID : PR790054743644									
City WATERTOWN	State NY	Zip Code 13601-4438		saction I nt of Eac	-							
FEC ID number of contributing federal political committee.	С		27.08									
Name of Employer SELF	Occupation INSURANC		_									
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		272.90	P/R Deduction (\$13.54 Semi-Monthly)									
Full Name (Last, First, Middle Initial) C. ROBERT R. CUSHING			Date o	of Receip	ot							
Mailing Address 696 COMMERCIAL ST			M N	/ D	30 /		ү ү 2015	Y				
City WEYMOUTH	State MA	Zip Code 02189-1037		saction								
FEC ID number of contributing federal political committee.	С					,	50	00				
Name of Employer	Occupation	1										
SELF Receipt For:	INSURANC											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Dee	duction (\$50.00 M	lonthly	/)					
SUBTOTAL of Receipts This Page (optional)						7	137.	08				
TOTAL This Period (last page this line numbe	r only)	••••••				,						

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			Detailed Summary Page		11a		11b		11c		12	<u> </u>			
	y information copied from such Reports and St									g cor					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	licit cor	ntrib	ution	s fro	om such	1 COI	mmitte	e.			
\rangle	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitte	ee									
Α.	Full Name (Last, First, Middle Initial) RALEIGH H. LANG				Date of	Re	ceipt								
	Mailing Address 6727 RAINBOW AVE			1.1 30 2015 Transaction ID : PR790056943644											
	City	State	Zip Code		Trans	acti	ion ID) : P	R7900	5694	3644				
	MISSION HILLS	KS	66208-2265	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		J	_	42.	00			
	Name of Employer	Occupation	I												
	SELF	INSURANC	E AGENT												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	Primary General													
	Other (specify)	L	750.80												
В.	Full Name (Last, First, Middle Initial) RAYMOND E. WELSH			Date of Receipt											
	Mailing Address 913 17TH RD			M M / D / Y											
	City	State	Zip Code												
	PENDER	NE	68047-5001												
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer SELF	Occupation			_										
	Receipt For:	INSURANC		_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		, 275.00	P/	R Dedi	uctic	on (\$2	25.0	0 Month	ıly)					
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt								
	Mailing Address 3238 HEATHERFIELD CT				M ■ M 11	/		D 30	/ Y	ү 20	15	Y			
	City	State	Zip Code		Trans	acti	ion IC):F	R7900	6534	3644				
	NEWBURY PARK	CA	91320-5023	/	Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					7		7	_	25.	00			
	Name of Employer	Occupation	1	_											
	SELF	INSURANC	CE AGENT												
	Receipt For:	Aggregate	Year-to-Date ▼	\neg											
	Primary General	, iggi ogulo		P/R Deduction (\$25.00 Monthly)											
	Other (specify) 🔻	L	250.00												
s	UBTOTAL of Receipts This Page (optional)		•				,		3		92.0	00			
						1000				1.000					

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		(check or	nly oi	ne)					
I EIVILED RECEIPIS		for each category of the Detailed Summary Page	X 11a		11b	11c	12		
Any information copied from such Reports and	Statements m	av not be sold or used by any pe	erson for the		14	15 soliciting	16	17 ions	
or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full)	-								
Massachusetts Mutual Life Ins	urance Co	ompany Political Action	Commit	tee					
Full Name (Last, First, Middle Initial)			_						
A. RICHARD I. KARCHEFSKY			Date						
Mailing Address 9839 PALMA VISTA WAY			11	M /	30	/ Y	2015	Y	
City	State	Zip Code		sact		PR79006	56943644		
BOCA RATON	FL	33428-3528	Amou	nt of	Each R	eceipt th	is Period		
FEC ID number of contributing	С						46	.78	
federal political committee.	U			-	7	7			
Name of Employer	Occupation								
SELF	INSURANC		_						
Receipt For:	Aggregate	Year-to-Date ▼	D/D D-	duct	on (¢oo	20 Cami	Monthly		
Other (specify)		453.25	P/K De	uuCti	UII (⊅23.	.39 Semi-	nvioriuniy)		
		-7							
Full Name (Last, First, Middle Initial) B. RICHARD P. VANBENSCHOTEN			Date	of P					
Mailing Address 875 5TH AVE APT 3A						/ V	YY	V	
Maining Rearbood 875 STITAVE AFT SA			11	1/1 /	30	/ 1	2015	T	
City	State	Zip Code	Tran	sact	ion ID :	PR79006	9043644		
NEW YORK	NY	10065-4952	Amou	nt of	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С				7		90.	28	
Name of Employer	Occupation	1							
SELF Receipt For:	INSURANC		_						
Primary General	Aggregate	Year-to-Date ▼		-l4	a.a. (Ф.4.5	44.0			
Other (specify) V		909.77	P/R De	aucti	on (\$45.	14 Semi-	wontniy)		
		7	<u> </u>						
Full Name (Last, First, Middle Initial)			Date	of Re	eceipt				
Mailing Address 10751 WILSHIRE AVE NE			M		D	/ Y	YY	Y	
			11		30		2015		
City ALBUQUERQUE	State NM	Zip Code 87122-3138					81643644		
FEC ID number of contributing	_		Amou	nt of	Each H	eceipt th	is Period	_	
federal political committee.	С				7		58	.34	
Name of Employer	Occupation	1							
SELF	INSURAN								
Receipt For:		Year-to-Date ▼	—						
Primary General			P/R De	ducti	ion (\$29	.17 Semi	Monthly)		
Other (specify)		541.70							
								_	
SUBTOTAL of Receipts This Page (optional)		•••••		-	7		195.	40	
TOTAL This Period (last page this line number	er only)	••••••	. L.	_	7	- 7			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)							
ILIVILED RECEIP13		for each category of the Detailed Summary Page	X 11a		11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using t				e purp							
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Ins	surance Co	mpany Political Action	Commit	tee							
Full Name (Last, First, Middle Initial) ROBERT M. SMITH			Date o	of Red	ceipt						
Mailing Address 1487 S CREST DR			11	M /	30	/ Y	2015	Y			
City LOS ANGELES	State CA	Zip Code 90035-3339					33643644 is Period				
FEC ID number of contributing federal political committee.	С				,			0.00			
Name of Employer SELF	Occupation INSURANC										
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 330.00	P/R De	ductio	n (\$30.0	0 Month	ıly)				
Full Name (Last, First, Middle Initial) B. ROBERT T. SINKS			Date o	of Red	ceipt						
Mailing Address 3428 HAMPTON AVE			11	M /	30	/ Y	y y 2015	Y			
City NASHVILLE	State TN	Zip Code 37215-1408			-		86643644 is Period				
FEC ID number of contributing federal political committee.	С				,		208	.35			
Name of Employer SELF	Occupation	INSURANCE AGENT									
Receipt For:		Year-to-Date ▼	_								
Primary General Other (specify) ▼		2291.85	P/R Dec	ductio	n (\$208.:	35 Mont	thly)				
Full Name (Last, First, Middle Initial) C. RODNEY E. JEWELL			Date of	of Red	ceipt						
Mailing Address 5420 DECATUR ST			11	M /	D D D 30	/ Y	ү ү 2015	Y			
City	State NE	Zip Code					90943644				
		68104-4931	Amour	nt of I	Each Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С				9	7	27	7.08			
Name of Employer	Occupation	l									
SELF Receipt For:	INSURANC										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 272.90	P/R De	ductic	on (\$13.5	4 Semi-	Monthly)				
SUBTOTAL of Receipts This Page (optional).					,	- 1	265	.43			
TOTAL This Period (last page this line number	er only)	••••••			,						

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check on	ly one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Reports or for commercial purposes, other than usin	and Statements ma	l ay not be sold or used by any pe	erson for the	purpose of	15 f soliciting	g contribut	tions					
\	ig the name and a			Intributions	ITOTTI SUCI	1 commu	ee.					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	Commit	tee								
Full Name (Last, First, Middle Initial) A. RONNIE E. HUIE			Date c	of Receipt								
Mailing Address 7740 SWEETWIND CIR			M M	الساعة المالي المتلحا الساعيا ا								
City FAIR OAKS RANCH	State TX	Zip Code 78015-4569		saction ID : It of Each F								
FEC ID number of contributing federal political committee.	С			- y - 1			.35					
Name of Employer SELF	Occupation INSURANC											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 366.85	P/R Dec	duction (\$33	.35 Montl	nly)						
Full Name (Last, First, Middle Initial) B. SCOTT C. CURRAN			Date o	of Receipt								
Mailing Address 9 TRIUMPH CT	01-14	7. 0.4	11	30		ү ү 2015						
City FLANDERS	State NJ	Zip Code 07836-4404		saction ID :								
FEC ID number of contributing federal political committee.	С		Amoun	it of Each F	receipt th		.35					
Name of Employer SELF	Occupation INSURANC											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.85	P/R Dec	luction (\$83	.35 Month	וy)						
Full Name (Last, First, Middle Initial) C. SCOTT P. RIDER			Date o	of Receipt								
Mailing Address 4888 MCGINNIS RD			M M	/ D 30		2015	Y					
City	State OH	Zip Code	Tran	saction ID :	PR7901	03643644						
DELAWARE	OH	43015-9132	Amoun	nt of Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С					27	.08					
Name of Employer	Occupation	l	_									
SELF	INSURANC	E AGENT										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 272.90	P/R Dec	duction (\$13	i.54 Semi	-Monthly)						
SUBTOTAL of Receipts This Page (option	al)				7	143.	78					
TOTAL This Period (last page this line nu	mber only)	••••••										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	F	1	1b 4	11c		12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpo	se of	soliciti		ontribut	tions		
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Cor	nmi	ttee	÷							
Α.	Full Name (Last, First, Middle Initial) STEPHEN D. ESTLER			Date of Receipt										
	Mailing Address 2177 NE 63RD ST				M 1_1	M	/	D [30			2015	Y		
	City	State FL	Zip Code 33308-1330						PR790					
	FT LAUDERDALE	ГЦ	33306-1330	_	Amou	nt of	fΕa	ach F	Receipt	this I	² eriod			
	FEC ID number of contributing federal political committee.	С					7	_			187	.48		
	Name of Employer	Occupation		1										
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1812.47	F	P/R De	duct	ion	(\$93	.74 Sen	ni-Mo	nthly)			
В.	Full Name (Last, First, Middle Initial) THOMAS D. CONKLIN				Date	of R	ece	eipt						
	Mailing Address 3741 E 4TH PL			11 30 / Y Y Y Y Y 2015										
	City	State	Zip Code		Trar	sact	tior	<u>ו ID :</u>	PR790					
	TULSA	OK	74112-1225	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		54.54										
	Name of Employer SELF	Occupation INSURANC												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.43	F	P/R De	ducti	ion	(\$27	.27 Sen	ni-Mo	nthly)			
<u>с</u> .	Full Name (Last, First, Middle Initial) THOMAS L. DELEOT				Date	of R	ece	eipt						
	Mailing Address 987 WELLINGTON RD				м 11	M	1	D 10		Y Y 2	015	Y		
	City WINSTON SALEM	State NC	Zip Code						PR790					
		NC	27106-5622	_	Amou	nt of	f Ea	ach F	Receipt	this I	Period			
	FEC ID number of contributing federal political committee.	С				_	7			_	33	.35		
	Name of Employer	Occupation		-										
	SELF	INSURANC	E AGENT											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		366.85	F	P∕R D€	educt	tion	(\$33	.35 Moi	nthly)				
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>			1	-		-	275.	37		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check onl	y one)								
II EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	4-7					
Any information copied from such Reports and	d Statements m	A not be sold or used by any pe	rson for the	purpose of	soliciting o	16 contribut	17 ions					
or for commercial purposes, other than using	the name and a	ddress of any political committee	to solicit co	ntributions fi	rom such	committe	ee.					
NAME OF COMMITTEE (In Full)		manany Delitical Action	O a 1999 1999 1999									
Aassachusetts Mutual Life Ins	surance CC	Impany Political Action	Commit	ee								
Full Name (Last, First, Middle Initial)			Date o	f Receipt								
Mailing Address 11304 SPRING MEADOW	LN											
			11	30		2015						
City	State	Zip Code	Trans	action ID :	PR790128	143644						
SAN DIEGO	CA	92128-6332	Amoun	t of Each R	eceipt this	Period						
FEC ID number of contributing federal political committee.	С					17.	71					
Name of Employer	Occupatior	1										
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		211.47	P/R Ded	uction (\$17.	71 Semi-N	lonthly)						
Other (specify)		7										
Full Name (Last, First, Middle Initial) B. TODD J. MCDONALD			Date o	f Receipt								
Mailing Address 11 EAGLE RIDGE DR			M		/ Y	Y Y Y	Y					
City	State	Zip Code	11	30 action ID :		2015						
TROY	NY	12180-7167		t of Each R								
FEC ID number of contributing							-					
federal political committee.	С			7		150.	84					
Name of Employer	Occupation	1	_									
SELF	INSURANC											
Receipt For:		Year-to-Date ▼	-									
Primary General	Aggregate		P/R Ded	uction (\$75.4	42 Semi-M	onthly)						
Other (specify)		, 1349.20										
Full Name (Last, First, Middle Initial) C. WILLIAM G. MCPHERSON			Date o	f Receipt								
Mailing Address 1276 PARNELL AVE NE				-	/ .	Y Y	Y					
			11	30		2015						
City	State	Zip Code	Trans	saction ID :	PR790135	543644						
LOWELL	MI	49331-9768	Amoun	t of Each R	eceipt this	Period						
FEC ID number of contributing	С					27.	08					
federal political committee.	U			7								
Name of Employer	Occupation	1										
SELF	INSURANO	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		272.00	P/R Dec	luction (\$13.	54 Semi-N	lonthly)						
Other (specify)		272.90										
SUBTOTAL of Receipts This Page (optional).						195.0	63					

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

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	EMIZED RECEIPTS	Detailed Summary Page		11a		11b		11c		12		
					13		14		15		16	17
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
\sum	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitt	ee						
Α.	Full Name (Last, First, Middle Initial) WILLIAM B. KING				Date o	f Re	eceipt					
	Mailing Address 40 CALYPSO RD				M M	/		D	/ Y		Y	Y
	City	State	Zip Code	- 1	11 Trans	act		30) - D	R79014)15 2644	
	MONETA	VA	24121-5391				-		ceipt th			
	FEC ID number of contributing federal political committee.	С					7		J		28.	22
	Name of Employer	Occupation	1	_								
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	_	243.60	P,	/R Ded	lucti	on (\$´	14.1	1 Semi-	Mon	ithly)	
	Other (specify)		243.00									
<u> </u>	Full Name (Last, First, Middle Initial) MR. ALAN L BLAIS				Date o	f Re	eceipt					
	Mailing Address 20 SHADY DELL LN				M M		D		/ Y	Y	Y	Y
	City	State	Zip Code	- 1	11	۰.		30		20		_
	SOMERS	CT	06071-2136						R79015 ceipt th			
	FEC ID number of contributing	0		- '	anoun		Luon					0.4
	federal political committee.	С				-	7	-		-	53.	84
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation										
	Receipt For:	DIRECTOR		_								
	Primary General	Aggregate	Year-to-Date ▼		P Dod	ucti	on (¢:	0 0 0	2 Bi-We	okly	•)	
	Other (specify)		, 646.08		K Deu	ucin	0Π (φ2	20.9	2 DI-116	CRIY)	
с.	Full Name (Last, First, Middle Initial) MR. ALBERT R KINGAN				Date o	f Re	eceint					
	Mailing Address 3325 W DESERT VISTA TRL				M M			D	/ Y	Y	Y	Y
					11		3	30		20	15	
		State AZ	Zip Code						PR7901			
	PHOENIX		85083-5875	- /	Amoun	t of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	19.	24
	Name of Employer	Occupation										
	MASSACHUSETTS MUTUAL LIFE INS.	AVP ADVA	NCED MARKETS									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) V		230.88		/R Dec	lucti	ion (\$9	9.62	Bi-Wee	∍kly)		
s	UBTOTAL of Receipts This Page (optional)						3		7	_	101.3	30

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

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SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and for commercial purposes, other than using t	Statements mane and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	ompany Political Action	Committee							
Α.	Full Name (Last, First, Middle Initial) MR. ANTHONY D FROGAMENI			Date of Receipt							
	Mailing Address 31 COVENTRY LN	State	Zip Code	11 30 Y Y Y Y Y 2015							
	AGAWAM	MA	01001-3570	Transaction ID : PR790157043644 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		29.42							
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP INVES	STMENT OPERATIONS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 353.04	P/R Deduction (\$14.71 Bi-Weekly)							
в.	Full Name (Last, First, Middle Initial) MR. ANTONIO SCIBELLI			Date of Receipt							
	Mailing Address 51 MOUNTAIN VIEW ST			11 30 / Y Y Y Y 2015							
	City	State MA	Zip Code	Transaction ID : PR790157443644							
	SOUTH HADLEY FEC ID number of contributing federal political committee.	C	01075-2133	Amount of Each Receipt this Period							
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP & COL									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)							
С.	Full Name (Last, First, Middle Initial) MR. ALAN KULIG			Date of Receipt							
	Mailing Address 3 WILDWOOD LN		7.0.1	11 30 / Y Y Y Y Y 2015							
	City WILBRAHAM	State MA	Zip Code 01095-2660	Transaction ID : PR790158843644 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.76							
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGIN0	G DIRECTOR								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			79.42							

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
11			for each category of the Detailed Summary Page	X	11a 13		11b	11c		Г	17			
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	soliciting	g contr	ibutio	ns			
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Con	nmit	tee								
Α.	Full Name (Last, First, Middle Initial) MR. ALLAN A CAMPBELL III Mailing Address 75 OAKLAND ST			(Date c		ceipt	/ Y	Y	Y Y	_			
	City	State	Zip Code				30 ion ID : I			644				
	WILBRAHAM FEC ID number of contributing federal political committee.	C	01095-2766	_ /	Amour	nt of	Each Re	eceipt th	nis Per	iod 19.2	4			
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼		IDENT - ENTERPRISE ARCHITE Year-to-Date ▼ 230.88		/R Dec	ductio	on (\$9.62	2 Bi-Wee	əkly)					
в.	Full Name (Last, First, Middle Initial) MR. ANDREW C DICKEY Mailing Address 2934 E CRESTVIEW ST			[Date c		ceipt	/ Y	Ŷ		1			
	City SPRINGFIELD	State MO	Zip Code 65804-3420			2015 593436 his Per	644							
	FEC ID number of contributing federal political committee.	С						7	1	153.90	0			
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼		UTY CHIEF INVESTMENT OFFIC Year-to-Date ▼ 1846.80		P/R Deduction (\$76.95 Bi-Weekly)									
с.	Full Name (Last, First, Middle Initial) MR. ANDREW C WILLIAMS				Date c	of Re	ceipt							
	Mailing Address 53 SUNSET BEACH RD		7.0.1		M N 11	Л /	D D 30	/ Y	y 2015]			
	City BRANFORD	State CT	Zip Code 06405-5028				ion ID : Each Re							
	FEC ID number of contributing federal political committee.	С					,			38.4	6			
	Name of Employer CORNERSTONE RE ADVISERS LLC Receipt For: Primary General Other (specify) ▼		B DIRECTOR Year-to-Date ▼ 461.52	P	/R Dec	ducti	on (\$19.:	23 Bi-Wi	eekly)					
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of					-	7		2	211.60)			

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ıт.			Use separate schedule(s)	(check	only d	one)				
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	NAME OF COMMITTEE (In Full)	ie name and a	uuress or any poinical committee		CONT	IDULIONS 1	nom suc	n com	mille	J.
$\left \right\rangle$	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Comm	ittee	Ð				
Α.				Date	e of F	leceipt				
	Mailing Address 1008 MAIN ST				™ 1	/ D I I 30) / Y	y 201		
	City	State CT	Zip Code				PR7901			
	SOMERS	U	06071-2125	Amo	ount o	f Each F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С			_	7			19.2	2
	Name of Employer	Occupation								
	MASSACHUSETTS MUTUAL LIFE INS.	AVP CLIEN	T RELATIONSHIP MGMT	_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			(' (*.~				
	Other (specify) ▼		230.64	P/R [Deduc	tion (\$9.6	81 Bi-Wee	ekly)		
в.	Full Name (Last, First, Middle Initial) MR. BRIAN J PRAST			Date	e of F	leceipt				
	Mailing Address 47 ELLINGTON ST				M 1	/ 30		201		
	City	State	Zip Code	Tra	ansac	tion ID :	PR7901	659430	644	
	LONGMEADOW	MA	01106-1429	Amo	ount o	f Each F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С				7	7		30.7	6
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND V	P & ACTUARY							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		369.12	P/R D	Deduct	tion (\$15.	.38 Bi-We	eekly)		
<u>с</u> .	Full Name (Last, First, Middle Initial) MR. BRUCE C FRISBIE			Date	e of F	leceipt				
	Mailing Address 54 MASSASOIT AVE				™ 1	/ D D		201		
	City	State	Zip Code	Tr	ansad	tion ID :	PR7901	68343	644	
	W SPRINGFIELD	MA	01089-1122	Amo	ount o	f Each F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С				7	7		19.2	24
	Name of Employer	Occupation								
	MASSACHUSETTS MUTUAL LIFE INS.	AVP TREA	SURY	_						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		230.88	P/R [Deduc	tion (\$9.6	62 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)					1			69.2	2
T	OTAL This Period (last page this line numbe	r only)	· · · · · · · · · · · · · · · · · · ·			7				

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	RECEIPTS		Use separate schedule(s)	(check on	ly one)									
			for each category of the Detailed Summary Page	X 11a	11b 14	11c	12	17						
			ay not be sold or used by any pe ddress of any political committee	erson for the	purpose of	soliciting	g contrib	utions						
	COMMITTEE (In Full)													
	husetts Mutual Life Ins	surance Co	mpany Political Action	Commit	tee									
A. MS. CAR	Last, First, Middle Initial) OL W DEMAS			Date o	of Receipt									
Mailing Add	ress 52 CEDAR WOODS GLN			M N 11	/ D 0 30) / Y	2015	Ŷ						
City		State	Zip Code	Trans	Transaction ID : PR790171343644									
W SPRING	FIELD	MA	01089-1637	Amoun	t of Each R	Receipt th	nis Perio	d						
	nber of contributing ical committee.	С					1	9.22						
Name of Er	nployer	Occupation												
	JSETTS MUTUAL LIFE INS.	VICE PRES	BIDENT - FIELD TRAINING											
Receipt For		Aggregate	Year-to-Date ▼											
Prima Other	ry General (specify) ▼		230.64	P/R Dec	duction (\$9.6	61 Bi-Wee	ekly)							
			200.04											
	Last, First, Middle Initial) ROL A DUBE			Date o	of Receipt									
	ress 8 PLAIN ST			M = M 11	30		ү ү 2015	Y						
City		State	Zip Code	Trans	saction ID :	PR79017	7164364	4						
EASTHAME	PTON	MA	01027-2610	Amoun	t of Each R	Receipt th	nis Perio	d						
	nber of contributing ical committee.	С			7		3	0.76						
Name of Er		Occupation	1											
	JSETTS MUTUAL LIFE INS.	VICE PRES	DENT - ACCOUNTING											
Receipt For		Aggregate	Year-to-Date ▼											
Prima Other	ry General (specify) ▼		369.12	P/R Dec	luction (\$15.	38 Bi-We	eekly)							
,	Last, First, Middle Initial) ARLES G HIGGINS			Date o	of Receipt									
Mailing Add	ress 15 WOODLAND DELL RD			M N 11	30		2015	Y						
City		State	Zip Code	Tran	saction ID :	PR7901	7524364	4						
WILBRAHA	M	MA	01095-1734	Amoun	nt of Each R	leceipt th	nis Perio	d						
	nber of contributing ical committee.	С				- 7	1	9.22						
Name of Er	nployer	Occupation												
	JSETTS MUTUAL LIFE INS.	SOURCING	G CONSULTANT											
Receipt For		Aggregate	Year-to-Date ▼											
Prima			230.64	P/R Dec	duction (\$9.6	61 Bi-We	ekly)							
Other	(specify)		1 1											
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TEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c		12	_		
				13		14		15		16	17		
Any information copied from such Reports and S or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)	-		~										
Aassachusetts Mutual Life Insu	urance Co	mpany Political Action	Cor	nmitte	ee								
Full Name (Last, First, Middle Initial) A. MR. CHRISTOPHER K KINNON				Date of	f Re	eceipt							
Mailing Address 2415 MANHATTAN AVE			1.1 30 _ 2015 _										
City	State	Zip Code			acti		-	R79018					
HERMOSA BEACH	CA	90254-2542		Amount	t of	Each	Red	ceipt th	is Pe	eriod			
FEC ID number of contributing federal political committee.	С					7		7		30.	76		
Name of Employer	Occupation												
CORNERSTONE RE ADVISERS LLC	DIRECTOR	ł											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		369.12	P	/R Ded	uctio	on (\$1	5.38	8 Bi-We	ekly))			
Other (specify)		309.12											
Full Name (Last, First, Middle Initial) B. MR. CLIFFORD M NOREEN				Date of	f Re	eceint							
Mailing Address 95 BENT TREE DR				M M	/	D		/ Y		Y	Y		
City	State	Zip Code		11 Trans	204	30 Jon ID		D70040	201				
E LONGMEADOW	MA	01028-1365	Transaction ID : PR790184143644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С									192.3	32		
Name of Employer	Occupation												
BABSON CAPITAL MANAGEMENT LLC	MANAGING	DIRECTOR											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		2307.84	P.	/R Dedu	uctio	on (\$90	5.16	6 Bi-We	ekly))			
Other (specify)		2007.04											
Full Name (Last, First, Middle Initial) C. MR. CRAIG WADDINGTON				Date of	f Re	eceipt							
Mailing Address 14 SPRING MEADOW DR				M M	/	3		/ Y	۲ 202	Y 15	Y		
City	State	Zip Code		Trans	act	ion ID	: P	R79018					
GRANBY	СТ	06035-1327	'	Amount	t of	Each	Red	ceipt th	is Pe	eriod			
FEC ID number of contributing federal political committee.	С					,		7		76.	92		
Name of Employer	Occupation												
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT & ACTUARY											
Receipt For:	Aggregate	Year-to-Date ▼					_		-				
Other (specify)		923.04	P	P/R Ded	luction	on (\$3	8.4	6 Bi-We	ekly)			
		/y											
SUBTOTAL of Receipts This Page (optional)				-						300.0	00		
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and St for commercial purposes, other than using the				the p						
	NAME OF COMMITTEE (In Full)	name anu a				Indution	s nom su		illee.		
\rangle	Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Comn	nitte	е					
Α.	Full Name (Last, First, Middle Initial) MR. DANIEL S HILL			Dat	te of	Receipt					
	Mailing Address 26 COLTON RD				11 30 2015						
	City GLASTONBURY	StateZip CodeNBURYCT06033-3947				Transaction ID : PR790185643644 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			19.22						
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. SALES REPRESENTATIVE										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.64	P/R	P/R Deduction (\$9.61 Bi-Weekly)						
В.	Full Name (Last, First, Middle Initial) MR. DAVID J ECHEVERRIA				te of	Receipt					
	Mailing Address 36 FARMINGTON AVE City State Zip Code				1.1 30 2015						
	City LONGMEADOW	State MA	Transaction ID : PR790188643644 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			53.84						
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	DIR - INVESTMENTS									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 646.08	P/R	P/R Deduction (\$26.92 Bi-Weekly)							
C.	Full Name (Last, First, Middle Initial) MR. DAVID D WHARMBY				te of	Receipt					
	Mailing Address 34 VERPLANK AVE				M M / D D / Y Y Y Y 11 30 2015						
	City STAMFORD	State CT	Zip Code 06902-8216				D : PR790 [,] Receipt t				
	FEC ID number of contributing federal political committee.	С				7		7	6.92		
	Name of Employer Occupation										
	CORNERSTONE RE ADVISERS LLC	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R	P/R Deduction (\$38.46 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)					- 1		14	9.98		
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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page									
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · ·									
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee								
Full Name (Last, First, Middle Initial) A. MR. DEREK D DARLEY			Date of Receipt								
Mailing Address 27 NORTH ST			M M / D D / Y Y Y Y Y 11 30 2015								
City	State	Zip Code	Transaction ID : PR790197143644								
BLANDFORD	MA	01008-9516	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		19.22								
Name of Employer	Occupation	l									
MASSACHUSETTS MUTUAL LIFE INS.	AVP TREA	SURY	_								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		230.64	P/R Deduction (\$9.61 Bi-Weekly)								
Full Name (Last, First, Middle Initial) B. MR. DEAN R HINDMAN			Date of Receipt								
Mailing Address 46 DWIGHT ST			11 30 2015								
City	State	Zip Code	Transaction ID : PR790206643644								
BOSTON	MA	02118-3662	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.76								
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation										
Receipt For:		SIDENT & SENIOR COUNSEL	_								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.38 Bi-Weekly)								
Other (specify)		369.12									
Full Name (Last, First, Middle Initial) C. MR. DONALD J PHELAN			Date of Receipt								
Mailing Address 24 HAMMERSMITH			11 30 / Y Y Y Y Y 2015								
City AVON	State CT	Zip Code 06001-2915	Transaction ID : PR790207843644								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer	Occupation										
CORNERSTONE RE ADVISERS LLC	VICE PRES										
Receipt For:		Year-to-Date ▼									
Primary General Other (specify) ▼		646.08	P/R Deduction (\$26.92 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			103.82								
TOTAL This Period (last page this line numbe	er only)										

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12						
	winformation partial from anth Densit	Chatamarta		13	14	15	16	17					
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\setminus	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action C	Committ	ee								
Α.	Full Name (Last, First, Middle Initial) MS. ELIZABETH CANAVAN			Date o	f Receipt								
	Mailing Address 5 HAVENHURST RD			M = M / D = D / Y = Y = Y									
	City	Zip Code	11 30 2015 Transaction ID : PR790211643644										
	WEST SPRINGFIELD	MA	01089-2160	Amoun	t of Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.							38	8.50					
	Name of Employer		-										
	MASSACHUSETTS MUTUAL LIFE INS.	AVP STRA	TEGIC DEVELOPMENT	-									
	Receipt For: Primary General	Year-to-Date ▼		luction /#40	0E D: W-								
	Other (specify) ▼	462.00	P/R Ded	luction (\$19	.25 BI-VVE	екіу)							
В.	Full Name (Last, First, Middle Initial) MS. ELLEN RAWSON	Date of	f Receipt										
	failing Address 145 YOKUN RD				/ D I I 30		2015	Y					
	City	-		Transaction ID : PR790212243644									
	PITTSFIELD	MA	01201-8880	Amoun	t of Each F	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С				5	19	.22					
		Occupation		1									
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	DENT & SENIOR COUNSEL	-									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 230.64	P/R Deduction (\$9.61 Bi-Weekly)									
с.	Full Name (Last, First, Middle Initial) MR. EDWIN J PELIS			Date o	f Receipt								
	Mailing Address 29 MAIN ST			M M 11	/ D I		ү 2015	Y					
	City	State	Zip Code	Trans	saction ID :	PR79021	5943644	L .					
	HATFIELD	MA	01038-9702	Amoun	t of Each F	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С			7		30).76					
	Name of Employer	Occupation		1									
	MASSACHUSETTS MUTUAL LIFE INS.	VP - AGEN	CY RECRUITING AND DEVELOPM	-									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		luction (MAE	20 0: \\/	okly)						
	Other (specify) ▼	369.12	P/R Dec	luction (\$15	.30 BI-VVE	екіу)							
s	UBTOTAL of Receipts This Page (optional)		▶		7		88	.48					

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Company Political Action	Committee
Full Name (Last, First, Middle Initial) MS. GAIL S GARVEY Mailing Address 23 CRESCENT CIR City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	State Zip Code MA 01085-5003	Date of Receipt 11 30 2015 Transaction ID : PR790220043644 Amount of Each Receipt this Period 19.24
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-Weekly)
Full Name (Last, First, Middle Initial) MR. HARVEY BR HOFFMAN Mailing Address 50 DEVONSHIRE TER		Date of Receipt
City	State Zip Code	Transaction ID : PR790231443644
E LONGMEADOW	MA 01028-3139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.32
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)	Occupation SVP - OPERATIONAL AND STRATEGIC RIS Aggregate Year-to-Date ▼ 2307.84	P/R Deduction (\$96.16 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MR. JAMES R WILLIAMS		Date of Receipt
Mailing Address 3938 DIANE RD		11 30 2015
City BIG PINE KEY	State Zip Code FL 33043-6105	Transaction ID : PR790236843644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼	Occupation SECOND VP & ASSOC. GENERAL COUNSE Aggregate Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	•	265.40

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a	11b	11c	12								
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma	ay not be sold or used by any pe	erson for the	purpose of s	15 soliciting	16 contribut	ions						
NAME OF COMMITTEE (In Full)	ing the name and a	duress of any pointear committee				commu							
Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committ	ee									
Full Name (Last, First, Middle Initial) A. MR. JEFFREY A COELHO			Date of	Receipt									
Mailing Address 15 MEADOWLARK CI	२		1.1 30 _ 2015 _										
City LUDLOW	State MA	Zip Code 01056-1446	Transaction ID : PR790240943644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C						.24						
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP SYST												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Ded	uction (\$9.62	2 Bi-Weel	kly)							
Full Name (Last, First, Middle Initial) MS. JOANNE M DENVER			Date of	Receipt									
Mailing Address 48 VAIL ST			M M	/ D D 30	/ Y	у у 2015	Y						
City	State	Zip Code	Trans	Transaction ID : PR790244943644									
SPRINGFIELD	MA	01118-2161	Amount	t of Each Re	eceipt this	s Period							
FEC ID number of contributing federal political committee.	С				- 7	76.	92						
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation VICE PRES												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Ded	uction (\$38.4	6 Bi-Wee	ekly)							
Full Name (Last, First, Middle Initial) C. MR. JOHN E DEITELBAUM			Date of	Receipt									
Mailing Address 11 MIDDLE RD			M M	/ D D 30	/ Y	y y 2015	Y						
City ELLINGTON	State CT	Zip Code 06029-3615		action ID : F									
FEC ID number of contributing federal political committee.	С			7	- 7	269	.24						
Name of Employer	Occupation												
MASSACHUSETTS MUTUAL LIFE INS.	SVP & DEF	PUTY GEN COUNS USIG LAW											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3230.88	P/R Ded	uction (\$134	.62 Bi-W	eekly)							
SUBTOTAL of Receipts This Page (optio	nal)			5	- 7	365.	40						

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		11a]11b		11c	12	
		, ,		13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)	•		~	•						
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Cor	nmitte	ee					
Full Name (Last, First, Middle Initial) A. MR. JOHN R TAILLIE				Date of	Re	eceip	ot			
Mailing Address 151 MCKENZIE DR				M M	/	D	D	/ Y	Y Y	Y
01	01-11-	7. 0. 1.		11	ι.		30		2015	
City SOUTHINGTON	State CT	Zip Code 06489-4117							52043644	
			- '	Amount	tot	Eac	h Reo	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	7		7	50	0.00
Name of Employer	Occupation	l								
CORNERSTONE RE ADVISERS LLC	VICE PRES	SIDENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		600.00	P	/R Ded	uctio	on (\$	\$25.00	0 Bi-We	eekly)	
Other (specify)										
Full Name (Last, First, Middle Initial) B. MR. JOSEPH A CALABRESE										
Mailing Address 28 CANTERBURY LN				м м 11	/		30	/ Y	2015	Y
City	State	Zip Code			acti			R79025	53243644	
FEEDING HILLS	MA	01030-1718							is Period	
FEC ID number of contributing federal political committee.	С		53							.84
Name of Employer	Occupation	1								
MASSACHUSETTS MUTUAL LIFE INS.	AVP SYST									
Receipt For:	1	Year-to-Date ▼	_							
Primary General	riggregate		P.	/R Dedu	uctio	on (\$	\$26.92	2 Bi-We	ekly)	
Other (specify) ▼		, 646.08							.,	
Full Name (Last, First, Middle Initial) C. MR. JOSEPH R ROKOWSKI				Date of	Re	eceip	ot			
Mailing Address 124 MAXIMILIAN DR				^M M	/	D	о 30	/ Y	2015	Y
City	State	Zip Code		Trans	acti	ion I	ID : P	R7902	54543644	l.
GRANBY	MA	01033-9469	/	Amount	t of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		7	150).00
Name of Employer	Occupation	1	\neg							
MASSMUTUAL TRUST COMPANY	VICE PRES	SIDENT - TRUST COMPANY								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	39.5940		Р	/R Ded	uctio	on (\$	\$75.0	0 Bi-We	eekly)	
Other (specify)		1500.00								
SUBTOTAL of Receipts This Page (optional)			•			3		7	253	.84

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

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FOR LINE NUMBER:

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270

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check onl	y one)	L							
	EMIZED RECEIPTS for each category of the Detailed Summary Page				11c	12						
Any information copied from such Reports or for commercial purposes, other than using	and Statements mand and a	ay not be sold or used by any pe	erson for the to solicit co	purpose of ntributions fr	15 soliciting rom such	contribu	lions ee.					
NAME OF COMMITTEE (In Full)												
Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committ	ee								
Full Name (Last, First, Middle Initial) A. MR. JAMES J NASCIMENTO			Date o	f Receipt								
Mailing Address 432 LYON ST			M M	/ D D 30	/ Y	y y 2015	Y					
City LUDLOW	State MA	Zip Code 01056-1133		saction ID : t of Each Re								
FEC ID number of contributing federal political committee.	С						.84					
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation VICE PRES											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Ded	luction (\$26.	92 Bi-We	ekly)						
Full Name (Last, First, Middle Initial) B. MR. JAMES P PUHALA III	I		Date o	f Receipt								
Mailing Address 68 HOLCOMB ST	Mailing Address 68 HOLCOMB ST			/ D D 30	/ Y	2015	Y					
City	State	Zip Code		Transaction ID : PR790260443644								
EAST GRANBY	СТ	06026-9531	Amoun	t of Each R	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С				- 7	53	.84					
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRES	IDENT - COMPLIANCE & REGU										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Ded	luction (\$26.9	92 Bi-We	ekly)						
Full Name (Last, First, Middle Initial) C. MR. JAMES M RODOLAKIS			Date o	f Receipt								
Mailing Address 26 EVERGREEN DR			M M	/ D D 30	/ Y	y y 2015	Y					
City E LONGMEADOW	State MA	Zip Code 01028-1456		saction ID : t of Each Re								
FEC ID number of contributing federal political committee.	С					30	.76					
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		BIDENT & SENIOR COUNSEL	_									
Primary General Other (specify)	ary General Agglegate Teat to Date V					P/R Deduction (\$15.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)					138.	44					

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

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary						
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used a name and address of any politica	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	irance Company Politica	I Action Committee					
Full Name (Last, First, Middle Initial) MR. JEFFREY M GURSKI Mailing Address 10 VICTORIA LN		Date of Receipt					
City	State Zip Code	11 30 2015 Transaction ID : PR790261243644					
WILBRAHAM	MA 01095-1905	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	20.00					
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name (Last, First, Middle Initial) B. MR. JEFFREY T ROBINSON		Date of Receipt					
Mailing Address 28 DONAMOR LN		11 30 Y Y Y Y Y 2015					
City E LONGMEADOW	State Zip Code MA 01028-2220	Transaction ID : PR790261643644					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation MANAGING DIRECTOR - MMI						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	646.08 P/R Deduction (\$26.92 Bi-Weekly)					
Full Name (Last, First, Middle Initial) MS. KATHLEEN M COUGHLIN		Date of Receipt					
Mailing Address 37 SOUTHWOOD RD		11 30 / Y Y Y Y Y 2015					
City NEWINGTON	StateZip CodeCT06111-3156	Transaction ID : PR790271443644 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	19.24					
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP NEW BUSINESS UNDERWI	RITING					
Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-to-Date V						
SUBTOTAL of Receipts This Page (optional)							

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

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SCHEDULE A (FEC Form 3X) -

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1										
Any information copied from such Reports and or for commercial purposes, other than using th	Statements male name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)		Delitical Astion	0										
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. MS. KATHY S REEVE			Date of Receipt										
Mailing Address EDGEMERE HILLS BLDG 1 85 N MAIN ST UNIT 14A	4		11 30 2015										
City	State	Zip Code	Transaction ID : PR790272743644										
EAST HAMPTON	СТ	06424-1448	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		38.46										
Name of Employer	Occupation	l	-										
BABSON CAPITAL MANAGEMENT LLC	DIRECTOR	R	_										
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$19.23 Bi-Weekly)										
Other (specify) ▼		461.52	F/K Deduction (\$19.23 Di-weekiy)										
Full Name (Last, First, Middle Initial) B. MR. KEITH T SELL	1		Date of Receipt										
Mailing Address 118 CHISWICK ST			11 30 2015										
City	State	Zip Code	Transaction ID : PR790273043644										
	MA	01106-2619	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		19.24										
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation												
Receipt For:	AVP & ACT		-										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$9.62 Bi-Weekly)										
Other (specify)	L	230.88											
Full Name (Last, First, Middle Initial) C. MS. KATHLEEN LYNCH	1		Date of Receipt										
Mailing Address 136 MONTCLAIR DR			11 30 2015										
City	State CT	Zip Code	Transaction ID : PR790277643644										
WEST HARTFORD	CI	06107-1255	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		61.54										
Name of Employer	Occupation												
BABSON CAPITAL MANAGEMENT LLC Receipt For:		G DIRECTOR	_										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$30.77 Bi-Weekly)										
Other (specify)		738.48											
SUBTOTAL of Receipts This Page (optional)			119.24										
TOTAL This Period (last page this line number	r only)												

FOR LINE NUMBER:

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			Use separate schedule(s)	(check on	ly one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
			y not be sold or used by any per ddress of any political committee	son for the	purpose of	soliciting	contribu	itions					
	. ,			•									
Massachuse	tts Mutual Life Insu	irance Co	mpany Political Action (Commit	tee								
Full Name (Last, F A. MR. KENNETH				Date of Receipt									
Mailing Address 7	CYPRESS LN			M		/ Y	Y Y	Y					
City		State	Zip Code	11 Trans	30 saction ID :	PR79027	2015 7 8543644						
WILBRAHAM		MA	01095-1507	Amoun	nt of Each R	eceipt th	is Period	I					
FEC ID number of federal political cor	0	С					53	3.84					
Name of Employer		Occupation											
	S MUTUAL LIFE INS.	VICE PRES	IDENT - SALES RISK MANAGEM	E									
Receipt For: Aggreg			Year-to-Date ▼	D/D D	(۴۵۵)	00 D' M/.	1.1. 3						
Other (specif			646.08	P/R Dec	duction (\$26.)	92 BI-VVE	екіу)						
Full Name (Last, F B. MS. LAURA J				Date o	of Receipt								
Mailing Address 17	7 CLAIRE LANE			M M	/ D D 30	/ Y	у у 2015	Y					
City BLOOMFIELD		State CT	Zip Code 06002-1181		saction ID :								
FEC ID number of federal political cor	0	C		Amour	nt of Each R	eceipt th		0.22					
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Name of Employer MASSACHUSETTS	MUTUAL LIFE INS.	Occupation AVP COMP											
Receipt For:			Year-to-Date ▼	_	-								
Primary	General	, iggi oguto		P/R Dec	duction (\$9.6	1 Bi-Wee	kly)						
Other (specif	y) 🔻		230.64										
Full Name (Last, F MS. LINDA N	1 FLYNN			Date o	of Receipt								
Mailing Address 2	6 BAYNE ST			M N 11	/ D D 30	/ Y	ү 2015	Y					
City E LONGMEADOW	1	State MA	Zip Code 01028-2214		saction ID :								
FEC ID number of				Amoun	nt of Each R	eceipt th	is Period						
federal political cor	nmittee.	C				7	19	9.24					
Name of Employer		Occupation											
MASSACHUSETTS Receipt For:	S MUTUAL LIFE INS.		IESS OPERATIONS	_									
Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Dec	duction (\$9.6	2 Bi-Wee	∍kly)						
SUBTOTAL of Recei	pts This Page (optional)		·····			- 7	92	.30					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b		11c		12						
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Any information copied from such Reports and a or for commercial purposes, other than using the																
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Con	nmitte	ee											
/ Full Name (Last, First, Middle Initial) A. MS. LISA A HOWAT				Date of	Re	ceipt				. <u></u>						
Mailing Address 68 CHATHAM HILL RD			1.	M M		D	D	/ Y	Y	Y	Y					
				11		30)		20	015						
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3542						R79028								
	01	00073-3342	_ /	Amount	of	Each	Red	ceipt th	is P	eriod	_					
FEC ID number of contributing federal political committee.	С				_	<u></u>	_		_	30.	76					
Name of Employer	Occupation	l														
CORNERSTONE RE ADVISERS LLC	MANAGINO	G DIRECTOR														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General		369.12	P,	R Ded	uctio	on (\$1	5.38	8 Bi-We	ekly	()						
Other (specify)		1 1 1														
Full Name (Last, First, Middle Initial) B. MS. LOUISE R LANGLOIS				Date of	Re	ceint				_						
Mailing Address 21 UPLAND RD					110	D	D	/	V	v	V					
				11	ľ	30		/ 1	_ 20	15	·					
City	State	Zip Code		Trans	acti	on ID	: PI	R79028	3834	3644						
HOLYOKE	MA	01040-1422	/	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	ů – Elektrik							19.22								
Name of Employer	Occupation	1	-													
MASSACHUSETTS MUTUAL LIFE INS.	AVP QUAN	TITATIVE														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General		230.64	P/R Deduction (\$9.61 Bi-Weekly)													
Other (specify)		, , , , , , , , , , , , , , , , , , , ,														
Full Name (Last, First, Middle Initial) C. MR. MARK ACKERMAN	1			Date of	Re	ceipt										
Mailing Address 385 GREEN HILL RD				м м 11	/	D 3(/ Y		y 15	Y					
City	State	Zip Code		Trans	acti	ion ID	: P	R7902	9604	3644						
	MA	01106-2943	/	Amount	of	Each	Red	ceipt th	is P	eriod						
FEC ID number of contributing federal political committee.	С					,		7		53.	90					
Name of Employer	Occupation	1	-													
BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼		646.80	P/R Deduction (\$26.95 Bi-Weekly)													
SUBTOTAL of Receipts This Page (optional)		•				т		7	_	103.8	38					

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ITEMIZED RECEIPTS Use separate schedule(s for each category of the Detailed Summary Page		Use separate schedule(s)	(c	heck only										
				X 11a		11b	11c		2	17				
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g cont	ributio	ons			
	NAME OF COMMITTEE (In Full)													
\rangle	Massachusetts Mutual Life Insu	urance Co	mpany Political Action	Со	mmitt	ee								
А.	Full Name (Last, First, Middle Initial) MR. MATTHEW P NATCHARIAN				Date of	Re	ceipt							
	Mailing Address 3 RIDGEBURY RD			M = M / D = D / Y = Y = Y Y 11 30 2015 11										
	City AVON	State CT	Zip Code 06001-3825	_				PR79030 eceipt th						
	FEC ID number of contributing federal political committee.					7	7		264.4	14				
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation	DIRECTOR											
	Receipt For:		Year-to-Date ▼	-										
	Primary General Other (specify)	Primary General					on (\$132	2.22 Bi-W	/eekly	')				
в.	Full Name (Last, First, Middle Initial) MR. MICHAEL H GATELY	ICHAEL H GATELY												
	Mailing Address 134 FAIRVIEW TER	Address 134 FAIRVIEW TER			M M	/	30	/ Y	201		ſ			
	City	State Zip Code					-	PR79030		-				
	S GLASTONBURY	СТ	06073-3304	_	Amount	t of	Each Re	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С			_	7	7		76.9	02				
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING	DIRECTOR											
	Receipt For:	Aggregate	Year-to-Date ▼		-									
	Primary General Other (specify) ▼		923.04		P/R Ded	uctic	on (\$38.4	46 Bi-We	ekly)					
— C.	Full Name (Last, First, Middle Initial) MR. MICHAEL E DUBOIS				Date of	Re	ceipt							
	Mailing Address 76 CLEARBROOK DR				M M	/	30	/ Y	201		Ŷ			
	City	State	Zip Code		Trans	acti	ion ID :	PR7903	13343	644				
	SPRINGFIELD	MA	01118-1905	_	Amount	t of	Each Re	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С				_	,	7		30.7	76			
	Name of Employer	Occupation												
	MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		P & ACTUARY											
	Primary General Other (specify)	Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7			372.1	2			

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

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St. or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	rance Company Political Action	Committee
Full Name (Last, First, Middle Initial) MR. MICHAEL L KLOFAS Mailing Address 64 WINDHAM DR City E LONGMEADOW FEC ID number of contributing federal political committee. Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: Primary General Other (specify)	State Zip Code MA 01028-2668 C Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 923.04	Date of Receipt
Full Name (Last, First, Middle Initial) MR. MICHAEL E ZAMMITTI Mailing Address 57 VIRGINIA RAIL DR City	State Zip Code	Date of Receipt
MARLBOROUGH	CT 06447-1158	Transaction ID : PR790314743644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR	30.76
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)
Full Name (Last, First, Middle Initial) c. MR. NEIL E DRZEWIECKI		Date of Receipt
Mailing Address 29 POND LN		11 30 2015
City EAST GRANBY	State Zip Code CT 06026-9662	Transaction ID : PR790319643644
FEC ID number of contributing federal political committee.	CT 06026-9662	Amount of Each Receipt this Period
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify) ▼	Occupation VICE PRESIDENT & ACTUARY Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		127.68

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

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FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check	only a	one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12									
			13		14	15	16	17								
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements maind a the name and a	ay not be sold or used by any per ddress of any political committee t	son for t to solicit	he pu contr	irpose o ibutions	f soliciting	n contribut	ions ee.								
NAME OF COMMITTEE (In Full)																
angle Massachusetts Mutual Life I	nsurance Co	mpany Political Action (Comm	ittee	Э											
Full Name (Last, First, Middle Initial) A. MS. PAMELA M BEALS			Date	e of F	leceipt											
Mailing Address 20 WISHING WELL WAY	(M = M / D = D / Y = Y = Y													
City	State	Zip Code		1	30		2015									
W SPRINGFIELD	MA	01089-4363				: PR79032 Receipt th										
FEC ID number of contributing federal political committee.	С				7			.24								
Name of Employer	Occupation		_													
MASSACHUSETTS MUTUAL LIFE INS.	DIDENT & CHIEF LIFE UNDERWRI															
Receipt For:	Year-to-Date ▼															
Other (specify) ▼		230.88	P/R D	Deduc	tion (\$9.	62 Bi-Wee	ekly)									
		/5														
Full Name (Last, First, Middle Initial) B. MS. PAMELA J DELANEY		Date	e of F	leceipt												
Mailing Address 72 HILLCREST RD						M = M / D = D / Y = Y = Y = Y Y 11 30 _2015										
City	State CT	Zip Code	Transaction ID : PR790320643644 Amount of Each Receipt this Period													
		06095-3301	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	S C C C C C C C C C C C C C C C C C C C															
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation															
Receipt For:		IDENT - RISK & ANALYTICS	_													
Primary General	Aggregate	Year-to-Date ▼	P/R D)educ	tion (\$38	3.46 Bi-We	eklv)									
Other (specify)		923.04					, en aj)									
Full Name (Last, First, Middle Initial) C. MR. PHILLIP J PRESTON			Date	e of F	leceipt											
Mailing Address 63 WRIGHT ST				™ 1	/ 0 30		2015	Y								
City	State	Zip Code	Tra	ansad	tion ID	: PR7903	30743644									
AGAWAM	MA	01001-3131	Amo	ount o	f Each	Receipt th	is Period									
FEC ID number of contributing federal political committee.	С				7		30	.76								
Name of Employer	Occupation															
MASSACHUSETTS MUTUAL LIFE INS.	AVP PROJ	ECT MANAGER	_													
Receipt For:	Aggregate	Year-to-Date ▼	P/R I	Joduc	tion (\$1)	5.38 Bi-We	aakly)									
Other (specify) ▼		369.12		Jeuuc	uon (on	J.30 DI-VV	Ceriy)									
SUBTOTAL of Receipts This Page (optiona	al)						126.	92								
TOTAL This Period (last page this line nur	nber only)															

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ITEMIZED RECEIPTS		for each category of the	(check only	check only one)								
		for each category of the Detailed Summary Page	X 11a	11b 11c 14 15	12	17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic mathematical statements and a	A not be sold or used by any per address of any political committee	rson for the p	urpose of solicitin	g contributio	ons						
NAME OF COMMITTEE (In Full)												
Aassachusetts Mutual Life Ins	surance Co	ompany Political Action	Committe	е								
Full Name (Last, First, Middle Initial) A. MR. PAUL GRIBBONS			Date of I	Receipt								
Mailing Address 8 CRESTLAN DR			M M 11	/ D D / 30	2015	Y						
City	State	Zip Code	Transa	ction ID : PR7903	31843644	_						
WORCESTER	MA	01604-1400	_ Amount	of Each Receipt t	his Period							
FEC ID number of contributing federal political committee.	С			3 5	19.2	22						
Name of Employer	Occupation	1										
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - DI PRODUCT MGMT										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		230.64	P/R Deduc	ction (\$9.61 Bi-We	ekly)							
		/9 /9 /*										
Full Name (Last, First, Middle Initial) B. MR. PETER G FERRIS			Date of I	Receipt								
Mailing Address 393 PINEWOOD DR			M M 11		2015	Y						
City	State	Zip Code	Transa	ction ID : PR7903	32943644							
LONGMEADOW	MA	01106-1643	Amount	of Each Receipt t	his Period							
FEC ID number of contributing federal political committee.	С				23.06							
Name of Employer	Occupation	1	-									
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT & ACTUARY										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		276.72	P/R Deduc	ction (\$11.53 Bi-W	eekly)							
Full Name (Last, First, Middle Initial) C. MR. PETER C VANBEAVER			Date of I	Receipt								
Mailing Address 8 VICTORIA LN			M M 11	/ D D / 30	2015	Ŷ						
City	State	Zip Code	Transa	ction ID : PR7903	333143644							
WILBRAHAM	MA	01095-1905	Amount	of Each Receipt t	his Period							
FEC ID number of contributing federal political committee.	С				30.7	76						
Name of Employer	Occupation	1	1									
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT & ILLUSTRATION ACTUA	F									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		369.12	P/R Dedu	ction (\$15.38 Bi-W	/eekly)							
		7 7										
SUBTOTAL of Receipts This Page (optional).		•			73.0)4						
TOTAL This Period (last page this line numb	er only)			7 7								

FOR LINE NUMBER:

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тс			Use separate schedule(s)	(ch	neck only	y on	e)				
			for each category of the Detailed Summary Page		X 11a		11b	11c		r	
Any or f	information copied from such Reports and S or commercial purposes, other than using the	itatements ma	ay not be sold or used by any per	rson	for the	purp purp	14 ose of	solicitin	g contr	ributic	17 ons
<u></u>	JAME OF COMMITTEE (In Full)			10 0							<i>.</i>
\ \	Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Co	mmitte	ee					
	ull Name (Last, First, Middle Initial) MR. ROBERT CASALE				Date of	Ree	ceipt				
Ν	Nailing Address 30 THISTLE LN				M M	/	30) / Y	201		1
	Dity	State CT	Zip Code	_				PR7903			
-			06010-8057	_	Amount	of	Each R	leceipt t	his Per	riod	_
	EC ID number of contributing ederal political committee.	С					7	y		384.6	0
	Name of Employer	Occupation									
_	MASSACHUSETTS MUTUAL LIFE INS. Receipt For:			_							
-	Primary General	Aggregate	Year-to-Date ▼		P/R Dedu	uctic	on (\$192	2.30 Bi-\	Veekly)	
	Other (specify) ▼	L	4615.20				·				
	ull Name (Last, First, Middle Initial)				Date of	Ree	ceipt				
Ν	Aailing Address 322 OLD FARM RD				M M	/	30	/ Y	_2015		1
	Dity	State	Zip Code		Transa	actio	on ID :	PR7903	518436	644	
_	SPRINGFIELD	MA	01119-2825	_	Amount	of	Each R	leceipt t	his Per	riod	
	EC ID number of contributing ederal political committee.	С					,			76.9	2
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation									
_	Receipt For:			5							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	F	P/R Dedu	uctio	n (\$38.	46 Bi-W	eekly)		
	Full Name (Last, First, Middle Initial)				Date of	Red	ceipt				
Ν	Aailing Address 344 WESTCHESTER RD				м м 11	/	D D D D 30		201:		1
	Dity COLCHESTER	State CT	Zip Code 06415-2426					PR7903			
-	EC ID number of contributing		00413-2420	_	Amount	of l	Each R	leceipt t	his Per	riod	-
f	ederal political committee.	С					9			53.9	0
	Name of Employer	Occupation									
_	MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		STANDARDS & IND RELATIONS	5							
	Primary General	Aggregate	Year-to-Date ▼		P/R Ded	uctic	on (\$26	.95 Bi-W	/eekly)		
	Other (specify)	L	646.80				(, -		,,		
SU	BTOTAL of Receipts This Page (optional)						, ,		Ę	515.42	2

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

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		Use separate schedule(s)	(check o	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Ay not be sold or used by any pe	erson for th	e pur	14 pose of	15 soliciting	contribu	17 Itions				
NAME OF COMMITTEE (In Full)	e name and a	doress of any political committee	to solicit c	ontric	butions in	rom sucr		tee.				
Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Commi	ttee								
Full Name (Last, First, Middle Initial) A. MR. RICHARD D BOURGEOIS			Date	of Re	eceipt							
Mailing Address 11 ECHO HILL RD			11		30	/ Y	2015	Y				
City WILBRAHAM	State MA	Zip Code 01095-2663					52243644 is Period					
FEC ID number of contributing federal political committee.	С				,	- 7		3.90				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR V	CE PRESIDENT - TAX										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1846.80	P/R De	educti	on (\$76.	95 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) B. MR. RICHARD F BUCKLEY Jr.			Date	of Re	eceipt							
Mailing Address 1 CEDAR RDG			11		D D D 30	/ Y	у у 2015	Y				
City SOUTH HADLEY	State MA	Zip Code 01075-1795					52343644					
		01075-1795	Amou	int of	Each R	eceipt th	is Period	1				
FEC ID number of contributing federal political committee.	С				7	7	53	3.84				
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGIN0	DIRECTOR										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R De	ducti	on (\$26.9	92 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. MR. ROBERT J BRODERICK			Date	of Re	eceipt							
Mailing Address 62 ACADEMY DR			M 11		30	/ Y	у у 2015	Y				
City LONGMEADOW	State MA	Zip Code 01106-2154			-		53143644 is Period					
FEC ID number of contributing federal political committee.	С				,		53	3.84				
Name of Employer	Occupatior											
CORNERSTONE RE ADVISERS LLC Receipt For:	VICE PRES		_									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 646.08	P/R De	educti	on (\$26.	92 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optional)		····· •		_	1	- 7	261	.58				

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

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17					
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any per Iddress of any political committee	son for the	purpose of	soliciting	contribut	ions					
NAME OF COMMITTEE (In Full)		Delitical Action	O a									
Aassachusetts Mutual Life In	isurance Co	mpany Political Action	Committ	ee								
Full Name (Last, First, Middle Initial) A. MR. ROBERT G LABUN			Date of	f Receipt								
Mailing Address 84 WILDFLOWER CIR			M M	/ D D	/ Y	2015	Y					
City	State	Zip Code		saction ID :	PR79035							
WESTFIELD	MA	01085-4590	Amoun	t of Each Re	eceipt th	s Period						
FEC ID number of contributing federal political committee.	С				7	76	.92					
Name of Employer	Occupation	l										
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT, INVESTMENT ACCOUNT	1									
Receipt For:	Aggregate	Year-to-Date ▼		luction (\$38.4		ماياي						
Other (specify)		923.04	F/R Ded	iuciion (\$30.4	+0 DI-VVE	екіу)						
Full Name (Last, First, Middle Initial) B. MR. ROBERT E MAHONEY			Date o	f Receipt								
Mailing Address 44 LESLIE ST			M M	/ D D 30	/ Y	y y 2015	Y					
City	State	Zip Code		action ID : I								
WINDSOR LOCKS	СТ	06096-1117	Amoun	t of Each R	eceipt th	s Period						
FEC ID number of contributing federal political committee.	C				7	20.	00					
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation											
Receipt For:			-									
Primary General	Aggregate	Year-to-Date ▼	P/R Ded	uction (\$10.0)0 Bi-We	eklv)						
Other (specify)		240.00										
Full Name (Last, First, Middle Initial) MR. ROBERT S ROSENTHAL	·		Date o	f Receipt								
Mailing Address 12 SHERWOOD LN			M M 11	/ D D 30	/ Y	y y 2015	Y					
City AVON	State CT	Zip Code 06001-3215		saction ID :								
	01	00001 3213	Amoun	t of Each R	eceipt th	s Period	_					
FEC ID number of contributing federal political committee.	C				- 7	115	.40					
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:			_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.80	P/R Dec	luction (\$57.	70 Bi-We	ekly)						
SUBTOTAL of Receipts This Page (optional)	•••••			- J	212.	32					
TOTAL This Period (last page this line numl	per only)	•••••										

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IT.			Use separate schedule(s)	(ch	eck only	/ one	e)				
11			for each category of the Detailed Summary Page		✓ 11a 13	\vdash	11b	11c	12	Г	17
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson to se	for the	purpo	ose of s	soliciting	contri	ibutic	ns
	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Coi	mmitte	ee					
Α.	Full Name (Last, First, Middle Initial) MR. ROGER W CRANDALL				Date of	Rec	eipt				
	Mailing Address 165 CONVERSE ST APT 13				M M 11	/	D D D	/ Y	2015		
	City LONGMEADOW	State MA	Zip Code 01106-1755		Trans Amount			R79035 ceipt th			
	FEC ID number of contributing federal political committee.	C				. ,			3	384.6	0
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CHAIRMAN	I PRESIDENT & CEO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.20	F	P/R Ded	uctior	n (\$192.	.30 Bi-W	/eekly))	
в.	Full Name (Last, First, Middle Initial) MS. SUSAN A MOORE				Date of	Rec	eipt				
	Mailing Address 70 BROOKS RD				M M	/	D D D 30	/ Y	2015		
	City	State MA	Zip Code	_				R79037			
						of E	ach Re	ceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С			L				2	269.2	4
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING	DIRECTOR								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		3230.88	F	P/R Dedu	uction	n (\$134.	62 Bi-W	'eekly)		
<u>с</u> .	Full Name (Last, First, Middle Initial) MR. THOMAS P CURRAN	I			Date of	Rec	eipt				
	Mailing Address 105 MUNSING RDG				M M 11	/	30	/ Y	2015		1
	City	State	Zip Code		Trans	actio	on ID : F	PR79037	776436	644	
	GRANBY	MA	01033-9561		Amount	of E	ach Re	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С				,				19.4	6
	Name of Employer	Occupation									
	MASSACHUSETTS MUTUAL LIFE INS.	COMPLIAN	ICE CONSULTANT								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.52		P/R Ded	uctior	n (\$9.73	Bi-Wee	ekly)		
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>				7	6	573.30	

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т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
11			Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma	Ay not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee
	NAME OF COMMITTEE (In Full)	name anu a		
\rangle	Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Committee
Α.	Full Name (Last, First, Middle Initial) TIMOTHY C. FLANAGAN Jr.			Date of Receipt
	Mailing Address 608 BELLE MEADE CT			M M / D D / Y Y Y Y Y 11 30 2015
	City	State	Zip Code	Transaction ID : PR790380343644
	WAXHAW	NC	28173-7159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.35
	Name of Employer	Occupation	I	
	SELF	GENERAL	INSURANCE AGENT	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		2291.85	P/R Deduction (\$208.35 Monthly)
в.	Full Name (Last, First, Middle Initial) MR. TIMOTHY J MORAN			Date of Receipt
	Mailing Address 640 WESTFORD RD			11 30 2015
	City	State	Zip Code	Transaction ID : PR790380643644
	ASHFORD	СТ	06278-2416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.22
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation		_
	Receipt For:			_
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$9.61 Bi-Weekly)
	Other (specify) v	L	230.64	
C.	Full Name (Last, First, Middle Initial) MR. VICTOR WOOLRIDGE			Date of Receipt
	Mailing Address 146 LONGHILL ST			11 30 / Y Y Y Y Y
	City SPRINGFIELD	State MA	Zip Code 01108-1438	Transaction ID : PR790387643644
		NU C	01100-1430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		53.84
	Name of Employer	Occupation		
	CORNERSTONE RE ADVISERS LLC Receipt For:	VICE PRES	SIDENT	_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			281.41
L L	OTAL This Period (last page this line number of	נווע)	••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Detailed Summary Page						11c		12	
		, , ,		13		14	15		16	17
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full)										
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	n Cor	nmitte	ee					
Full Name (Last, First, Middle Initial) A. JEFFREY C. DOLLARHIDE				Date of	Rec	eipt				
Mailing Address 9646 E LAUREL LN				M M	/	30	/ Y	20 ²	15	Y
City	State	Zip Code		Trans	actic	on ID :	PR79039	94943	3644	
SCOTTSDALE	AZ	85260-5956		Amount	of E	Each R	eceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	С						7		416.	67
Name of Employer	Occupation	l								
SELF	GENERAL	INSURANCE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		4583.37	7 F	P/R Dedu	uctio	n (\$416	6.67 Mon	thly)		
Other (specify)		1 1 1								
Full Name (Last, First, Middle Initial) B. TRAY PHILLIPS				Date of	Rec	eipt				
Mailing Address 6202 N SHERMAN DR				^M ^M ^M	1	30	/ Y	201	5	Y
City	State	Zip Code			actio		PR79039			
INDIANAPOLIS	IN	46220-4439					eceipt th			
FEC ID number of contributing federal political committee.	С				. ,	,		Ξ	25.0	00
Name of Employer SELF	Occupation									
Receipt For:	I	Year-to-Date ▼								
Primary General	Aggregate		Р	/R Dedu	uctior	n (\$25.)	00 Month	ılv)		
Other (specify)		275.00				. (+=0.1		,,		
Full Name (Last, First, Middle Initial) C. WILLIAM D. FRANKLIN				Date of	Rec	eipt				
Mailing Address 5611 ENDERLY RD				M M 11	/	о 30	/ Y	201		Y
City	State	Zip Code		Trans	actio	on ID :	PR7903	96843	3644	
BALTIMORE	MD	21212-2958		Amount	of E	Each R	eceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	С				. ,		,		28.	12
Name of Employer	Occupation	1								
SELF	INSURANC	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		074.05	7 F	P/R Ded	uctio	n (\$14.	06 Semi-	-Mont	thly)	
Other (specify)		271.85								
SUBTOTAL of Receipts This Page (option	nal)		▶				- 7	-	469.7	79

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	ompany Political Action	Committee
Full Name (Last, First, Middle Initial) KEN C. KOWALSKI			Date of Receipt
Mailing Address 3620 WILLOW LAWN DR	Otata	Zin Oode	11 30 2015
City LYNCHBURG	State VA	Zip Code 24503-3022	Transaction ID : PR790397443644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer SELF Receipt For:	Occupation INSURANC	CE AGENT	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.00	P/R Deduction (\$27.50 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. WAYNE Y. TANAKA			Date of Receipt
Mailing Address 565 ALIHI PL			1.1 30 2015
City KAILUA	State HI	Zip Code 96734-3914	Transaction ID : PR790398843644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		29.16
Name of Employer SELF	Occupation INSURANC		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. BRIAN W. MARTIN			Date of Receipt
Mailing Address 12217 CLEGHORN RD			11 30 2015
City COCKEYSVILLE	State MD	Zip Code 21030-2218	Transaction ID : PR790404143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.28
Name of Employer	Occupation	1	
SELF	INSURANO	CE AGENT	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 909.77	P/R Deduction (\$45.14 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)			174.44
TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12		
			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Committee		
Full Name (Last, First, Middle Initial) A. HENRY A. ECHEVERRIA			Date of Receipt		
Mailing Address 34 BOUVANT DR			11 30 Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : PR790412043644		
PRINCETON	NJ	08540-1209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer	Occupation				
SELF	INSURANC	E AGENT			
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		275.00	P/R Deduction (\$25.00 Monthly)		
Full Name (Last, First, Middle Initial) B. BRIAN W. O SULLIVAN			Date of Receipt		
Mailing Address 130 SCHOOL ST			11 30 2015		
City	State	Zip Code	Transaction ID : PR790416143644		
MARSHFIELD	MA	02050-2046	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.70		
Name of Employer SELF	Occupation INSURANC	E AGENT			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.70	P/R Deduction (\$41.70 Monthly)		
Full Name (Last, First, Middle Initial) C. CHRISTOPHE E. COLLIER			Date of Receipt		
Mailing Address 7162 REGIMENT DR			11 30 2015		
City	State	Zip Code	Transaction ID : PR790419043644		
CINCINNATI	OH	45244-3617	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		28.12		
Name of Employer	Occupation				
SELF	INSURANC	E AGENT			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General		074.05	P/R Deduction (\$14.06 Semi-Monthly)		
Other (specify)		271.85			
SUBTOTAL of Receipts This Page (option	al)		94.82		
TOTAL This Period (last page this line nu	mber only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page		X 11a		11b	F	11c		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose				ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst											
Α.	Full Name (Last, First, Middle Initial) BENJAMIN M. MUIRHEAD				Date o		· ·					
	Mailing Address 600 POST OAK RD	State	Zip Code		11 Trans		:	30 D • D	PR7904	20	015 13644	Y
	GORDON	ТΧ	76453-3894		Amoun							
	FEC ID number of contributing federal political committee.	С					7	_				.00
	Name of Employer SELF	Occupation INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 605.00]	P/R Ded	uctio	on (\$	55.(00 Mon	thly)		
В.	Full Name (Last, First, Middle Initial) STEPHEN G. DEBACKER				Date o	f Re	ceipt	 :				
	Mailing Address PO BOX 226				M M	/		D 30) 15	Y
	City PREEMPTION	State IL	Zip Code 61276-0226		Trans Amoun				PR7904 eceipt t			
	FEC ID number of contributing federal political committee.	С					7	_	- 7		83.	35
	Name of Employer SELF	Occupation INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.85]	P/R Ded	uctio	on (\$8	33.3	35 Mont	thly)		
<u>с</u> .	Full Name (Last, First, Middle Initial) SCOTT M. SUNDET				Date of	f Re	ceipt					
	Mailing Address 14316 CLEARVIEW LN				м м 11	/		30) 15	Y
	City URBANDALE	State IA	Zip Code 50323-2083		Trans Amoun				PR7904 eceipt t			
	FEC ID number of contributing federal political committee.	С					7	_	7		92	.10
	Name of Employer	Occupation	 									
	SELF	INSURANC	E AGENT									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 522.56	1	P/R Dec	lucti	on (\$	46.0	05 Sem	ii-Moi	nthly)	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			▶ ▶		-	5	-		-	230.	45

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information canied from such Densite		13 14 15 16							
	and Statements may not be sold or used by any period of the name and address of any political committee								
NAME OF COMMITTEE (In Full)									
Massachusetts Mutual Life	Insurance Company Political Action	Committee							
Full Name (Last, First, Middle Initial) MARK A. KARCHER		Date of Receipt							
Mailing Address 6125 WESTMOOR RD									
5		11 30 _ 2015 _							
City	State Zip Code	Transaction ID : PR790427443644							
BLOOMFIELD	MI 48301-1356	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	75.00							
Name of Employer	Occupation								
SELF	INSURANCE AGENT								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General	005.00	P/R Deduction (\$37.50 Semi-Monthly)							
Other (specify)	225.00								
Full Name (Last, First, Middle Initial) DEAN S. CADY		Date of Receipt							
Mailing Address 3554 JOSEPHINE LN		M = M / D = D / Y = Y = Y							
		11 30 _2015							
City	State Zip Code	Transaction ID : PR790427543644							
MASON	MI 48854-9568	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	27.08							
Name of Employer	Occupation	_							
SELF	INSURANCE AGENT								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General		P/R Deduction (\$13.54 Semi-Monthly)							
Other (specify)	272.90								
Full Name (Last, First, Middle Initial) LISA L. RAPFOGEL OSTRO	FF	Date of Receipt							
Mailing Address 6908 WINTERWOOD L	N	M = M / D = D / Y = Y = Y							
City	State Zip Code	11 30 2015							
City DALLAS	TX 75248-5157	Transaction ID : PR790431243644							
		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	60.00							
Name of Employer	Occupation	-							
SELF	INSURANCE AGENT								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General		P/R Deduction (\$30.00 Semi-Monthly)							
Other (specify)	240.00								
	<u> </u>	162.08							
SUBTOTAL of Receipts This Page (option	al) 🕨	102.08							
TOTAL This Period (last page this line nul	mber only)								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly o	ne)			
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	— 4-
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mand and a	A not be sold or used by any p ddress of any political committee	erson for the	e pur ontrit	14 pose of putions f	15 soliciting rom suct	16 contribut	17 ions ee.
NAME OF COMMITTEE (In Full)	.9							
Massachusetts Mutual Life	Insurance Co	mpany Political Action	Commit	ttee				
Full Name (Last, First, Middle Initial) A. BRIAN R. LOGAN			Date	of Re	eceipt			
Mailing Address 1787 WINTERHAVEN D	R		M 11	M /	30	/ Y	2015	Y
City MECHANICSBURG	State PA	Zip Code 17055-5192	Trar		ion ID :		37043644	_
	1.4	17035-3192	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_	7	7	100.	00
Name of Employer	Occupation	I						
SELF	INSURANC	E AGENT						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	P/R De	educti	on (\$50.	00 Semi [.]	-Monthly)	
Full Name (Last, First, Middle Initial) B. PAUL J. MARIANO			Date	of Re	eceipt			
Mailing Address PO BOX 554			M 11		30	/ Y	ү ү 2015	Y
City	State	Zip Code	Tran	sact	ion ID :	PR79043	38043644	
SOUTHBURY	СТ	06488-0554	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				,	7	25.	00
Name of Employer SELF	Occupation							
Receipt For:	INSURANC	-						
Primary General	Aggregate	Year-to-Date ▼		ducti	an (005)	00 Month		
Other (specify)		, 250.00	P/R De	aucu	011 (\$25.1	00 Month	шу)	
Full Name (Last, First, Middle Initial) C. JONATHAN S. DAVIS			Date	of Re	eceipt			
Mailing Address 7 OVERLOOK RD			M 11		30	/ Y	2015	Y
City	State	Zip Code	Trar	nsact	ion ID :	PR7904	48743644	
WESTPORT	СТ	06880-2327	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				3	3	94	.20
Name of Employer	Occupation							
SELF	INSURANC	CE AGENT						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 905.80	P/R De	educti	ion (\$47.	10 Semi	-Monthly)	
SUBTOTAL of Receipts This Page (option	al)				7	- 7	219.	20
TOTAL This Period (last page this line num	mber only)		. []		,			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			Detailed Summary Page		(11a		11	b	11c		12							
			Detailed Summary Page		13		14	- H	15		16	1						
۱ny or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the plicit co	pur	pos outio	e of ons fi	soliciti om su	ng co Ich c	ontribu ommitt	tions ee.						
I	NAME OF COMMITTEE (In Full)																	
\rangle	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Cor	nmit	tee												
	Full Name (Last, First, Middle Initial) STEFAN E. GREENBERG			Date of Receipt														
	Mailing Address 27 BAILIWICK RD																	
		State CT	Zip Code	-							43644							
-	GREENWICH	CI	06831-3609	_	Amour	nt of	Ea	ch R	eceipt	this	Period							
	FEC ID number of contributing rederal political committee.	С					,				54	.16						
1	Name of Employer	Occupation		-														
ļ	SELF	INSURANC	E AGENT															
Ī	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General			F	P/R Dec	ducti	on	(\$27.	08 Ser	ni-Mo	onthly)							
	Other (specify)		545.80															
	Full Name (Last, First, Middle Initial)				Date c	of Re	ecei	pt										
Ī	Mailing Address 9 FAITH LN																	
					11			30			015							
(City	State	Zip Code		Trans	sacti	ion	ID :	PR790	4503	43644							
_	ARDSLEY	NY	10502-2510		Amour	nt of	Ea	ch R	eceipt	this	Period							
	FEC ID number of contributing rederal political committee.	ů – Elektrik							97.22									
1	Name of Employer	Occupation																
ŝ	SELF	INSURANC	E AGENT															
Ī	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		902.80	P	/R Dec	luctio	on (\$48.6	61 Ser	ni-Mc	onthly)							
	Full Name (Last, First, Middle Initial) BRETT M. GARBUT				Date c	of Re	ecei	nt										
	Mailing Address 33 FARMINGTON LN				1 <u>1</u>			30	/		015	Y						
(City	State	Zip Code		Tran	sact	ion	ID :	PR790	4513	843644							
_	MELVILLE	NY	11747-4016		Amour	nt of	Ea	ch R	eceipt	this	Period							
	FEC ID number of contributing rederal political committee.	С					7				48	.58						
1	Name of Employer	Occupation		\neg														
	SELF		E AGENT															
	Receipt For:		Year-to-Date ▼	\neg														
	Primary General	Aggregate		F	P/R Dec	ducti	on	(\$24.	29 Sei	ni-Ma	onthlv)							
	Other (specify)	L	451.40				-											
	JBTOTAL of Receipts This Page (optional)						-				199	96						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	isurance Co	mpany Political Action	Committee
A. Full Name (Last, First, Middle Initial) STEVEN R. SEROTTE Mailing Address 1041 ERICA RD		Date of Receipt	
City	State	Zip Code	11302015 Transaction ID : PR790451643644
MILL VALLEY	CA	94941-3748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		97.22
Name of Employer SELF Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation INSURANC Aggregate		P/R Deduction (\$48.61 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. PETER J. LEBLANC			Date of Receipt
Mailing Address 150 CARONDELET PLZ			11 30 _2015 _
City SAINT LOUIS	State MO	Zip Code 63105-3436	Transaction ID : PR790454343644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	22.54	
Name of Employer SELF	Occupation INSURANC		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 227.50	P/R Deduction (\$11.27 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. WAYNE J. DENNEN			Date of Receipt
Mailing Address 2302 VISTA MOORA AVE			11 / D D / Y Y Y Y Y 11 30 2015
City CHINO HILLS	State CA	Zip Code 91709-4340	Transaction ID : PR790459143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer	Occupation	1	—
SELF	INSURANC	E AGENT	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	b	179.76
TOTAL This Period (last page this line num	·	r	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPIS	Detailed Summary Page		11a		11b		11c		12												
					13		14		15		16	17										
	y information copied from such Reports and St for commercial purposes, other than using the																					
\setminus	NAME OF COMMITTEE (In Full)		_																			
\sum	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitt	ee																
Α.	Full Name (Last, First, Middle Initial) THOMAS S. MAPLES				Date of	f Re	eceipt	:	_	-	_	_										
	Mailing Address 10918 UTICA AVE				M M	/		D 30	/ Y) 15	Y										
	City	State	Zip Code		Transaction ID : PR790462643644																	
	LUBBOCK	ТХ	79424-7318	_ /	Amount	t of	Each	n Re	ceipt th	is P	eriod											
	FEC ID number of contributing federal political committee.	С					7		7	_	25.	00										
	Name of Employer SELF	Occupation INSURANC																				
	Receipt For:			-																		
	Primary General	Ayyreyate	Year-to-Date ▼	P	/R Ded	uctio	on (\$:	25.0	0 Montl	hly)												
	Other (specify)		275.00							· J /												
в.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt	:														
	Mailing Address 133 RIVERWALK WAY				M M	/		30	/ Y	20	Y 15	Y										
	City	State	Zip Code			acti			R79046													
	MANCHESTER	NH	03101-2642		Amount	t of	Each	n Re	ceipt th	is P	eriod											
	FEC ID number of contributing federal political committee.	ů – Le										93.60										
	Name of Employer SELF	Occupation INSURANC																				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 906.37	P/R Deduction (\$46.80 Semi-Monthly)																		
с.	Full Name (Last, First, Middle Initial) JEFFREY W. KAMMERAAD				Date of	f Re	eceipt	:														
	Mailing Address 2978 BROOKWIND DR				M M 11	1		о 30	/ Y	ү 20	15 15	Y										
	City	State	Zip Code		Trans	act	ion II	D : P	R7904	6654	3644											
	HOLLAND	MI	49424-1683	_ '	Amount	t of	Each	n Re	ceipt th	is P	eriod											
	FEC ID number of contributing federal political committee.	С					7		7	_	32.	30										
	Name of Employer	Occupation		\neg																		
	SELF	INSURANC	E AGENT																			
	Receipt For:	Aggregate	Year-to-Date ▼																			
	Primary General			P	/R Ded	luction	on (\$	16.1	5 Semi	-Mor	nthly)											
	Other (specify)		267.75																			
s	UBTOTAL of Receipts This Page (optional)		····· •				7		3		150.9	90										
Т	OTAL This Period (last page this line number of	only)	•••••				3		7													

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ITEMIZED RECEIPTS	for each category of the	(check only one)							
II EIVIIZED KEVEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contribution	ns					
NAME OF COMMITTEE (In Full)									
Aassachusetts Mutual Life Ins	urance Co	ompany Political Action	Committee						
Full Name (Last, First, Middle Initial) A. <u>ROBERT M. CORNETT</u>			Date of Receipt						
Mailing Address 115 STEELMAN RD			11 30 2015	1					
City	State	Zip Code	Transaction ID : PR790467743644						
PURVIS	MS	39475-3325	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		77.70	3					
Name of Employer	Occupation	1	_						
SELF	INSURANC	CE AGENT							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		000.00	P/R Deduction (\$38.88 Semi-Monthly)						
Other (specify)		683.32							
Full Name (Last, First, Middle Initial) B. JERRY D. VESSELL			Date of Receipt						
Mailing Address 911 CALLOWAY DR			1,1 30 2015	1					
City	State	Zip Code	Transaction ID : PR790470143644	1.1					
BRENTWOOD	TN	37027-6539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.56	3					
Name of Employer	Occupation	1	_						
SELF	INSURANC	E AGENT							
Receipt For:	Aggregate	Year-to-Date ▼	_						
Primary General	, iggi oguto		P/R Deduction (\$50.28 Semi-Monthly)						
Other (specify)		899.50							
Full Name (Last, First, Middle Initial) C. ROBERT C. HERDLER	l		Date of Receipt						
Mailing Address 222 W GLENDALE RD			11 30 _2015 _	1					
City	State	Zip Code	Transaction ID : PR790508843644						
WEBSTER GROVES	MO	63119-4019	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		29.10	6					
Name of Employer	Occupation	1							
SELF	INSURANO	CE AGENT							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	33 - 3		P/R Deduction (\$14.58 Semi-Monthly)						
Other (specify)		270.80							
SUBTOTAL of Receipts This Page (optional)		••••••	207.48	}					
TOTAL This Period (last page this line numbe	r only)	••••••							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly one	∋)			
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any p	erson for the	e purpo	14 ose of s	15 oliciting	16 contribut	17 ions
or for commercial purposes, other than usi	ng the name and a	ddress of any political committee	e to solicit c	ontribu	itions fro	om such	o committe	ee.
MAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Co	mpany Political Action	Commit	ttee				
Full Name (Last, First, Middle Initial)			Date	of Rec	eint			
Mailing Address 1122 ELM ST APT 503			M		D D	/ Y	201E	Y
City	State	Zip Code	11 Trar	sactio	30 on ID : P	R79051	2015 9143644	
HONOLULU	HI	96814-2205					is Period	
FEC ID number of contributing federal political committee.	С				,		37.	50
Name of Employer	Occupation	1						
SELF	INSURANC	E AGENT						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.50	P/R De	ductio	n (\$18.7	5 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. ROBERT K. MCGEE			Date	of Rec	eipt			
Mailing Address 115 W LANIER DR			11		30	/ Y	y y 2015	Y
City	State	Zip Code	Tran	sactio	on ID : Pl	R79052	1043644	
HARTSVILLE	SC	29550-3007	Amou	nt of E	Each Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				,	7	16.	15
Name of Employer SELF	Occupation INSURANC							
Receipt For:		Year-to-Date ▼						
Primary General Other (specify) ▼	Aggregate	249.55	P/R De	ductior	n (\$16.15	5 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) C. ALBERTO GUTIERREZ			Date	of Rec	eipt			
Mailing Address PO BOX 431621			M 11	M /	30	/ Y	y y 2015	Y
City	State	Zip Code	Trar	nsactio	on ID : P	R79052	22243644	
MIAMI	FL	33243-1621	Amou	nt of E	Each Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	128.	56
Name of Employer	Occupation	l						
SELF	INSURANC	CE AGENT						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.12	P/R De	ductio	n (\$64.2	8 Semi-	Monthly)	
SUBTOTAL of Receipts This Page (option	nal)				_	7	182.2	21
TOTAL This Period (last page this line nu	mber only)					7		

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TEMIZED RECEIPTS		for each category of the		11a		11b		11c	12									
		Detailed Summary Page		13		14		15	16	17								
Any information copied from such Reports and Stat or for commercial purposes, other than using the n																		
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	mpany Political Action	Com	mitte	e													
Full Name (Last, First, Middle Initial) A. WALTER W. WOLAK			Date of Receipt															
Mailing Address 525 ANGELO DR	01-1-1	7. 0.1	46	м м 11	/		D 30	/ Y	2015	_								
City BETHLEHEM	State PA	Zip Code 18017-3735				-			2574364 iis Perio									
FEC ID number of contributing federal political committee.	С			mount		Jaci		, teipt til		7.00								
SELF		INSURANCE AGENT Year-to-Date ▼ 1833.00	 P/F	R Dedu	ıctio	on (\$	167.	00 Mon	thly)									
Full Name (Last, First, Middle Initial) B. ROBERT L. BELVEDERE Mailing Address 74 WINDHAM RD			_	ate of	Rec /		D	/ Y	Y Y	Y								
City ROCKVILLE CENTRE									11 30 2015 Transaction ID : PR790530243644 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e							125.00										
SELE	Occupation INSURANC																	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1375.00	P/F	R Dedu	ictio	n (\$	125.0	00 Mon	thly)									
Full Name (Last, First, Middle Initial) C. LAURA E. RILEY			D	ate of	Red	ceipt	t											
Mailing Address 247 COUNTY ROAD 537				^M ^M 11	/		о 30	/ Y	2015	Y								
Colts NECK	State NJ	Zip Code 07722							3094364 iis Perio									
FEC ID number of contributing federal political committee.	С					7		7	2	9.16								
Name of Employer	Occupation	I																
	INSURANC	E AGENT																
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.80	P/f	R Dedu	uctic	on (\$	14.5	8 Semi	-Monthly)								
SUBTOTAL of Receipts This Page (optional)									32 ⁻	1.16								
TOTAL This Period (last page this line number on			Ī			1		-7										

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			for each category of the Detailed Summary Page		11a		11b		11c	12	<u> </u>
Any inform or for com	nation copied from such Reports and St mercial purposes, other than using the	atements ma name and a	L ay not be sold or used by any pe ddress of any political committee	erson f to so	13 for the licit co	purp ntrib	14 pose (outions	ofs fro	15 oliciting om such	contrib commi	utions ittee.
	of committee (in Full) sachusetts Mutual Life Insur										
	me (Last, First, Middle Initial) JAMES S VIOLA			1	Date o	f Re	ceipt				
	Address 208 N FARMS RD				м м 11	/	3	0	/ Y	2015	Y
City FLORE		State MA	Zip Code 01062-1042							394364	
FEC ID	number of contributing political committee.	C		_ /	Amoun	t of	Each	Re	ceipt th	is Perio 3	d 0.76
MASSA Receipt	of Employer CHUSETTS MUTUAL LIFE INS. For: rimary General		SIDENT & SENIOR COUNSEL Year-to-Date ▼		/R Ded	uctio	on (\$1	5.3	8 Bi-We	eklv)	
0	ther (specify) ▼ me (Last, First, Middle Initial)		369.12				JII (\$ I	0.5	o DI-VVE	ekiy)	
B. THO	Address 11301 SILVERSTONE DR			[Date of	f Re	D	0	/ Y	2015	Y
City MECHA	ANICSVILLE	StateZip CodeCSVILLEVA23116-5877								2015 424364 is Perio	
	number of contributing political committee.	С					7		7	6	0.42
SELF	of Employer	Occupation INSURANC									
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 539.60	P/	/R Ded	uctic	on (\$3	0.2	1 Semi-	Monthly)
	me (Last, First, Middle Initial) THOMAS G DUDECK				Date o	f Re	ceipt				
	Address 17 WINTERBERRY RD				м м 11			80		үүү 2015	
City DEEP	RIVER	State CT	Zip Code 06417-2126	/						1454364 is Perio	
	number of contributing political committee.	С					,		7	11	5.38
Name c	of Employer	Occupation									
	ERSTONE RE ADVISERS LLC	MANAGINO	G DIRECTOR								
	rimary General ther (specify) v	Aggregate	Year-to-Date ▼ 1384.56	P	/R Dec	luctio	on (\$5	57.6	9 Bi-We	ekly)	
SUBTOT	L AL of Receipts This Page (optional)		•							20	6.56
TOTAL T	his Period (last page this line number c	only)					,		,		

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ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12
Any information papied from such Depute and			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Company	Political Action	Committee
Full Name (Last, First, Middle Initial) A. MR. JEFFREY R HUG			Date of Receipt
Mailing Address 4 WHITCOMB DR			11 30 2015
City SIMSBURY	State Zip Co CT 06070-		Transaction ID : PR790545143644
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)	Occupation VP - EXECUTIVE BENI Aggregate Year-to-Date		JF P/R Deduction (\$26.92 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. MR. JONATHAN R GRAY	I		Date of Receipt
Mailing Address 152 MORNINGSIDE DR			11 30 2015
City LONGMEADOW	State Zip Co MA 01106-		Transaction ID : PR790545443644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.98
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP BUSINESS OPER	ATIONS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 611.76	P/R Deduction (\$25.49 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MR. RAYMOND P MUISE	,		Date of Receipt
Mailing Address 2242 BAPTIST HILL RD			11 30 / Y Y Y Y Y
City PALMER	State Zip Co MA 01069-		Transaction ID : PR790557843644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		23.08
Name of Employer	Occupation		1
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	AVP SECURITY		_
Primary General Other (specify)	Aggregate Year-to-Dat	e ▼ 276.96	P/R Deduction (\$11.54 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).	1	\	127.90
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	for commercial purposes, other than using th	e name and a	doress of any political committee	10 5		linbu	IUONS II	om sucr	1 COM	millee	
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Co	mmitte	ee					
Α.	Full Name (Last, First, Middle Initial) MR. DONALD M TOWSE			Date of Receipt							
	Mailing Address 84 JANUARY HILL RD				M M 11	1	30	/ Y	2015		
	City AMHERST	State MA	Zip Code 01002-9609					PR79056 eceipt th			
	FEC ID number of contributing federal political committee.	С				. ,				19.2	4
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP INFOR	RMATION RISK								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88		P/R Ded	uctio	n (\$9.62	2 Bi-Wee	ekly)		
в.	Full Name (Last, First, Middle Initial) MR. DEAN DULCHINOS				Date of	Rec	eipt				
	Mailing Address 20 ABBEY LN				M M	/	30	/ Y	2015		
	City							PR79056			
	E LONGMEADOW FEC ID number of contributing federal political committee.	C	01028-3206		Amount	ofE	ach Re	eceipt th		od 77.0	0
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation VICE PRES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	F	P/R Dedu	uctior	n (\$38.5	50 Bi-We	ekly)		
с.	Full Name (Last, First, Middle Initial) MR. DAVID L MOOREFIELD				Date of	Rec	eipt				
	Mailing Address 3 MALDEN ST				M M 11		D D 30		2015	;	
	City WEST BOYLSTON	State MA	Zip Code 01583-1018				-	PR79056 eceipt th		-	
	FEC ID number of contributing federal political committee.	С						- 7		19.2	2
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP BUSIN	NESS OPERATIONS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.64		P/R Ded	uctio	n (\$9.6′	1 Bi-Wee	ekly)		
s	SUBTOTAL of Receipts This Page (optional)			- I -				- 7	1	15.40	6

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_	_، _
Any information copied from such R or for commercial purposes, other the second	eports and Statements ma nan using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the to solicit co	purpose	15 of soliciting s from suc	g contri h comn	outior	17 15
NAME OF COMMITTEE (In Full)								
Massachusetts Mutual		mpany Political Action	Commit	tee				
Full Name (Last, First, Middle Ini MS. KATHLEEN E BARRE			Date o	of Receipt				
Mailing Address 113 TAYLOR ST	-		11		D / Y 30	2015		1
City	State	Zip Code	Tran	saction II) : PR7905			
GRANBY	MA	01033-9522	Amour	nt of Each	Receipt th	nis Peri	bc	
FEC ID number of contributing federal political committee.	C			7			19.24	
Name of Employer	Occupation							
MASSACHUSETTS MUTUAL LIF	E INS. AVP CHAN	GE LEADER						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		230.88	P/R De	duction (\$	9.62 Bi-We	ekly)		
Full Name (Last, First, Middle Ini MR. PATRICK F OLEAR	CEK		Date of	of Receipt				
Mailing Address 321 MUNGER H	ILL RD		11		D / Y 30	2015	Y	1
City	State	Zip Code	Tran	saction ID) : PR7905	731436	44	
WESTFIELD	MA	01085-4575	Amour	nt of Each	Receipt th	nis Peri	bc	
FEC ID number of contributing federal political committee.	C						19.30	
Name of Employer	Occupation							
MASSACHUSETTS MUTUAL LIFE		NCED MARKETS						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.60	P/R Dec	duction (\$9	9.65 Bi-Wee	ekly)		
Full Name (Last, First, Middle Ini C. MR. KERRY HURLEY	tial)		Date o	of Receipt				
Mailing Address 29 LYNNWOOD	DR		M 11		D / Y 30	2015	Y]
City	State MA	Zip Code			D : PR7905			
LONGMEADOW	WA	01106-2011	Amour	nt of Each	Receipt th	nis Peri	bc	
FEC ID number of contributing federal political committee.	C						19.24	1
Name of Employer	Occupation							
MASSACHUSETTS MUTUAL LIF	E INS. AVP COMF	PLIANCE	_					
Receipt For:	Aggregate	Year-to-Date ▼	D/D D -	al and an off	0.00 0' 14/-	-1.1.3		
Other (specify) ▼		230.88	P/R De	auction (\$	9.62 Bi-We	екіу)		
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		e name and a			ontric	butions in	om suci	n com	millee					
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Commi	ttee									
Α.	Full Name (Last, First, Middle Initial) MS. KAREN W HART			Date	of Re	eceipt								
	Mailing Address 45 HAWTHORNE ST			11 30 Y Y Y Y 11 30 2015										
	City LONGMEADOW	State MA	Zip Code 01106-1938		Transaction ID : PR790577043644 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C				5			19.2	4				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP CONT	INUOUS IMPROVEMENT											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R De	educti	on (\$9.62	2 Bi-Wee	ekly)						
в.				Date	of Re	eceipt								
	Mailing Address 8 BROOK PASTURE LN			11		30	/ Y	۲ 2015	у у 5					
	City	State Zip Code CT 06035-1027				ion ID : F								
	GRANBY	CI	06035-1027	Amou	nt of	Each Re	eceipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.	С				7	- 7		88.9	0				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP AGEN	CY FOCUS TEAM											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1066.80	P/R De	ducti	on (\$44.4	I5 Bi-W€	eekly)						
с.	Full Name (Last, First, Middle Initial) MS. KATHLEEN L KRAEZ	I		Date	of Re	eceipt								
	Mailing Address 111 ASHFORD RD			M 11		30	/ Y	2018						
	City LONGMEADOW	State MA	Zip Code 01106-2515			ion ID : I Each Re								
	FEC ID number of contributing federal political committee.	С		Γ.		7	- 7		53.8	4				
	Name of Employer	Occupation												
	BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		646.08	P/R De	educti	on (\$26.9	92 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)		····· •		-	7	- 7	1	161.98	3				

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check on	ly one)			
ILIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	A not be sold or used by any pe address of any political committee	erson for the to solicit co	purpose of pontributions f	soliciting	16 contribut	ions ee.
NAME OF COMMITTEE (In Full)							
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Commit	tee			
Full Name (Last, First, Middle Initial) A. MS. ELIZABETH T SALVADOR			Date c	of Receipt			
Mailing Address 77 SUSAN DR			M N 11	/ D D 30	/ Y	у у 2015	Y
City LUDLOW	State MA	Zip Code 01056-3372		saction ID : nt of Each R			
FEC ID number of contributing federal political committee.	С					23.	08
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)		MUTUAL WAY Year-to-Date ▼ 276.96	P/R Dec	duction (\$11.	54 Bi-We	eekly)	
Full Name (Last, First, Middle Initial) B. MR. RICHARD CARTIER Mailing Address 34 OLD FARM RD			Date c	of Receipt		- Y - Y -	Y
City	State	Zip Code	11	30 saction ID :		2015	
PALMER	MA	01069-2241		nt of Each R			
FEC ID number of contributing federal political committee.	С				7	19.	24
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP CLIEN	T RELATIONSHIP MGMT					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Dec	duction (\$9.6	2 Bi-Wee	kly)	
Full Name (Last, First, Middle Initial) C. MR. DOUGLAS M TREVALLION	 N II		Date c	of Receipt			
Mailing Address 30 COVENTRY LN			M N 11	/ D D 30	/ Y	2015	Y
City AGAWAM	State MA	Zip Code 01001-3569		saction ID : nt of Each R			
FEC ID number of contributing federal political committee.	С					76.	.92
Name of Employer	Occupation	1					
BABSON CAPITAL MANAGEMENT LLC		G DIRECTOR					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Dec	duction (\$38.	.46 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optional)						119.:	24
TOTAL This Period (last page this line numbe	er only)	••••••					

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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			Detailed Summary Page		X 11a		11b	11c		12		
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	y information copied from such Reports and for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Co	ommit	tee						
Α.	Full Name (Last, First, Middle Initial) MR. ROGER M ROBERGE				Date o	of Re	eceipt					
	Mailing Address 14 ROCKINGHAM CIR				M M	/	30				Y	
	City	State	Zip Code		Trans	sact	ion ID	: PR7905	9454	43644		
	EAST LONGMEADOW	MA	01028-3197	_	Amoun	it of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					7			76	.92	
	Name of Employer	Occupation	 									
	BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General				P/R Dec	ducti	ion (\$38	8.46 Bi-W	eekly	y)		
	Other (specify)		923.04									
в.	Full Name (Last, First, Middle Initial) MR. ROBERT M SHETTLE				Date o	of Re	eceipt					
	Mailing Address 65 KELSEY LN				M M	/	D	D / Y	Y	Y	Y	
					11		30)	20)15		
	City	State	Zip Code		Trans	sact	ion ID :	PR7905	<u>9714</u>	13644		
	GLASTONBURY	СТ	06033-5040	_	Amoun	t of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	38.	46	
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING	DIRECTOR									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		404 50	11	P/R Dec	lucti	on (\$19	.23 Bi-We	eekly	y)		
	Other (specify)		461.52									
<u>с</u> .	Full Name (Last, First, Middle Initial) MR. EDWARD G NEWTON				Date o	of Re	eceipt					
	Mailing Address 67 RUMFORD ST				M M	/	30				Y	
	City	State	Zip Code		Tran	sact	tion ID	: PR7906	001	43644		
	WEST HARTFORD	СТ	06107-3754	_	Amoun	t of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					y			19	.24	
	Name of Employer	Occupation	1									
	MASSACHUSETTS MUTUAL LIFE INS.	AVP COMF	PLIANCE									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3 - 4		11	P/R Dec	duct	ion (\$9.	62 Bi-We	ekly)	contribution committee. 2015 24543644 is Period 76.92 2015 2015 2015 2015 2015 2015 2015 201		
	Other (specify)		230.88									
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NAME OF COMMITTEE (In Full)							
Massachusetts Mutual Life In	surance Co	ompany Political Action (Committe	ee			
Full Name (Last, First, Middle Initial) A. MR. GEORGE F RATHBUN II			Date of	Receipt			
Mailing Address 127 TUNXIS ST			1 <u>1</u>	/ D D 30	/ Y	үүү 2015	Y
City	State CT	Zip Code		action ID : I			_
WINDSOR	CI	06095-1334	_ Amount	t of Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С			5		30	.76
Name of Employer	Occupation	1					
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - LIFE STRATEGIC SYSTE					
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		369.12	P/R Ded	uction (\$15.3	38 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. MR. JAMES O LACEY	I		Date of	Receipt			
Mailing Address 106 MAGNOLIA TER			M M 11	/ D D 30	/ Y	2015	Y
City	State	Zip Code	Trans	action ID : F	PR79061	6243644	
SPRINGFIELD	MA	01108-2533	Amount	t of Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С			5		53	84
Name of Employer	Occupation	1	-				
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - PUBLIC RELATIONS					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		646.08	P/R Ded	uction (\$26.9	92 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. MR. CRAIG HAASE			Date of	Receipt			
Mailing Address 1 STONEHENGE DR			м – м 11	/ D D 30	/ Y	y y 2015	Y
City	State	Zip Code		action ID : I			
SIMSBURY	СТ	06070-1713	Amount	t of Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				,	30	.76
Name of Employer	Occupation	1	1				
MASSACHUSETTS MUTUAL LIFE INS.	VP - RELA	TIONSHIP MANAGEMENT	_				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 369.12	P/R Ded	uction (\$15.3	38 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)						115.	36
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose		oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Politic	al Action	Con	nmitte	ee						
Α.	Full Name (Last, First, Middle Initial) MR. JEROME J SPELTZ				[Date of	Re	ceipt					
	Mailing Address 12 ROCK LN					м м 1_1	/		D 30	/ Y		ү 015	Y
	City GUILFORD	State CT	Zip Code 06437-3531							R7906			
	FEC ID number of contributing federal political committee.	C				Amount	: of	Each	Re	ceipt th	iis P	'eriod 30.	76
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	369.12	P/	'R Dedi	uctio	on (\$′	15.3	8 Bi-We	∍ekly	y)	
В.	Full Name (Last, First, Middle Initial) GREG A. HARVEY					Date of	Re	ceipt					
	Mailing Address 15521 KESSLER ST					м м 11	/		D 30	/ Y)15	Y
	City OVERLAND PARK	State KS	Zip Code 66221-9333							R7906: ceipt th			
	FEC ID number of contributing federal political committee.	С						7		7	_	50.	00
	Name of Employer SELF	Occupation INSURANC											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	550.00	P/	R Dedu	uctic	on (\$5	50.00	0 Month	ıly)		
с.	Full Name (Last, First, Middle Initial) MR. DAVID ROMANO					Date of	Re	ceipt					
	Mailing Address 128 RIMFIELD DR					м м 11	/		л 30	/ Y)15	Y
	City SOUTH WINDSOR	State CT	Zip Code 06074-1860							PR7906 ceipt th			
	FEC ID number of contributing federal political committee.	С						7		7	_	30	.76
	Name of Employer	Occupation											
	CORNERSTONE RE ADVISERS LLC	VICE PRES	SIDENT										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	369.12	P	/R Ded	uctio	on (\$	15.3	8 Bi-W	ekly	y)	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Cor	nmitt	ee	;				
Α.	Full Name (Last, First, Middle Initial) MR. THOMAS P SHEA				Date o	f R	eceipt				
	Mailing Address 81 GREENMEADOW DR				M M		30			015	Y
	City	State	Zip Code		Trans	sac	tion ID :	PR7906	6406	43644	
	LONGMEADOW	MA	01106-2305	_	Amoun	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7			20	.00
	Name of Employer	Occupation									
	BABSON CAPITAL MANAGEMENT LLC	MANAGINO	DIRECTOR								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 - 0		F	P/R Ded	luct	ion (\$10	.00 Bi-W	/eekl	y)	
	Other (specify)		240.00								
в.	Full Name (Last, First, Middle Initial) MR. STEFANO MARTINI				Date o	fR	eceipt				
	Mailing Address 18 CLAY CREEK DR				M M]	30) 015	Y
	City	State	Zip Code		Trans	sact	tion ID :	PR7906	4924	43644	
	SUFFIELD	СТ	06078-1247	_	Amoun	t of	Each F	Receipt t	his F	' eriod	
	FEC ID number of contributing federal political committee.	С					л. 1	7		19.	.24
	Name of Employer	Occupation									
	MASSACHUSETTS MUTUAL LIFE INS.	SENIOR VI	CE PRESIDENT - USIG SYSTEM	s							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		230.88	P	P/R Ded	luct	ion (\$9.6	62 Bi-We	ekly)	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR. BRUCE CLEARE	1			Date o	f R	eceipt				
	Mailing Address 207 CHESTNUT PLAIN RD				1_1	1	30			015	Y
	City	State	Zip Code		Trans	sac	tion ID	: PR7906			
	WHATELY	MA	01093-9701		Amoun	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					, ,			19	0.24
	Name of Employer	Occupation		-							
	MASSACHUSETTS MUTUAL LIFE INS.	AVP SYST	EMS								
	Receipt For:		Year-to-Date ▼								
	Primary General	, iggi oguto		F	P/R Dec	duct	ion (\$9.	62 Bi-We	ekly)	
	Other (specify) ▼		230.88				-		5		
s	UBTOTAL of Receipts This Page (optional)		••••••	•		Ì	,			58.	48

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c 12 15 16 soliciting contributions om such committee. / Y Y Y Y Y 2015 PR790658243644 aceipt this Period 53.84 92 Bi-Weekly) / 2015 PR790661343644 aceipt this Period 30.76		
Any information partial from such Described	Ototom t-		13		14		-	17
Any information copied from such Reports and a or for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit co	e pur ontrib	pose of outions f	rom such	contribut	ee.
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life Inst	urance Co	mpany Political Action	Commit	tee				
Full Name (Last, First, Middle Initial)			Data					
Mailing Address 51 HORSESHOE LN			Date of		ceipt		VV	V
			11		30	/ T		T
City	State CT	Zip Code 06071-2235						
SOMERS	UI	06071-2235	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С						53	.84
Name of Employer	Occupation		_					
MASSACHUSETTS MUTUAL LIFE INS.		P & ACTUARY						
Receipt For:		Year-to-Date ▼	_					
Primary General	, iggi oguto		P/R De	ducti	on (\$26.	92 Bi-We	ekly)	
Other (specify)		646.08						
Full Name (Last, First, Middle Initial)								
B. MR. RAKESH BHARDWAJ			Date		eceipt			
Mailing Address 96 HORIZON LN			11	M /	30	/ Y		Y
City	State	Zip Code		sacti		PR79066		
GLASTONBURY	СТ	06033-2828	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7		30.	76
Name of Employer	Occupation	1	_					
MASSACHUSETTS MUTUAL LIFE INS.	SECOND V	P - SALES SUPPORT	_					
Receipt For: Primary General	Aggregate	Year-to-Date ▼		ducti	on (\$15			
Other (specify) ▼		, 369.12	P/R De	aucii	JII (Ə IƏ.	38 Bi-We	ekiy)	
Full Name (Last, First, Middle Initial) C. MR. JEFFREY A MORIN			Data					
Mailing Address 131 CANTERBURY CIR			Date of		ceipt		YY	V
			11		30		2015	
City E LONGMEADOW	State MA	Zip Code 01028-5710					61643644	
	INIA	01020-3710	Amou	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C				7		23	.08
Name of Employer	Occupation	I	_					
MASSACHUSETTS MUTUAL LIFE INS.	EXTERNAL	_ WHOLESALER						
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		276.96	P/R De	ducti	on (\$11.	54 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)					,	7	107.	68
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IT.			Use separate schedule(s)	(cł	neck only	y or	ie)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		2	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		bose of	soliciting	cont	ributio	ons
	NAME OF COMMITTEE (In Full)			10 5						mille	e.
$\left \right\rangle$	Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Co	mmitte	ee					
Α.	Full Name (Last, First, Middle Initial) MS. MICHELE M WHITE				Date of	Re	ceipt				
	Mailing Address 11691 E CAVEDALE DR				M M 11	/	30	/ Y	y 201		
	City SCOTTSDALE	State AZ	Zip Code 85262-8006					PR79066 eceipt th			
	FEC ID number of contributing federal political committee.	С					7			77.0	0
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRES	BIDENT - POLICYHOLDER SERVIO	с							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00		P/R Ded	uctio	on (\$38.	50 Bi-We	ekly)		
в.	Full Name (Last, First, Middle Initial) MR. JAMES B MOCKLER				Date of	Re	ceipt				
	Mailing Address 97 SCHOOL ST				M M	1	D D D 30	/ Y	201		
	City	State	Zip Code		Trans	acti	on ID :	PR79067	71843	644	
	NORTHFIELD	MA	01360-9654	_	Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		_	35.3	0
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CHANGE M	IANAGEMENT CONSULTANT								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.60		P/R Dedu	uctic	on (\$17.)	65 Bi-We	ekly)		
<u>с</u> .	Full Name (Last, First, Middle Initial) MR. TODD M GISH	I			Date of	Re	ceipt				
	Mailing Address 57 MIDDLE RD				M M 11	/	30	/ Y	201		
	City ELLINGTON	State CT	Zip Code 06029-3615					PR79067			
	FEC ID number of contributing federal political committee.	C			Amount	OT	Each R	eceipt th	is Pe	riod 76.9	92
	Name of Employer	Occupation		-							
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	BIDENT - GIC OPERATIONS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04		P/R Ded	uctio	on (\$38.	46 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)		·····			_	7		_	189.2	2

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 11b 11	c 12				
Any information copied from such Reports a	nd Statements may not	be sold or used by any p	13 14 15 erson for the purpose of solici	iting contributions				
or for commercial purposes, other than usin	g the name and address	of any political committee	to solicit contributions from	such committee.				
NAME OF COMMITTEE (In Full)								
Aassachusetts Mutual Life I	nsurance Compa	ny Political Action	Committee					
Full Name (Last, First, Middle Initial) A. MS. SHEFALI DESAI			Date of Receipt					
Mailing Address 24 MEADOWLARK DR			11 30	2015				
City	State Zi	p Code	Transaction ID : PR79	90683143644				
E LONGMEADOW	MA 0	1028-3172	Amount of Each Receip	ot this Period				
FEC ID number of contributing federal political committee.	C		, , , , , , , , , , , , , , , , , , , ,	22.24				
Name of Employer	Occupation		_					
MASSACHUSETTS MUTUAL LIFE INS.	VP - SALES ENGI	NEERING						
Receipt For:	Aggregate Year-to	o-Date ▼	_					
Primary General			P/R Deduction (\$11.12 Bi	-Weekly)				
Other (specify)		266.88						
Full Name (Last, First, Middle Initial) B. JOHN N. BYERS			Date of Receipt					
Mailing Address 3680 JACOBS MILL RD			11 30 /	2015				
City		p Code	Transaction ID : PR79	0684843644				
LONG LAKE	MN 55	5356-9320	Amount of Each Receip	ot this Period				
FEC ID number of contributing federal political committee.	C		· · · · · · · · · · · · · · · · · · ·	140.42				
Name of Employer	Occupation		_					
SELF	INSURANCE AGE	NT						
Receipt For:	Aggregate Year-to	o-Date ▼						
Primary General	55 5		P/R Deduction (\$70.21 Se	emi-Monthly)				
Other (specify)		1359.60						
Full Name (Last, First, Middle Initial) C. JASON M. TETHER			Date of Receipt					
Mailing Address 1029 E FAIRVIEW LN			11 30	2015				
City	State Zi	p Code	Transaction ID : PR79	90687343644				
ROCHESTER HILLS	MI 48	8306-4123	Amount of Each Receip	t this Period				
FEC ID number of contributing federal political committee.	С			48.58				
Name of Employer	Occupation							
SELF	INSURANCE AGE	INT						
Receipt For:	Aggregate Year-to	o-Date ▼						
Primary General		AE4 AD	P/R Deduction (\$24.29 Semi-Monthly)					
Other (specify)		451.40	1					
				211.24				
SUBTOTAL of Receipts This Page (optiona	u)	••••••	-	<u>p</u>				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12	
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura							.5 1101			
Full Name (Last, First, Middle Initial) A. DANIEL F. MCCARTHY				ate of	Re	eceipt	t			
Mailing Address 22 CORTLAND DR	Chat	Zin Oode		м м 11	/	:	30		2015	
City TOLLAND	State CT	Zip Code 06084-2157				-			1043644	
FEC ID number of contributing federal political committee.	C			inount	σ	⊨acr	I Hec	eipt th	is Period 27	.08
SELF II	Occupation NSURANC Aggregate		 P/I	R Dedu	uctio	on (\$	13.54	Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. DAVID S. FEHRS				ate of	Re	ceipt	t			
Mailing Address 191 BUCKTHORN DR				™M 1_1	/		30	/ Y	y y 2015	Y
City BADEN	State PA	Zip Code 15005-2561							8643644 is Period	
FEC ID number of contributing federal political committee.	С					7		7	232	.36
SELE	Occupation									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2267.67	P/I	R Dedu	uctic	on (\$ ⁻	116.1	8 Semi	-Monthly)
Full Name (Last, First, Middle Initial) C. ALLEN W. CARR				ate of	Re	eceipt	t			
Mailing Address 427 RHODA DR][^M M 11	1		30	/ Y	ү ү 2015	Y
City LANCASTER	State PA	Zip Code 17601-3669							98843644 is Period	
FEC ID number of contributing federal political committee.	С					7		7	90	0.94
Name of Employer C	Occupation									
	NSURANC	EAGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 523.13	P/	R Dedi	uctio	on (\$	645.47	' Semi-	Monthly)	
SUBTOTAL of Receipts This Page (optional)						-			350	.38
TOTAL This Period (last page this line number onl			ĺ			7		7		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	/ one)		
II EIVIIZED NECEIPIS		for each category of the Detailed Summary Page	X 11a		11c 12 15 16	
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the	purpose of sol	liciting contri	butions
	ig the name and a					
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life I	nsurance Co	mpany Political Action	Committe	ee		
Full Name (Last, First, Middle Initial) A. EDWARD I. WIGHT			Date of	Receipt		
Mailing Address 804 KATESFORD RD			M M M	/ D D 30	/ Y Y Y 2015	
COCKEYSVILLE	State MD	Zip Code 21030-2246		action ID : PR of Each Rece		
FEC ID number of contributing federal political committee.	С				7	97.22
Name of Employer SELF	Occupation INSURANC					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 902.80	P/R Ded	uction (\$48.61	Semi-Monthl	ly)
Full Name (Last, First, Middle Initial) B. EDMOND H. JOHNSON			Date of	Receipt		
Mailing Address 617 DALE DR	21.1		1 <u>1</u>	/ D D 30	2015	
City VIRGINIA BCH	State VA	Zip Code 23452-1848		action ID : PR		
FEC ID number of contributing federal political committee.	С			of Each Rece		oa 27.08
Name of Employer SELF	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 272.90	P/R Dedu	uction (\$13.54	Semi-Monthl	y)
Full Name (Last, First, Middle Initial) C. BRIAN E. CODE			Date of	Receipt		
Mailing Address 10029 ORANGE GROV	E DR		M M 11	/ D D 30	2015	
City	State	Zip Code	Trans	action ID : PR	7907210436	;44
ТАМРА	FL	33618-4014	Amount	of Each Rece	pipt this Peri	od
FEC ID number of contributing federal political committee.	C					29.16
Name of Employer	Occupation	I				
SELF	INSURANC	CE AGENT				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/R Ded	uction (\$14.58	Semi-Monthl	ly)
SUBTOTAL of Receipts This Page (option	al)					53.46
TOTAL This Period (last page this line nur	mber only)	•			7	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12	
Any information conied from such Benete and	l Statomonto m			13 or the l		14	of c	15 oliciting	16	17
Any information copied from such Reports and or for commercial purposes, other than using t	the name and a	ay not be sold or used by any penderess of any political committee	e to sol	icit cor	ntrib	pose	ns fro	m such		ee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Com	nmitte	ee					
Full Name (Last, First, Middle Initial) A. MICHAEL T. WAHL			Г	Date of	Re	eceipt	t			
Mailing Address 4 TODMORDEN LN				M M	/	D	30	/ Y	2015	Y
City	State	Zip Code		Trans	acti	ion II	D : P	R79072	23343644	
ROSE VALLEY	PA	19086-6729	A	Amount	of	Each	h Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	72	74
Name of Employer SELF	Occupation INSURANC									
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		727.30	P/	'R Dedu	uctio	on (\$	36.37	7 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. PAUL R. GULLICKSON				Date of	Re	eceipt	t			
Mailing Address 2535 FAIRWAY CT				M M	/		30	/ Y	y y 2015	Y
City	State	Zip Code							8043644	
BETTENDORF	IA	52722-6206	A	Amount	of	Each	h Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					3		7	29	.16
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/	R Dedu	uctic	on (\$	14.58	3 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) C. ADAM A. SOLANO				Date of	Re	eceipt	t			
Mailing Address 12 LIGHTHOUSE LN				м м 11	1		о 30	/ Y	y y 2015	Y
City THIRD LAKE	State IL	Zip Code 60030-2638	A						2 934364 4 is Period	
FEC ID number of contributing federal political committee.	С					7		7	54	.54
Name of Employer	Occupation	1	_							
SELF	INSURANC	CE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼						_		
Primary General Other (specify) ▼		218.16	P/	/R Ded	uctio	on (\$	527.2 ⁻	7 Semi-	Monthly)	
SUBTOTAL of Receipts This Page (optional).			.						156	.44
TOTAL This Period (last page this line number	er only)					,		,		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	[X	11a		11b		11c	12	_
		, ,		13		14		15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	Irance Co	mpany Political Action	Com	nmitte	e		_			
Full Name (Last, First, Middle Initial) A. KENNETH C. THOMALLA				Date of	Ree	ceipt				
Mailing Address 122 FOREST EDGE CT][м – м 1_1	/	D 3	0	/ Y	y y 2015	Y
City PALOS PARK	State IL	Zip Code 60464-1933				-			31143644	
	_		- A	Amount	of	∟ach	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С							- 7	243	.06
Name of Employer	Occupation									
SELF	INSURANC	EAGENT								
Receipt For:	Aggregate	Year-to-Date ▼	_			10	0.4		: NA - ···	、
Other (specify)		2257.00	P/	r Dedi	uctic	un (\$1	121.	od Sem	ii-Monthly)
Full Name (Last, First, Middle Initial) B. LARRY W. FOSTER	L		Г	Date of	Re	ceipt				
Mailing Address 45 LAKE PT				M M M	/	D	D 30	/ Y	2015	Y
City	State	Zip Code			actio	- 1		R79073	81943644	
DECATUR	IL	62521-5500	A	Amount	of	Each	Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		7		7	31	.26
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 268.80	P/	R Dedu	Jctio	on (\$1	5.63	3 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) C. JACK E. BLETSTEIN				Date of	Ree	ceipt				
Mailing Address 7546 GREENWAY LN				™ _ M 11	/	D	D 30	/ Y	ү 2015	Y
City WEST BLOOMFIELD	State MI	Zip Code 48324-4796	A						34143644 is Period	
FEC ID number of contributing federal political committee.	С		[_		9		- 7		.50
Name of Employer	Occupation		\neg							
SELF	INSURANC	EAGENT								
Receipt For:	Aggregate	Year-to-Date ▼		_						
Primary General Other (specify) ▼	· · · ·	206.25	P/	'R Dedu	uctic	on (\$1	18.7	5 Semi-	-Monthly)	
		· · · · · · · · · · · · · · · · · · ·								
SUBTOTAL of Receipts This Page (optional)		····· •	[_		,		7	311	82
TOTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	
Δn	y information copied from such Reports and St	atemente mo	av not be sold or used by any po	l l	13 for the	nur	14	15 soliciting		16 ntribut	17 ions
	for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitte	ee					
Α.	Full Name (Last, First, Middle Initial) DONOVAN D. PFAFF			(Date of	Re	ceipt				
	Mailing Address 1101 RED TAIL DR				м м 11	/	30) / Y) 015	Y
	City	State	Zip Code		Trans	acti	on ID :	PR79073	3574	3644	
	VERONA	WI	53593-7961	_ /	Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,			29.	16
	Name of Employer SELF	Occupation INSURANC									
	Receipt For:		Year-to-Date ▼	-							
	Primary General	Ayyreyale		P/	/R Ded	uctio	on (\$14.	.58 Semi-	-Mor	nthly)	
	Other (specify)	L	270.80								
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 87 CHERRY RD				M M	/	30	/ Y)15	Y
	City	State	Zip Code		Trans	acti	on ID :	PR79074			
	MEMPHIS	TN	38117-3101	/	Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7			25.	00
	Name of Employer SELF	Occupation INSURANC									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		275.00	P/	/R Dedu	uctic	on (\$25.	00 Month	nly)		
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 734 HIGHLAND CIR				M M 11	/	30) / Y) 15	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR7907	6634	13644	
	TUPELO	MS	38804-2006	_ /	Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_				46	.78
	Name of Employer	Occupation		_							
	SELF	INSURANC	E AGENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		359.69	P.	/R Ded	uctio	on (\$46	.77 Semi	-Mor	nthly)	
	Other (specify)		1 1 1								
s	UBTOTAL of Receipts This Page (optional)		•				T			100.	94
т	OTAL This Period (last page this line number o	only)	•••••••				,				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary		X	11a		11b		11c		12		
			-		13		14		15		16		17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements mand a	ly not be sold or used ddress of any political	by any personant committee t	son f :o so	or the licit cor	purp ntrib	oose o utions	of so fror	liciting n such	con cor	ntribut mmitte	ions e.	
NAME OF COMMITTEE (In Full)	0			_	•								
Aassachusetts Mutual Life Insu	rance Co	mpany Political	Action	Jon	nmitte	ee							
Full Name (Last, First, Middle Initial) MS. SYLENA G ECHEVARRIA				[Date of	Re	ceipt						
Mailing Address 166 WOODBROOK TER					M M	/	30		/ Y		15	Y	
City	State	Zip Code			Trans	acti	on ID	: PF	R79077	994	3644		
WEST SPRINGFIELD	MA	01089-4444		_ / /	Amount	of	Each	Rec	eipt thi	s Pe	eriod		
FEC ID number of contributing federal political committee.	С						7		7		38.	50	
Name of Employer	Occupation			1									
MASSACHUSETTS MUTUAL LIFE INS.	AVP MARK	ETING											
Receipt For:	Aggregate	Year-to-Date ▼		1									
Primary General				P	R Ded	uctio	on (\$19	9.25	Bi-We	ekly)		
Other (specify)			462.00										
Full Name (Last, First, Middle Initial) B. MS. VANESSA B MORIN					Date of	Re	ceint						
Mailing Address 131 CANTERBURY CIR				1 '		110	D	D		V	V	V	
Maning Address 131 CANTERBORT CIR					11	<i>'</i>	30		/	20	15	1	
City	State	Zip Code			Trans	acti	on ID	: PR	179079				
E LONGMEADOW	MA	01028-5710		ļ	Amount	of	Each	Rec	eipt thi	s Pe	eriod		
FEC ID number of contributing federal political committee.	С						,		7		61.	54	
Name of Employer	Occupation			-									
MASSACHUSETTS MUTUAL LIFE INS.	AVP STRAT	EGIC DEVELOPMEN	т										
Receipt For:	Aggregate	Year-to-Date ▼		1									
Primary General			200.40	P/	R Dedu	uctic	on (\$30	0.77	Bi-Wee	ekly)		
Other (specify)		, , , , , , , , , , , , , , , , , , , ,	738.48										
Full Name (Last, First, Middle Initial) C. MS. GRETA A ZIELINSKI					Date of	Re	ceipt						
Mailing Address 894 BERNIE AVE					M M	/	D 30		/ Y	ү 20	, 15	Y	
City	State	Zip Code		1	Trans	acti	on ID	: PF	R79080	464	3644		
W SPRINGFIELD	MA	01089-4415		4	Amount	of	Each	Rec	eipt thi	s Pe	eriod		
FEC ID number of contributing	С										30.	76	٦.
federal political committee.					-		9		7	-			1
Name of Employer	Occupation												
MASSACHUSETTS MUTUAL LIFE INS.	TAX DIREC	TOR		-									
Receipt For:	Aggregate	Year-to-Date ▼		_	/D D - '			F 00		- 1-1-			
Other (specify)		3	369.12	P	R Ded	uctio	on (\$1	o.38	8 Bi-We	екіу)		
		7 7											
SUBTOTAL of Receipts This Page (optional)			····· •				7		7		130.8	30]

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

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		Use separate schedule(s) (che			L		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any per	son for the	purpose of	15 soliciting	contribut	17 ions
NAME OF COMMITTEE (In Full)		uness of any political committee			Sucr	Committe	
Massachusetts Mutual Life Inst	urance Co	ompany Political Action	Committe	ee			
Full Name (Last, First, Middle Initial) A. MR. MOISES X AFONSO			Date of	Receipt			
Mailing Address 82 RESERVOIR RD			M – M 11	/ D I) / Y	2015	Y
City	State	Zip Code		action ID :	PR79080		
LUDLOW	MA	01056-1693	Amount	of Each F	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С					19.	24
Name of Employer	Occupation	1	-				
MASSACHUSETTS MUTUAL LIFE INS.	AVP AUDI	T	_				
Receipt For:	Aggregate	Year-to-Date ▼		untion (PC C			
Other (specify) ▼		230.88	P/R Ded	uction (\$9.6	2 BI-Wee	кіу)	
Full Name (Last, First, Middle Initial) B. MR. WILLIAM F DOUGHERTY	I		Date of	Receipt			
Mailing Address 255 BOARDMAN LN			11	/ D C	/ Y	2015	Y
City	State	Zip Code		action ID :	PR79080		
MIDDLETOWN	СТ	06457-7533	Amount	of Each F	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	19.	24
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	I	_				
Receipt For:		TEGIC DEVELOPMENT	_				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Dedu	uction (\$9.6	2 Bi-Wee	kly)	
Full Name (Last, First, Middle Initial) C. MR. DONALD G CARTEN	L		Date of	Receipt			
Mailing Address 654 MOUNTAIN RD			M M M	/ D I		у у 2015	Y
City	State CT	Zip Code	Trans	action ID :	PR79080	08243644	
CHESHIRE	UI	06410-3306	Amount	of Each F	leceipt th	is Period	_
FEC ID number of contributing federal political committee.	С				,	53.	84
Name of Employer	Occupation						
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		SIDENT - IT SERVICE MANAGEME	-				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Ded	uction (\$26	.92 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optional)					- 7	92.:	32

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

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	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commerc	ial purposes, other than using the	tatements ma name and a	ay not be sold or used by any persuddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	COMMITTEE (In Full) nusetts Mutual Life Insu	rance Co	mpany Political Action C	Committee
	Last, First, Middle Initial) MAN A SMITH			Date of Receipt
Mailing Addr	ress 32 LAUREL ST	State	Zip Code	11 30 2015
LONGMEAD	DOW	MA	01106-1124	Transaction ID : PR790808643644 Amount of Each Receipt this Period
	ber of contributing cal committee.	С		115.38
Name of Em MASSACHU Receipt For:	ISETTS MUTUAL LIFE INS.		CE PRESIDENT - MM TECH FINAt Year-to-Date ▼	
Primar Other	y General (specify) v		1384.56	P/R Deduction (\$57.69 Bi-Weekly)
	Last, First, Middle Initial) /ID S ALLEN			Date of Receipt
Mailing Addr	ess 8 WINHALL LN			M M / D D / Y Y Y Y Y 11 30 2015
City HARTFORD	1	State CT	Zip Code 06105-1000	Transaction ID : PR790809743644 Amount of Each Receipt this Period
	ber of contributing cal committee.	С		115.40
Name of Em MASSACHU	nployer SETTS MUTUAL LIFE INS.	Occupation SVP - DGC	DISPUTE RESOLUTION & LEGAL	
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1384.80	P/R Deduction (\$57.70 Bi-Weekly)
	Last, First, Middle Initial) OTT PICCONE			Date of Receipt
Mailing Addr	ess 33 TROTWOOD DR			M M / D D / Y Y Y Y Y 11 30 2015
City WEST HAR	TFORD	State CT	Zip Code 06117-1644	Transaction ID : PR790815843644 Amount of Each Receipt this Period
	ber of contributing cal committee.	С		38.46
Name of Em	nployer	Occupation	1	
	ONE RE ADVISERS LLC	MANAGING	GDIRECTOR	
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$19.23 Bi-Weekly)
SUBTOTAL of	Receipts This Page (optional)		•	269.24
TOTAL This P	Period (last page this line number	only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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	EWIZED RECEIPTS		Detailed Summary Page	X	11a		111	b	11c		12	
			Setalog outling rugo		13		14		15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitt	ee						
Α.	Full Name (Last, First, Middle Initial) STEPHEN J. KENDE				Date of	f Re	eceip	pt				
	Mailing Address 41 HAMILTON ST				M M M	/		30	/ Y)15	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R7908			
	PLATTSBURGH	NY	12901-3008	_ /	Amoun	t of	Ead	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					3		7	_	33.	34
	Name of Employer SELF	Occupation INSURANC										
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		266.70	P	/R Ded	uctio	on (\$16.6	7 Semi	-Mor	nthly)	
	Full Name (Last, First, Middle Initial) DAVID A. BRACKENBURY				Date of	f Re	eceip	pt				
	Mailing Address 3236 GREEN MEADOW DR				M M	/	D	30	/ Y	ү 20	ү 15	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R7909:	3384	3644	_
	BETHLEHEM	PA	18017-1943	_ /	Amoun	t of	Ead	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	83.	35
	Name of Employer SELF	Occupation INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.85	P/	/R Ded	uctic	on (\$83.3	5 Month	ıly)		
с.	Full Name (Last, First, Middle Initial) GARY B. WOOLMAN				Date of	f Re	eceip	pt				
	Mailing Address 10523 INDIAN RIDGE DR				м м 11	/		30	/ Y	20	15 15	Y
	City FORT WAYNE	State IN	Zip Code 46814-9090						R7909			
			40014-9090	- '	Amoun	t of	Ead	ch Re	ceipt th	ıis P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7		Ţ	_	28.	12
	Name of Employer	Occupation	l									
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		271.85	P	P/R Ded	luctio	on ((\$14.0	6 Semi	-Mor	nthly)	
S	UBTOTAL of Receipts This Page (optional)						7		1		144.8	31
т	OTAL This Period (last page this line number	only)	••••••				7					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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			Detailed Summary Page	X]11a		11b		11c		12	
					13		14		15		16	17
	y information copied from such Reports and for commercial purposes, other than using th											
\rangle	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Con	nmitte	ee						
A.	Full Name (Last, First, Middle Initial) AMY R. RYDER			[Date of	Re	eceipt					
	Mailing Address 3260 COX RD				м м 11	/	D 3		/ Y) 15	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R79104	1004	3644	
		TN	37777-3700	_	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	_	7		29.	16
	Name of Employer SELF	Occupation INSURANC										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		256.22	P/	'R Ded	uctio	on (\$1	4.5	8 Semi-	Mor	nthly)	
В.	Full Name (Last, First, Middle Initial) MARY J. SCHROEDER	1			Date of	Re	eceipt					
	Mailing Address 1518 OLIVE LN				м м 11	/	3		/ Y	ү 20	ү 15	Ŷ
	City	State	Zip Code						R79111			_
		CA	91011-2105	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			_	_	,	_	,	_	58.	34
	Name of Employer SELF	Occupation INSURANC										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.70	P/	R Dedu	uctic	on (\$2	9.17	7 Semi-	Mon	ithly)	
c.	Full Name (Last, First, Middle Initial) MR. DAVID L NAGLE				Date of	Re	ceipt					
	Mailing Address 7 HIGH MEADOW CIR				м м 11	/	D 3		/ Y		15	Y
	City E LONGMEADOW	State MA	Zip Code 01028-3171						R79114			
			01020-3171	-	Amount	: of	Each	Re	ceipt th	is P	eriod	_
	FEC ID number of contributing federal political committee.	С					7	_	7	-	30	76
	Name of Employer	Occupation										
	BABSON CAPITAL MANAGEMENT LLC Receipt For:		DIRECTOR	_								
	Primary General	Aggregate	Year-to-Date ▼	P	/R Ded	uctio	on (\$1	5.3	8 Bi-We	eklv	/)	
	Other (specify)		369.12				(* '			,	/	
s	UBTOTAL of Receipts This Page (optional)			.			,		7		118.	26
Т	OTAL This Period (last page this line numbe	r only)					,					

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(check only one)

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ITEMIZED RECEIPTS		ich category of the ed Summary Page	
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be ng the name and address o	e sold or used by any pe f any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life	Insurance Compan	y Political Action	Committee
Full Name (Last, First, Middle Initial) MS. SUSAN M CASINEAU			Date of Receipt
Mailing Address 3 FERNWOOD DR	State Zip	Code	11 30 2015
WILBRAHAM		95-1503	Transaction ID : PR791152543644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)	Occupation AVP PROJECT MGI Aggregate Year-to-E		P/R Deduction (\$9.62 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. MR. JAMES J O'SHAUGHNES	SY		Date of Receipt
Mailing Address 591 MAIN ST			11 30 2015
City CONCORD		Code 42-3303	Transaction ID : PR791165943644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.46
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECT	ror	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 461.52	P/R Deduction (\$19.23 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MATTISON A. DILTS			Date of Receipt
Mailing Address 8025 LAKE SHORE DR			M M / D D / Y Y Y Y Y 11 30 2015
City GARY		Code 03-1339	Transaction ID : PR791177443644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		34.00
Name of Employer	Occupation		
SELF	INSURANCE AGEN	Т	
Receipt For: Primary General Other (specify)	Aggregate Year-to-E	Date ▼ 316.00	P/R Deduction (\$17.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (option	al)		91.70
TOTAL This Period (last page this line nu	mber only)	••••••	

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		Use separate schedule(s)	(C	heck only	y on	ie)	L			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	\square	11b	11c		2	17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe	ersor	13 n for the	purp	14 Dose of utions f	15 soliciting	g conti	6 ributio	17 ins
NAME OF COMMITTEE (In Full)				Sonon CUI			ioni auc			
Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Сс	ommitt	ee					
Full Name (Last, First, Middle Initial) A. THOMAS E. SHAUGHNESSY				Date of	f Re	ceipt				
Mailing Address 355 LINDSTROM LN				M M	1	30	/ Y	y 201	Y Y 5	1
City	State	Zip Code		Trans	sacti	on ID :	PR7911			
MANCHESTER	NH	03104-4795		Amount	t of	Each R	eceipt th	nis Pei	riod	
FEC ID number of contributing federal political committee.	С					7	7		97.2	2
Name of Employer	Occupation									
SELF	INSURANC	E AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		902.80		P/R Ded	luctic	on (\$48.	61 Semi	-Month	hly)	
Full Name (Last, First, Middle Initial) B. MATTHEW W. BENSON				Date of	f Re	ceipt				
Mailing Address 368 LAKEMONT CIR				M M	/	D D D 30	/ Y	201	ү ү 5	1
City	State	Zip Code		Trans	actio	on ID :	PR7911	88543	644	
FRANKLIN	TN	37067-5839	_	Amount	t of	Each R	eceipt th	nis Pei	riod	
FEC ID number of contributing federal political committee.	С					7	,		25.0	0
Name of Employer	Occupation									
SELF	INSURANC	E AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		275.00		P/R Ded	uctio	on (\$25.	00 Montl	hly)		
Full Name (Last, First, Middle Initial) C. STEPHEN K. COLLINS				Date of	f Re	ceipt				
Mailing Address 236 STANFORD DR				M M	/	30	/ Y	201		1
City	State	Zip Code			sacti		PR7911			
SAN ANTONIO	ТХ	78212-2010					eceipt th			
FEC ID number of contributing federal political committee.	С					7			208.3	5
Name of Employer	Occupation		_							
SELF	GENERAL	INSURANCE AGENT								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2291.85		P/R Ded	luctio	on (\$208	8.35 Mor	nthly)		
SUBTOTAL of Receipts This Page (optional)		•••••	<u> </u>			7		÷	330.57	7

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

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14		11c 15	\vdash	12 16	17
	ny information copied from such Reports and St for commercial purposes, other than using the				for the		oose		oliciting	con	tribut	ions
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insur	rance Co	ompany Political Action	Con	nmitte	ee						
Α.	Full Name (Last, First, Middle Initial) MR. DOUGLAS W TAYLOR				Date of	Re	ceipt					
	Mailing Address 12 ERSKINE DR				M M	/	3	D 60	/ Y	ү 20 ⁻	ү 15	Y
	City	State	Zip Code		Trans	acti	ion ID) : Pl	R79119	3743	3644	
	LONGMEADOW	MA	01106-1614	/	Amount	of	Each	Rec	ceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		53.	84
	Name of Employer	Occupation	1	-								
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT & APPOINTED ACTUARY	(
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		646.08	P	/R Dedu	uctic	on (\$2	26.92	2 Bi-We	ekly))	
В.	Full Name (Last, First, Middle Initial) MR. ROBERT C WATERMAN				Date of	Re	ceipt					
	Mailing Address 5 DRURY LN				M M	1	3	D 30	/ Y	y 201		Y
	City	State	Zip Code		Transa	actio	on ID	: PI	R79119	5543	3644	
	LONGMEADOW	MA	01106-3209	/	Amount	of	Each	Red	ceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		ŋ		35.	56
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	NESS OPERATIONS									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	, iggi egute		P/	/R Dedu	uctio	on (\$1	7.78	Bi-We	ekly)		
	Other (specify) V		, 426.72							••		
C.	Full Name (Last, First, Middle Initial) MR. DAVID HARDY			[Date of	Re	ceipt					
	Mailing Address 12146 GLEN GARY CIR				M M 11	/		D 30	/ Y	y 201	ү 15	Y
	City	State	Zip Code						R79119			
	RICHMOND	VA	23233-1668	_ /	Amount	of	Each	Red	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		y		19	22
	Name of Employer	Occupation	1									
	MASSACHUSETTS MUTUAL LIFE INS.	AVP AGEN	ICY FOCUS TEAM									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		230.64	P	/R Ded	uctic	on (\$9	9.61	Bi-Wee	ekly)		
s	UBTOTAL of Receipts This Page (optional)		•	.			7		7		108.	62

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

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SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)
ITEMIZED RECE	LIF 1 3	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITT		Company Political Action	Committee
Full Name (Last, Firs A. MR. ROBERT FI			Date of Receipt
Mailing Address 29 V	VINTERSET LN		11 30 2015
City SIMSBURY	State CT	Zip Code 06070-1720	Transaction ID : PR791201043644 Amount of Each Receipt this Period
FEC ID number of configuration federal political comm	ŝ.		19.22
Name of Employer BABSON CAPITAL M Receipt For: Primary Other (specify)	General	tion ING DIRECTOR ate Year-to-Date ▼ 230.64	P/R Deduction (\$9.61 Bi-Weekly)
B. MR. ANDREW Mailing Address 172	M GOLDBERG		Date of Receipt
City	State	Zip Code	11 30 2015 Transaction ID : PR791207043644
LONGMEADOW	MA	01106-2546	Amount of Each Receipt this Period
FEC ID number of configuration federal political comm	ŝ.		30.76
Name of Employer MASSACHUSETTS N	IUTUAL LIFE INS. AVP & C	tion COUNSEL	_
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)
Full Name (Last, Firs ADAM GOETZ			Date of Receipt
Mailing Address 604			11 30 / Y Y Y Y Y 2015
City WEXFORD	State PA	Zip Code 15090-6836	Transaction ID : PR791213143644 Amount of Each Receipt this Period
FEC ID number of confederal political comm			48.58
Name of Employer	Occupa		
SELF Receipt For:		ANCE AGENT	
Primary Other (specify)	General	ate Year-to-Date ▼ 451.40	P/R Deduction (\$24.29 Semi-Monthly)
SUBTOTAL of Receipt	s This Page (optional)	••••••	98.56
TOTAL This Period (la	st page this line number only)	••••••	

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IT.			Use separate schedule(s)	(check onl	ly on	e)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>				
Ar	ny information copied from such Reports and S	Statements ma	ay not be sold or used by any pers	13 son for the	purc	14 bose of	15 soliciting	16 g contribu	17 Itions				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee to	o solicit co	ntrib	utions fr	om such	n commit	tee.				
\backslash	NAME OF COMMITTEE (In Full)	~											
]	Massachusetts Mutual Life Insu	urance Co	mpany Political Action C	ommitt	ee								
Α.	Full Name (Last, First, Middle Initial) BRUCE A. DEBOER			Date o	f Ro	coint							
A .	Mailing Address 6839 RIDGEWOOD TRL						/ Y	YY	Y				
				11		30	L	2015					
	City	State	Zip Code					15843644					
	TOLEDO	OH	43617-1181	Amoun	t of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С				7	7	123	3.08				
	Name of Employer	Occupation											
	SELF	INSURANC	EAGENT										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		676.94	P/R Deduction (\$61.54 Semi-Monthly)									
B.	Full Name (Last, First, Middle Initial) DARREN J. WRIGHT			Date o	f Re	ceipt							
	Mailing Address 6020 E CALLE DEL MEDIA												
	City	State	11	٠.	30		2015						
	SCOTTSDALE	AZ	Zip Code 85251-3018					21243644 his Period					
	FEC ID number of contributing			Anioun			eceipt in	IIS FEIIUU					
	federal political committee.	С				7	7	97	.22				
	Name of Employer	Occupation		-									
	SELF	INSURANC	E AGENT	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		902.80	P/R Ded	luctic	n (\$48.6	61 Semi-	Monthly)					
с.	Full Name (Last, First, Middle Initial) MR. MICHAEL J STCLAIR			Date o	f Re	ceipt							
	Mailing Address 27 E RED BRIDGE LN			11	/	30	/ Y	2015	Y				
	City	State	Zip Code		sacti		PR7912	2015 3544364 4	4				
	SOUTH HADLEY	MA	01075-2287					is Period					
	FEC ID number of contributing	С			-				7.00				
	federal political committee.	U				7			.00				
	Name of Employer	Occupation		1									
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - SALES & DISTRIBUTION										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		924.00	P/R Dec	ductio	on (\$38.	50 Bi-We	eekly)					
			7 7 7										
					-								
S	CUBTOTAL of Receipts This Page (optional)		••••••			7	7	297	.30				

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

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and S or for commercial purposes, other than using the	statements make name and a	I ay not be sold or used by any pe address of any political committee	13 14 15 16 17 rrson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	irance Co	ompany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. MATTHEW A. CLAYSON			Date of Receipt										
Mailing Address 167 TOWER AVE			11 30 _ 2015										
City	State	Zip Code	Transaction ID : PR791248943644										
NEEDHAM HEIGHTS	MA	02494-1945	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		60.00										
Name of Employer	Occupation	1	_										
SELF	INSURANC	CE AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	, iggi ogulo		P/R Deduction (\$30.00 Semi-Monthly)										
Other (specify)	L	240.00											
Full Name (Last, First, Middle Initial) B. JULIA L. BIRD			Date of Receipt										
Mailing Address 2273 E CONTINENTAL BLVD)		11 30 _2015 _										
City	State	Zip Code	Transaction ID : PR791255843644										
SOUTHLAKE	ТΧ	76092-9796	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer	Occupation	1	_										
SELF	INSURANC	E AGENT											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Primary General	Aggregate		P/R Deduction (\$122.10 Semi-Monthly)										
Other (specify)	L	1285.14											
Full Name (Last, First, Middle Initial) C. MR. PAUL BACON			Date of Receipt										
Mailing Address 11 RAVINE CIR			M M / D D / Y Y Y Y 11 30 2015										
City	State	Zip Code	Transaction ID : PR791276843644										
WESTFIELD	MA	01085-5005	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer	Occupation	1											
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT & CHIEF UNDERWRITER											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		923.04	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			381.12										

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

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any puddress of any political committee	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	mpany Political Action	Committee										
Full Name (Last, First, Middle Initial) A. MR. TERRENCE MILKA			Date of Receipt										
Mailing Address 10 WOODS LN	01-1-	7. 0.1	11 30 / Y Y Y Y Y Y Y										
City SIMSBURY	State CT	Zip Code 06070-2441	Transaction ID : PR791279343644										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer MASSMUTUAL TRUST COMPANY	Occupation SECOND \	P TRUST COMPANY											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 369.12	P/R Deduction (\$15.38 Bi-Weekly)										
Full Name (Last, First, Middle Initial) B. MR. CHRISTOPHER P DOWD			Date of Receipt										
Mailing Address 35 SUNSET TER			11 30 2015										
City WEST HARTFORD	State CT	Zip Code 06107-2737	Transaction ID : PR791281143644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		38.46										
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGIN0	G DIRECTOR											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$19.23 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. GREG P. WOOD			Date of Receipt										
Mailing Address 1249 E 26TH ST			M M / D / Y										
City TULSA	State OK	Zip Code 74114-2603	Transaction ID : PR791295743644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		97.22										
Name of Employer	Occupation	1											
SELF	INSURANC	CE AGENT											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 902.80	P/R Deduction (\$48.61 Semi-Monthly)										
SUBTOTAL of Receipts This Page (optional)			166.44										
TOTAL This Period (last page this line numb	per only)												

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		Use separate schedule(s)	(cł	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	\vdash	11b	11c	12		_ ا		
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NAME OF COMMITTEE (In Full)		duress of any pointear committee	10 3						muco			
Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Co	mmitte	ee							
Full Name (Last, First, Middle Initial) A. MS. PAULA M TREMBLAY				Date of	Red	ceipt						
Mailing Address 158 PINE HILL RD				M M	/	30	/ Y	2015		1		
City TOLLAND	State CT	Zip Code 06084-3726					PR7913 eceipt th			_		
FEC ID number of contributing federal political committee.	С					,			30.76	6		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP PUBL	IC RELATIONS										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		369.12		P/R Dedu	uctio	n (\$15.	38 Bi-We	eekly)				
Full Name (Last, First, Middle Initial) B. MR. PATRICK COYNE				Date of	Red	ceipt						
Mailing Address 20 S RIDGE RD				M M	/	30	/ Y	2015	Y]		
City HAMPDEN	State MA	Zip Code 01036-9805	-			-	PR7913					
FEC ID number of contributing		01030-3003		Amount	OTE	Each H	eceipt th			-		
federal political committee.	С			L.		7	7		30.76	3		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND V	P - ACCOUNTING										
Receipt For:	Aggregate	Year-to-Date ▼				(n) -						
Other (specify) ▼		369.12		P/R Dedu	ictio	n (\$15.	38 BI-We	ekly)				
Full Name (Last, First, Middle Initial) C. MR. KEVIN LACOMB				Date of	Red	ceipt						
Mailing Address 39 CHRISTIAN HILL RD				м м 11	/	30	/ Y	2015	Y	1		
City HIGGANUM	State CT	Zip Code 06441-4031					PR7913					
FEC ID number of contributing	C			Amount	of E	Each R	eceipt th		od 55.50	6		
federal political committee.				L		9	7		00.0			
Name of Employer												
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	1	_ANNING AND STRATEGY Year-to-Date ▼										
Primary General Other (specify)	Aggregate	666.72		P/R Dedu	uctio	on (\$27.	.78 Bi-W	eekly)				
SUBTOTAL of Receipts This Page (optional)		•	 -	<u> </u>		,		1'	17.08			

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	ompany Political Action	Committee								
Full Name (Last, First, Middle Initial) MS. NICOLE EI MARKS			Date of Receipt								
Mailing Address 40 CIDER MILL HTS			11 30 2015								
City NORTH GRANBY	State CT	Zip Code 06060-1430	Transaction ID : PR791327143644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.80								
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: Primary General Other (specify)	Occupation AVP TRAIN Aggregate		P/R Deduction (\$15.40 Bi-Weekly)								
B. Full Name (Last, First, Middle Initial) MS. CHRISTINA A CASIELLO Mailing Address 63 HILLSIDE DR			Date of Receipt								
			11 30 2015								
City E LONGMEADOW	State MA	Zip Code 01028-2505	Transaction ID : PR791327343644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		19.22								
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CLAIM DIR										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.64	P/R Deduction (\$9.61 Bi-Weekly)								
Full Name (Last, First, Middle Initial) C. MS. AUDREY MEYERLAMPER	RT		Date of Receipt								
Mailing Address 120 LOOMIS ST			M = M / D = D / Y = Y = Y Y 11 30 2015								
City NORTH GRANBY	State CT	Zip Code 06060-1202	Transaction ID : PR791334843644 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer	Occupation	1									
BABSON CAPITAL MANAGEMENT LLC Receipt For:		G DIRECTOR									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			126.94								
TOTAL This Period (last page this line numb	per only)										

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17				
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	rson for the	purpose	of soliciting	g contribu	tions				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Committ	ee							
Full Name (Last, First, Middle Initial) A. JOHN H. HASLAM			Date of	f Receipt	:						
Mailing Address 125 GOETTE TRL			M M M		30	2015	Y				
City	State	Zip Code	Trans	action I	D : PR7913						
SAVANNAH	GA	31410-1056	Amoun	t of Each	n Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С					100	.00				
Name of Employer	Occupation		_								
SELF	INSURANC	EAGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		400.00	P/R Ded	luction (\$	50.00 Semi	-Monthly)					
Full Name (Last, First, Middle Initial) B. MS. ELIZABETH W CHICARES	I		Date of	f Receipt							
Mailing Address 186 BELLE WOODS DR			M M		D / Y	Y Y	Y				
City	State	Zip Code	11		30 D : PR7913	2015					
GLASTONBURY	СТ	06033-1667			n Receipt th						
FEC ID number of contributing federal political committee.	C					192	.32				
Name of Employer	Occupation		_								
MASSACHUSETTS MUTUAL LIFE INS.	EVP - CHIE	F ENT RISK OFF & CHIEF ACTU	4								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.84	P/R Ded	uction (\$	96.16 Bi-W	eekly)					
Full Name (Last, First, Middle Initial) C. MR. PAUL F RANNENBERG	-		Date of	f Receipt	:						
Mailing Address 53 JANELLE DR			M M 11		30 / Y	2015	Y				
City	State	Zip Code	Trans	saction I	D : PR7913	62843644					
AGAWAM	MA	01001-2735	Amoun	t of Each	n Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С			7		30	.76				
Name of Employer	Occupation										
MASSACHUSETTS MUTUAL LIFE INS.		MER SVC CONSULTANT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		369.12	P/R Ded	luction (\$	15.38 Bi-W	eekly)					
SUBTOTAL of Receipts This Page (optional)		▶				323.	08				

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

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SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Report or for commercial purposes, other than	orts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Li	ife Insurance Co	mpany Political Action	Committee										
A. Hull Name (Last, First, Middle Initial MR. CHRISTOPHER DEFRA Mailing Address 41 MAYNARD RD			Date of Receipt										
City NORTHAMPTON	State MA	Zip Code 01060-2809	11 30 2015 Transaction ID : PR791365043644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		168.14										
Name of Employer BABSON CAPITAL MANAGEMENT Receipt For:	-	DIRECTOR Year-to-Date ▼	P/R Deduction (\$84.07 Bi-Weekly)										
Other (specify) ▼ Full Name (Last, First, Middle Initial B. MR. MICHAEL T ROLLINGS		1331.88	Date of Receipt										
Mailing Address 5 DURHAM RD			11 30 2015										
City LONGMEADOW	State MA	Zip Code 01106-1507	Transaction ID : PR791365843644 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer MASSACHUSETTS MUTUAL LIFE IN Receipt For:	NS. Occupation	EF FINANCIAL OFFICER											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4615.20	P/R Deduction (\$192.30 Bi-Weekly)										
C. Full Name (Last, First, Middle Initial MATTHEW D. HUTCHES	ON		Date of Receipt										
Mailing Address 903 WILSON BLVD	State	Zip Code	11 30 2015 Transaction ID : PR791374743644										
NASHVILLE	TN	37215-1041	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)										
SUBTOTAL of Receipts This Page (or	ptional)		602.74										

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

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
II EIVIIZED KEVEIP13		for each category of the Detailed Summary Page	X 11a	11b	11c	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	I ay not be sold or used by any p address of any political committee	erson for the	purpose of so	liciting co	ntributic	ons				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life In	surance Co	mpany Political Action	Committe	ee							
Full Name (Last, First, Middle Initial) A. NATHAN G. BRINKMAN			Date of	Receipt							
Mailing Address 9217 EAGLEWOOD DR			M M / D D / Y Y Y Y Y 11 30 2015								
City	State	Zip Code	Trans	action ID : PR	79137954	3644					
VERONA	WI	53593-7803	Amount	of Each Rec	eipt this P	eriod					
FEC ID number of contributing federal political committee.	С				9	38.2	24				
Name of Employer	Occupation	1	_								
SELF	INSURANC	CE AGENT									
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		261.80	P/R Dedu	uction (\$19.12	Semi-Mor	nthly)					
		2011.00									
Full Name (Last, First, Middle Initial) B. MS. FRANCINE L REIPOLD			Date of	Receipt							
Mailing Address 98 SHORELINE DR						Y Y					
			11	30)15					
City	State	Zip Code	Transa	action ID : PR	79138304	3644					
WARE	MA	01082-9513	Amount	of Each Rec	eipt this P	eriod					
FEC ID number of contributing federal political committee.	С				9	20.0	0				
Name of Employer	Occupation	1	_								
MASSACHUSETTS MUTUAL LIFE INS.	CORPORA	TE VICE PRESIDENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		240.00	P/R Dedu	uction (\$10.00	Bi-Weekly	')					
Full Name (Last, First, Middle Initial) C. MS. CHRISTINE M GENDRON			Date of	Receipt							
Mailing Address 70 MURIEL LN			M M 11	/ D D 30)15					
	State MA	Zip Code		action ID : PF							
FEEDING HILLS	IVIA	01030-2638	Amount	of Each Rec	eipt this P	eriod					
FEC ID number of contributing federal political committee.	С				7	19.2	22				
Name of Employer	Occupation	1									
MASSACHUSETTS MUTUAL LIFE INS.	AVP ARCH	IITECTURE									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		230.64	P/R Dedu	uction (\$9.61 E	Bi-Weekly)	I.					
		-7									
SUBTOTAL of Receipts This Page (optional)		••••••				77.4	6				
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b		11c	12				
Any information and of factors in the	and Otations 1			13		14		15	16	17			
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any political committee	erson fo e to sol	or the picit con	purp ntrib	pose outions	of s s fro	oliciting	contribu	tions ee.			
NAME OF COMMITTEE (In Full)													
Aassachusetts Mutual Life	Insurance Co	mpany Political Action	Com	mitte	ee								
Full Name (Last, First, Middle Initial) WILLIAM F. BALINT				Date of	Re	eceipt							
Mailing Address 21 ELMCREST DR	_		M = M / D = D / 11 30										
City CHICOPEE	State MA	Zip Code 01013-3300		Transaction ID : PR791395243644									
FEC ID number of contributing federal political committee.	С		A	mount	of	Each	Re	ceipt th	is Period 109	.10			
Name of Employer SELF	Occupation INSURANC		_										
Receipt For:		Year-to-Date ▼	\neg										
Other (specify) ▼		490.95	P/	R Dedu	uctio	on (\$3	84.1	6 Semi-	Monthly)				
Full Name (Last, First, Middle Initial) B. RYAN M. HILL				Date of	Re	eceipt							
Mailing Address 1426 AUTUMNMIST DF	र			™M 1_1	/	3	D 0	/ Y	ү ү 2015	Y			
City	State	Zip Code				-		-	1643644				
ALLEN	ТХ	75002-4956	A	mount	of	Each	Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					,		7	48	.58			
Name of Employer SELF	Occupation INSURANC												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 451.40	P/I	R Dedu	uctic	on (\$2	4.29	9 Semi-	Monthly)				
Full Name (Last, First, Middle Initial) C. HOLLY B. CARROCCIO				Date of	Re	eceipt							
Mailing Address 2101 MAPLE LEAF DR				M M 11	1	3	D 80	/ Y	үүү 2015	Y			
City PLANO	State TX	Zip Code 75075-3112	A						174364 4 is Period				
FEC ID number of contributing federal political committee.	С					7		7	62	2.50			
Name of Employer	Occupation	1	\neg										
SELF	INSURANC	CE AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		537.50	P/	R Dedi	uctio	on (\$3	31.2	5 Semi-	Monthly)				
SUBTOTAL of Receipts This Page (option	nal)								220	.18			
TOTAL This Period (last page this line nu	mber only)					,		7					

FOR LINE NUMBER:

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IT.			Use separate schedule(s) (c		(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c		12 16	17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any pe	erson to s	for the	purp ntrib	oose of	soliciting	g cont	tributio	ons	
<u>,</u>	NAME OF COMMITTEE (In Full)											
	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Co	mmitt	ee						
Α.	Full Name (Last, First, Middle Initial) JAMES M. WEHR				Date of	Re	ceipt					
	Mailing Address 17485 FRANCIS FARM PL			11 30 2015								
	City HAMILTON	State VA	Zip Code 20158-3461	-				PR79142 eceipt th				
	FEC ID number of contributing federal political committee.	С								100.0	00	
	Name of Employer SELF	Occupation INSURANC	E AGENT									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		P/R Ded	uctio	on (\$50.)	00 Semi-	-Mont	hly)		
в.	Full Name (Last, First, Middle Initial) DANIEL G. ROETHER				Date of	Re	ceipt					
	Mailing Address 7015 N 23RD PL	-			11	/	30	/ Y	y 201			
	City	State AZ	Zip Code					PR79143				
	PHOENIX	AL.	85020-5615	-	Amount	tot	Each R	eceipt th	iis Pe	riod	_	
	FEC ID number of contributing federal political committee.	С			L	_	, ,	7		50.0	00	
	Name of Employer SELF	Occupation INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 550.00	F	P/R Ded	uctio	on (\$50.0	00 Month	nly)			
— c.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address 594 FAIRWAY DR				M M 11	/	D D 30	/ Y	y 201		Y	
	City NOVATO	State CA	Zip Code 94949-5837					PR7914			_	
	FEC ID number of contributing federal political committee.	С			Amount	OT		eceipt th	iis Pe	29.2	16	
	Name of Employer	Occupation		-								
	SELF	INSURANC	E AGENT									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80		P/R Ded	uctio	on (\$14.	58 Semi	-Mont	hly)		
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		· · ·	<u> </u>			7			179.1	6	

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		Use separate schedule(s)			(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	A not be sold or used by any pe	erson	13 for the	purp	14 ose of utions f	soliciting	d contrib	oution	17 IS			
NAME OF COMMITTEE (In Full)	and and a		10 8				Sin Suc			·			
Massachusetts Mutual Life Insu	Irance Co	mpany Political Action	Co	mmitte	ee								
Full Name (Last, First, Middle Initial) A. MS. SUSAN BEAUDIN				Date of	Ree	ceipt							
Mailing Address 1 SPRINGFIELD ST APT 230)			M M	/	30	/ Y	2015					
City CHICOPEE	State MA	Zip Code 01013-2664	_				PR7915 eceipt th						
FEC ID number of contributing federal political committee.	С					,			19.24				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP BUSIN	IESS OPERATIONS											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		230.88		P/R Dedu	uctic	on (\$9.6	2 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) B. MR. RUSSELL D MORRISON				Date of	Ree	ceipt							
Mailing Address 5419 GORHAM DR				M M	/	D D D 30	/ Y	2015	Y				
CHARLOTTE	State NC	Zip Code				-	PR7915						
		28226-6411		Amount	ot	Each R	eceipt th	nis Peric	bd	_			
FEC ID number of contributing federal political committee.	С			L.		7	7	5	53.84	_			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING	DIRECTOR											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08		P/R Dedu	uctio	n (\$26.	92 Bi-We	eekly)					
Full Name (Last, First, Middle Initial) C. MR. CHIN-JUNG V YANG				Date of	Ree	ceipt							
Mailing Address 18524 ROLLINGDALE LN				M M	/	30	/ Y	2015	Y	1			
City DAVIDSON	State NC	Zip Code 28036-7862					PR7915						
FEC ID number of contributing federal political committee.	C			Amount	of	Each R	eceipt th		od 76.92	2			
Name of Employer	Occupation		_			/	,						
BABSON CAPITAL MANAGEMENT LLC		GDIRECTOR											
Receipt For:	Aggregate	Year-to-Date ▼		P/R Ded	uctic	on (\$38.	.46 Bi-W	eekly)					
Other (specify)	L	923.04			_			15	60.00	_			
SUBTOTAL of Receipts This Page (optional)		•	-			,			5.55	1			

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only	(check only one)								
II EIVIIZED KEVEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the	purpose of a	soliciting	contribu	itions					
NAME OF COMMITTEE (In Full)	, 											
Aassachusetts Mutual Life Ir	nsurance Co	mpany Political Action	Committe	ee								
Full Name (Last, First, Middle Initial) A. MR. THOMAS M FINKE			Date of	Receipt								
Mailing Address 4920 HARDISON RD			M M 11	11 30 2015								
City CHARLOTTE	State NC	Zip Code 28226-6418		action ID : I								
			Amount	t of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	C				7	384	4.60					
Name of Employer	Occupation	1										
BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		4615.20	P/R Ded	uction (\$192	.30 Bi-W	eekly)						
Full Name (Last, First, Middle Initial) B. MR. MARK GALLOP			Date of	Receipt								
Mailing Address 157 FAIRWAY XING			M M 11	/ D D 30	/ Y	2015	Y					
City	State	Zip Code	Trans	action ID : F	PR79151		Ļ					
GLASTONBURY	СТ	06033-1468		t of Each Re								
FEC ID number of contributing federal political committee.	С					105	.28					
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation SENIOR M	ANAGING DIRECTOR - MMI										
Receipt For:		Year-to-Date ▼	-									
Primary General Other (specify) ▼		842.24	P/R Ded	uction (\$52.6	64 Bi-We	ekly)						
Full Name (Last, First, Middle Initial) C. JOHN S. DAMERON			Date of	Receipt								
Mailing Address 6559 CROSS FIELD LN			M M 11	/ D D 30	/ Y	y y 2015	Y					
City	State	Zip Code	Trans	action ID : I	PR79153	81143644	4					
CHARLOTTE	NC	28226-7582	Amount	t of Each Re	eceipt th	is Period	l					
FEC ID number of contributing federal political committee.	C			5		29	9.16					
Name of Employer	Occupation	1	_									
SELF	INSURANC	CE AGENT										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		270.80	P/R Deduction (\$14.58 Semi-Monthly)									
SUBTOTAL of Receipts This Page (optiona	l)					519	.04					
TOTAL This Period (last page this line num	ber only)	·····		,	,							

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270

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	\vdash	11b	11c	12		ا		
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements managed a	ay not be sold or used by any pe	rson	for the product of th	purp	14 ose of utions f	15 soliciting	g contrib	oution	17 ns		
NAME OF COMMITTEE (In Full)		across of any political committee	10 5				ioni suc	in comm	intee			
Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Co	mmitte	ee							
Full Name (Last, First, Middle Initial) A. MS. KAREN WATERMAN				Date of	Red	ceipt						
Mailing Address 5 DRURY LN				M M / D D / Y Y Y Y Y 11 30 2015								
City LONGMEADOW	State MA	Zip Code 01106-3209]-				PR7915 leceipt th	4104364	44			
FEC ID number of contributing federal political committee.	С					,			23.10	D		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation STRATEGI	C CONSULTANT										
Receipt For:	Aggregate	Year-to-Date ▼				<i>(*</i> :						
Other (specify) ▼		277.20		P/R Dedu	uctio	on (\$11.	.55 Bi-W	eekly)				
Full Name (Last, First, Middle Initial) B. MR. GARY MURTAGH				Date of	Red	ceipt						
Mailing Address 5609 LANDS END CT				M M	/	30	/ Y	2015	Y]		
City WILMINGTON	State NC	Zip Code 28409-2377	\vdash			-	PR7915					
FEC ID number of contributing		204032311	\neg	Amount	OTE	=acn R	leceipt th	IIS Perio	Ja	-		
federal political committee.	С			L		7			19.24	·		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	BIDENT & SENIOR COUNSEL										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88		P/R Dedu	uctio	n (\$9.6	2 Bi-Wee	ekly)				
Full Name (Last, First, Middle Initial) C. MR. NICHOLAS FYNTRILAKIS				Date of	Rec	ceipt						
Mailing Address 5 RIDGE RD				M M	/	D D D 30		2015	Y	1		
City HAMPDEN	State MA	Zip Code 01036-9518	_				PR7915 leceipt th					
FEC ID number of contributing federal political committee.	С					,			53.84	4		
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS. Receipt For:		SIDENT - COMMUNITY RESPONS	SI									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		•				,		ę	96.18			

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		11a	Ц	11b	11c		12				
				13		14	15		16	17			
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)	-		-										
Aassachusetts Mutual Life Ir	nsurance Co	mpany Political Action	Cor	nmitt	ee								
Full Name (Last, First, Middle Initial) A. MS. CHERIE A COSTA				Date of Receipt									
Mailing Address 467 SOUTHWEST ST				1.1 30 2015									
City State Zip Code				Transaction ID : PR791589043644									
FEEDING HILLS	MA	MA 01030-1057				Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		23.1						.10				
Name of Employer	Occupation	1											
MASSACHUSETTS MUTUAL LIFE INS.	MARKETIN	IG CONSULTANT		_									
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		277.20		P/R Deduction (\$11.55 Bi-Weekly)									
Full Name (Last, First, Middle Initial) B. MR. PAUL THOMPSON				Date of	f Rec	ceipt							
Mailing Address 354 YACHT RD				M M	/	30	/ Y	_ Y	15	Y			
City	State	Zip Code		Trans	actic	on ID : I	PR79159						
MOORESVILLE	NC	28117-6682		Amount	t of E	Each R	eceipt thi	is P	eriod				
FEC ID number of contributing federal political committee.	С	C			181.50								
Name of Employer	Occupation	1											
BABSON CAPITAL MANAGEMENT LLC	MANAGING	G DIRECTOR											
Receipt For:	Aggregate	Aggregate Year-to-Date ▼				1							
Primary General				P/R Deduction (\$90.75 Bi-Weekly)									
Other (specify)		1318.60											
Full Name (Last, First, Middle Initial) C. MR. RICHARD GOLDSTEIN				Date of	f Rec	ceipt							
Mailing Address 197 LYNNWOOD DR				M M	/	D D D 30	/ Y	ү 20) 15	Y			
City	State	Zip Code		Trans	sactio	on ID :	PR79159) 164	3644				
LONGMEADOW	MA	01106-2013		Amount	t of E	Each R	eceipt thi	is P	eriod				
FEC ID number of contributing federal political committee.	С			76.92					.92				
Name of Employer	Occupation	1											
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRE	SIDENT - BENEFITS											
Receipt For:	Aggregate	Aggregate Year-to-Date ▼											
Primary General	Primary General			P/R Deduction (\$38.46 Bi-Weekly)									
Other (specify)		923.04											
SUBTOTAL of Receipts This Page (optional	l)		• •			,		-	281.	52			

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Committee
Α.	Full Name (Last, First, Middle Initial) PAUL A. BAVARO Mailing Address 6022 LAS COLINAS CIR	State	Zip Code	Date of Receipt
	LAKE WORTH	FL	33463-6560	Transaction ID : PR791594043644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer SELF	Occupation INSURANC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Monthly)
в.	Full Name (Last, First, Middle Initial) MS. CAMILLE V SIMPSON			Date of Receipt
	Mailing Address 621 MCKENZIE AVE UNIT	101		11 30 2015
	City	State	Zip Code	Transaction ID : PR791608143644
	ALEXANDRIA	VA	22301-1189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.50
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP & COL		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	P/R Deduction (\$19.25 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) JOEL W. SAPERSTEIN			Date of Receipt
	Mailing Address 708 WINDSWEPT LN			11 30 Y Y Y Y Y 2015
		State	Zip Code	Transaction ID : PR791610243644
	FRANKLIN LAKES	NJ	07417-1431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	SELF	INSURANC	CE AGENT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$37.50 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			163.50

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

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		Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17		
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	L ay not be sold or used by any p iddress of any political committee	erson f	or the	purp ptrib	oose o	f s	oliciting	, con	ntributi	ons		
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst													
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
Mailing Address 25 TIMBER RIDGE RD				M M M		30		/ Y)15	Y		
City	State	Zip Code	Transaction ID : PR791623343644										
W SPRINGFIELD	MA	01089-1654		Amount									
FEC ID number of contributing federal political committee.	С					,			_	76.	92		
Name of Employer													
MASSACHUSETTS MUTUAL LIFE INS.	VP - CLIEN	IT MANAGEMENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			P.	/R Ded	uctio	on (\$38	3.46	6 Bi-We	ekly)			
Other (specify)		923.04											
Full Name (Last, First, Middle Initial) B. MR. LAWRENCE BOUDREAU	1			Date of	Re	ceipt							
Mailing Address 39 RIVERVIEW DR				M M 11	1	30		/ Y	201	15	Y		
City	State	Zip Code		Trans	acti	on ID	: PI	R79162	2344:	3644			
SUFFIELD	СТ	06078-1419	/	Amount	of	Each	Red	ceipt th	is Pe	eriod			
FEC ID number of contributing federal political committee.	С					7		7	_	30.7	76		
Name of Employer	Occupation		_										
CORNERSTONE RE ADVISERS LLC	ASSISTAN	T VICE PRESIDENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	riggrogato		P/	R Dedu	uctio	on (\$15	5.38	3 Bi-We	ekly)			
Other (specify)		369.12				(* -			- ,,	,			
Full Name (Last, First, Middle Initial) C. DONOVAN C. FIKES				Date of	Re	ceipt							
Mailing Address 25519 WILLARD PATH				м м 11	/	30		/ Y	20 ⁻	ү 15	Y		
City	State	Zip Code		Trans	acti	ion ID	: P	R7917(ô644	3644			
SAN ANTONIO	ТХ	78261-1111	/	Amount	of	Each	Red	ceipt th	is Pe	eriod			
FEC ID number of contributing federal political committee.	С					,		7	_	54.	54		
Name of Employer	1												
SELF	INSURANC	CE AGENT											
Receipt For:	Agareaate	Year-to-Date ▼											
Primary General Other (specify) ▼	245.43] P	/R Ded	uctio	on (\$2 ⁻	7.2 ⁻	7 Semi	-Mon	thly)				
SUBTOTAL of Receipts This Page (optional)		,				,		7	_	162.2	22		

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

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			Use separate schedule(s)		(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	г	17		
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	l ay not be sold or used by any pe ddress of any political committee	ersor	n for the	purp	ose of	soliciting	, contri	butio	ns		
<u>.</u>	NAME OF COMMITTEE (In Full)												
	Massachusetts Mutual Life Ins	urance Co	mpany Political Action	Сс	ommitt	ee							
Α.	Full Name (Last, First, Middle Initial) MS. GWENDOLYN FERRARI				Date of	f Rec	eipt						
	Mailing Address 1511 CANYON RIDGE DR			11 30 2015									
	City BROAD BROOK	State CT	Zip Code 06016-5610	Transaction ID : PR791776443644 Amount of Each Receipt this Period							_		
	FEC ID number of contributing federal political committee.	С					,			19.2	2		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP COMF											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.64		P/R Ded	uctio	n (\$9.6′	1 Bi-Wee	ekly)				
в.	Full Name (Last, First, Middle Initial) MS. MARY S BLOCK				Date of	f Rec	eipt						
Mailing Address 67 PERSHING RD					1 <u>1</u>	/	30	/ Y	2015		1		
	City	State	Zip Code					PR79178					
	WINDSOR LOCKS	СТ	06096-2122	_	Amount	t of E	Each Re	eceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С							76.9	2			
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	STANT GENERAL COUNSEL										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)									
С.	Full Name (Last, First, Middle Initial) MR. ROBERT ERWIN	-			Date of	f Rec	eipt						
	Mailing Address 185 COVENTRY LN		7.0.1		M M 11		D D 30	L	2015				
	City LONGMEADOW	State MA	Zip Code 01106-1629	_				PR79180 eceipt th					
	FEC ID number of contributing federal political committee.	С								53.8	4		
	Name of Employer	Occupation	I										
	BABSON CAPITAL MANAGEMENT LLC	MANAGING	GDIRECTOR										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly									
s	UBTOTAL of Receipts This Page (optional)		•					- 7	1.	49.98	3		

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

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ITEMIZED RECEIPTS		Use separate schedule(s) ((check only one)							
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	I ay not be sold or used by any pe Iddress of any political committee	erson for the	purpose of	soliciting	contribut	tions				
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Commit	tee							
Full Name (Last, First, Middle Initial) A. MR. WILLIAM SILVANIC			Date c	of Receipt							
Mailing Address 120 CREAMERY HILL RD			M M / D D / Y Y Y Y Y 1.1 30 2015								
City GRANBY	State CT	Zip Code 06035-1702	Transaction ID : PR791800443 Amount of Each Receipt this Per								
FEC ID number of contributing federal political committee.	С					76	.92				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP WORI	SITE INSURANCE									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Dec	duction (\$38	.46 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) B. SHANE TENNY			Date o	of Receipt							
Mailing Address 8317 PRINCE GEORGE RD			M M	30		y y 2015	Y				
City	State	Zip Code	Trans	saction ID :	PR79182	2943644					
CHARLOTTE	NC	28210-4229	Amoun	t of Each F	Receipt thi	s Period					
FEC ID number of contributing federal political committee.	С			40.	.00						
Name of Employer	Occupation	1	_								
SELF	INSURANC	EAGENT									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Dec	ly)							
Full Name (Last, First, Middle Initial) C. CHARLES V. COLLINS	1		Date o	of Receipt							
Mailing Address 4193 OBAR DR			M M	/ D 1		у у 2015	Y				
City CHATTANOOGA	State TN	Zip Code 37419-2180		saction ID :							
		37419-2160	Amoun	t of Each F	Receipt thi	s Period					
FEC ID number of contributing federal political committee.	С					25	.00				
Name of Employer	Occupation	1									
SELF	INSURANC	CE AGENT	_								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	P/R Dec	duction (\$25	i.00 Month	ly)					
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·			- 7	141.	92				

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			Detailed Summary Page		11a		11b		11c		12				
		-			13		14		15		16	17			
	y information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Con	nmitte	ee									
Α.	Full Name (Last, First, Middle Initial) DALE T. HOLEC			Date of Receipt											
	Mailing Address 2590 W RIDGE RD				M M	/	D 3(/ Y) 15	Y			
	City	State	Zip Code		Trans	acti	ion ID	: P	R79182	2514	3644				
	GLADWIN	MI	48624-9701	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		27.08											
	Name of Employer	Occupation													
	SELF Receipt For:	INSURANC	-	_											
	Primary General	Year-to-Date ▼				(† 4)	<u>а г</u>	4.0		I I)					
	Other (specify) ▼	272.90		R Deal	uctio	on (\$1	3.54	4 Semi-	NION	itniy)					
В.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt								
	Mailing Address 10797 EAGLE CREST LN	11 30 2015													
	City	Zip Code		Trans	acti	ion ID	: P	R79186	54 <u>24</u>	3644					
	PARKER	/	Amount	of	Each	Re	ceipt th	is P	eriod						
	FEC ID number of contributing federal political committee.					7		7	_	29.	16				
	Name of Employer SELF	Occupation INSURANC													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Month						thly)					
с.	Full Name (Last, First, Middle Initial) MS. SHANNON GAMACHE				Date of	Re	eceipt								
	Mailing Address 57 LAUREL LN				м м 11	/	D 3		/ Y	ү 20	15	Y			
	City	State	Zip Code		Trans	act	ion ID	: P	R7918	7074	3644				
	COLUMBIA	СТ	06237-1013	/	Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					,		7	_	19.	24			
	Name of Employer	-													
	MASSACHUSETTS MUTUAL LIFE INS.														
	Receipt For:														
	Primary General	P.	/R Ded	ucti	on (\$9	.62	Bi-Wee	əkly)							
	Other (specify)	230.88													
s	UBTOTAL of Receipts This Page (optional)		•	.			7		,		75.4	18			
т	OTAL This Period (last page this line number of	only)	••••••				7								

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

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Image: rest of the solution of the solutical commit with the solution of the solution of the s	rom such committee.									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions for committee (In Full) 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 State LOS ANGELES CA FEC ID number of contributing federal political committee. Name of Employer Occupation SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00	rom such committee.									
Massachusetts Mutual Life Insurance Company Political Action Committee A. Full Name (Last, First, Middle Initial) JONGSIK KIM Date of Receipt Mailing Address 4536 WILSHIRE BLVD Date of Receipt City State Zip Code LOS ANGELES CA 90010-3836 FEC ID number of contributing federal political committee. C Name of Employer Occupation SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00	2015 PR791881843644 eceipt this Period									
A. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 4536 WILSHIRE BLVD Image: Constraint of Constraint of Constraint of Each R Image: Constraint of Each R City State Zip Code Image: Constraint of Each R LOS ANGELES CA 90010-3836 Amount of Each R FEC ID number of contributing federal political committee. C Amount of Each R Name of Employer Occupation INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$17. Primary General 316.00 P/R Deduction (\$17.	2015 PR791881843644 eceipt this Period									
A. JONGSIK KIM Date of Receipt Mailing Address 4536 WILSHIRE BLVD Interface City State Zip Code LOS ANGELES CA 90010-3836 FEC ID number of contributing federal political committee. C Amount of Each R Name of Employer Occupation INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$17. Other (specify) ▼ 316.00 P/R Deduction (\$17.	2015 PR791881843644 eceipt this Period									
Mailing Address 4536 WILSHIRE BLVD Image: Constraint of the second	2015 PR791881843644 eceipt this Period									
City State Zip Code Transaction ID : LOS ANGELES CA 90010-3836 Amount of Each R FEC ID number of contributing federal political committee. C Amount of Each R Name of Employer Occupation INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$17.000) Other (specify) ▼ 316.00 P/R Deduction (\$17.000)	PR791881843644 eceipt this Period									
LOS ANGELES CA 90010-3836 FEC ID number of contributing federal political committee. C Amount of Each R Name of Employer Occupation INSURANCE AGENT SELF INSURANCE AGENT Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00	eceipt this Period									
FEC ID number of contributing federal political committee. C Anount of Each P Name of Employer Occupation INSURANCE AGENT SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00										
federal political committee. Occupation Name of Employer Occupation SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00	34.00									
SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00										
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 316.00										
Primary General Other (specify) ▼ 316.00 P/R Deduction (\$17.										
Other (specify) V 316.00	00 Semi-Monthly)									
	oo Genn-Montiny)									
Full Name (Last, First, Middle Initial) B. SHAWN R. KEANE Date of Receipt	Date of Receipt									
Mailing Address 256 7TH AVE	/ Y Y Y Y									
1130	2015									
	PR791888543644									
Anount of Lacin	eceipt this Period									
FEC ID number of contributing federal political committee.	25.00									
Name of Employer Occupation SELF INSURANCE AGENT										
Receipt For: Aggregate Year-to-Date ▼										
Primary General Other (specify) ▼ 275.00	00 Monthly)									
Full Name (Last, First, Middle Initial) C. KENNETH E. PHIPPS Date of Receipt										
Mailing Address 4850 NW COLUMBIA AVE	2015 /									
	PR791896043644									
PORTLAND OR 97229-2030 Amount of Each R	eceipt this Period									
FEC ID number of contributing federal political committee.	90.00									
Name of Employer Occupation										
SELF INSURANCE AGENT										
Receipt For: Aggregate Year-to-Date ▼ Primary General										
Other (specify) ▼ P/R Deduction (\$45										
SUBTOTAL of Receipts This Page (optional)	00 Semi-Monthly)									
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11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b	11c 15		12 16	17	
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\square	NAME OF COMMITTEE (In Full)		51									
	Massachusetts Mutual Life Inst	urance Co	mpany Political Action	Co	mmitte	ee						
Α.					Date of	Rec	ceipt					
	Mailing Address 11 LITTLE SORREL LN			/	30 2015							
	City SOMERS	State CT	Zip Code 06071-2030					PR79190				
		01	00071-2030	_	Amount	ofE	Each Re	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С					, .			53.9	90	
	Name of Employer	Occupation										
	MASSACHUSETTS MUTUAL LIFE INS.	VP - CONT	INUOUS IMPROVEMENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		646.80		P/R Ded	uctio	n (\$26.9	95 Bi-We	ekly)			
			7									
в.	Full Name (Last, First, Middle Initial) MR. THOMAS OSWALD	·			Date of	Rec	ceipt					
	Mailing Address 665 CENTER ST UNIT 713				M M 11	/	D D D 30	/ Y	201		Y	
City State			Zip Code		Trans	actic	on ID : F	PR79190)3243	644		
	LUDLOW	MA	01056-1534	_	Amount	of E	Each Re	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С					,	7		38.4	16	
	Name of Employer	Occupation										
	MASSACHUSETTS MUTUAL LIFE INS.	SECOND V	P - TAX									
	Receipt For:	Aggregate	Year-to-Date ▼				(0.0.0					
	Other (specify) ▼		884.58		P/R Dedu	uctio	n (\$38.4	16 BI-We	ekly)			
с.	Full Name (Last, First, Middle Initial) ERIC S. ABOWD				Date of	Rec	ceipt					
	Mailing Address 40 CALLA LILY CT				M M 11	/	D D 30	/ Y	y 201	5	Y	
	City	State	Zip Code		Trans	actio	on ID : I	PR7919	13743	644	_	
	RENO	NV	89511-6612	_	Amount	of E	Each Re	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С					,	7		97.2	22	
	Name of Employer	Occupation										
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		902.80		P/R Ded	uctio	n (\$48.6	61 Semi	-Mont	hly)		
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	y information copied from such Reports and S for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)	100000	mony Dalitical Astist	0	· · · · ·	• •									
	Massachusetts Mutual Life Insu		Political Action	Com	imitte	ee									
Α.	Full Name (Last, First, Middle Initial)			C	Date of	Re	ceipt								
	Mailing Address 290 CORONA AVE				M M	/	30	/ Y	ү 2	015	Y				
	City	State	Zip Code		Trans	acti	on ID :	PR7919	145	43644					
	LONG BEACH	CA	90803-1821	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7	- 1		25	.00				
	Name of Employer	Occupation		-											
	SELF	INSURANC	EAGENT												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		275.00	P/	R Ded	uctio	on (\$25.)	00 Mont	hly)						
B.	Full Name (Last, First, Middle Initial) MS. AMY DIAS			Date of Receipt											
	Mailing Address 120 CISLAK DR		M M / D D / Y Y Y Y 11 30 2015												
	City	State MA	Zip Code			acti	on ID : I	PR7919							
	LUDLOW	01056-1546	A	mount	of	Each R	eceipt tl	nis F	Period						
	FEC ID number of contributing federal political committee.	С					7			80.	00				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP - USIG I	BUS CONSULTING		-										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)											
C.	Full Name (Last, First, Middle Initial) FRANK F. BOWLING				Date of	Re	ceipt								
	Mailing Address 1013 DURHAM DR				м м 11	1	D D 30	/ Y		015	Y				
	City	State	Zip Code		Trans	acti	ion ID :	PR7919	329	43644					
	GALLATIN	TN	37066-3411	A	Mount	of	Each R	eceipt tl	nis F	Period					
	FEC ID number of contributing federal political committee.	С				_	,			29	.16				
	Name of Employer		\neg												
	SELF	E AGENT													
	Receipt For:	Year-to-Date ▼													
	Primary General Other (specify) ▼		270.80	P/	'R Ded	uctio	on (\$14.	58 Sem	i-Mo	onthly)					
s	UBTOTAL of Receipts This Page (optional)		••••••				7	- 7		134.	16				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Committee
A. Full Name (Last, First, Middle Initial) THOMAS H. KYLE Mailing Address 407 W ALTA VISTA ST City	State	Zip Code	Date of Receipt 11 30 2015 Transaction ID : PR791934043644
SHERMAN	ТΧ	75092-2626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		29.16
Name of Employer SELF Receipt For: Primary General Other (specify)	Occupation INSURANC Aggregate		P/R Deduction (\$14.58 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. MR. DOUGLAS ENDORF			Date of Receipt
Mailing Address 27 STRAWBERRY FIELDS			11 30 2015
City	State	Zip Code	Transaction ID : PR791938643644
GRANBY	СТ	06035-2927	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		53.84
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation	BIDENT & ACTUARY	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MR. WILLIAM F MONROEJR			Date of Receipt
Mailing Address 225 GENERAL HOBBS RD			M M / D D / Y Y Y Y 11 30 2015
City	State	Zip Code	Transaction ID : PR791969143644
JEFFERSON	MA	01522-1565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.94
Name of Employer	Occupation	1	
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - MMLISI	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.28	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		····· •	159.94

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	y information copied from such Reports and for commercial purposes, other than using t										
\setminus	NAME OF COMMITTEE (In Full)										
	Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Co	ommitt	ee					
Α.	Full Name (Last, First, Middle Initial) MR. WILLIAM JORDAN				Date o	f Re	eceipt				
	Mailing Address 25 HARVEST HILL RD				M M	1	30			015	Y
	City	State	Zip Code		Trans	sact	ion ID :	PR7919	6 9 34	43644	
	WEST SIMSBURY	СТ	06092-2224		Amoun	t of	Each F	Receipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	20	.00
	Name of Employer	Occupation	I								
	CORNERSTONE RE ADVISERS LLC	VICE PRES	SIDENT								
	Receipt For:	Agareaate	Year-to-Date ▼								
	Primary General	33 - 344		11.	P/R Ded	lucti	on (\$10	.00 Bi-We	ekl	y)	
	Other (specify)		240.00								
в.	Full Name (Last, First, Middle Initial) MS. MAUREEN MORRIS				Date o	f Re	eceipt				
	Mailing Address 10 WOODLAND PL				M M	1	30			у 015	Y
	City	State	Zip Code		Trans	act	ion ID :	PR79196	<u> 3944</u>	13644	
	LUDLOW	MA	01056-1680	_	Amoun	t of	Each F	Receipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	23.	.08
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation AVP TREAS									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	, iggi oguto		11.	P/R Ded	ucti	on (\$11	.54 Bi-We	ekl	v)	
	Other (specify) ▼		276.96	4							
c.	Full Name (Last, First, Middle Initial) MS. FRANCES THOMAS	·			Date o	f Re	eceipt				
	Mailing Address 1109 ROXBORO DR NE				M M 11	/	30) 15	Y
	City	State	Zip Code		Trans	sact	ion ID :	: PR7919	7224	43644	
	ATLANTA	GA	30324-2912		Amoun	t of	Each F	Receipt th	iis F	'eriod	
	FEC ID number of contributing federal political committee.	С					3	7	_	19	.30
	Name of Employer	Occupation	I								
	MASSACHUSETTS MUTUAL LIFE INS.	AVP SALE	S								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.	P/R Dec	lucti	ion (\$9.0	65 Bi-Wee	ekly)	
	Other (specify)		231.60								
s	UBTOTAL of Receipts This Page (optional).		······]				7			62.	38

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
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NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Inst	urance Co	ompany Political Action	Con	nmitt	ee					
Full Name (Last, First, Middle Initial) A. ROMAN A. MATUSZ			1	Date of	f Re	eceipt				
Mailing Address 507 SEQUOIA DR				M M	/	30	/ Y) 15	Y
City	State	Zip Code		Trans	acti	ion ID :	PR7919	8514	3644	
PITTSBURGH	PA	15236-4460	/	Amount	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	. ,		132.	10
Name of Employer	Occupation									
SELF Receipt For:										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 682.56] P,	/R Ded	uctio	on (\$66.	05 Semi	i -Mor	nthly)	
Full Name (Last, First, Middle Initial) B. RYAN L. DONAGHY				Date of	f Re	eceipt				
Mailing Address 2205 CHESTERFIELD AVE				M M	/	30	/ Y	20	ү 15	Y
City	State	Zip Code		Trans	acti	on ID :	PR7919			
CHARLOTTE	NC	28205-6015	/	Amoun	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С					7		_	25.	00
Name of Employer SELF	Occupation									
Receipt For:		Year-to-Date ▼								
Primary General	Ayyreyale		P/	R Ded	uctio	on (\$25.	00 Mont	hlv)		
Other (specify) V		275.00				(+===				
Full Name (Last, First, Middle Initial) C. MR. IAN HAWKINS				Date of	f Re	eceipt				
Mailing Address 36 PRESCOTT AVE				M M	1	30	/ Y		ү 15	Y
City	State	Zip Code		Trans	act	ion ID :	PR7920	0074	3644	
GLEN RIDGE	NJ	07028-1918	/	Amoun	t of	Each R	eceipt tl	nis P	eriod	
FEC ID number of contributing federal political committee.	С								53	84
Name of Employer	Occupation	1								
BABSON CAPITAL MANAGEMENT LLC	MANAGIN	G DIR - RESEARCH								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		646.08] P	/R Ded	lucti	on (\$26.	92 Bi-W	eekly	/)	
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Ar	ny information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson	for the	purpo	ose of	soliciting	g cont	tributio	ons
or	TEMIZED RECEIPTS Use sparate schedule(s) brailed Summary Page (check only one) (check only one) (check only one) Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or used by any person for the purpose of soliding contributions for commendation used to many not be solid or the purpose of the purpose of soliding contributions for commendation used to many not be solid or the purpose of the purpose of the purpose of the purpose of contributions feed to purpose of contributing federal political committee. Date of Receipt Full Name (Last, First, Middle Initial) B JAMES A. CONANT Mailing Address 1120 UNIVERSITY DR NE Date of Receipt City FEC ID number of contributing federal political committee. City Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Semi-Monthly) Pirk Name (Last, First, Middle Initial) City City FEC ID number of contributing federal political committee. City										
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					11		30	1 L	201	15	
	-				Trans	actio	on ID : I	PR79202	22043	644	
	MECHANICSVILLE	VA	23116-5839	_	Amount	of E	ach Re	eceipt th	is Pe	riod	
	•	С						7		23.3	34
	Name of Employer	Occupation									
	-	INSURANC	EAGENT								
		Aggregate	Year-to-Date V								
			246 70		P/R Ded	uctior	n (\$11.6	67 Semi-	-Montl	hly)	
	Other (specity)		210.70								
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в.				_		кес					_
	Maning Address 1120 UNIVERSITY DR NE					/		/ Y			Y
	City	State	Zip Code			actio		PR79202			
	ATLANTA	GA	30306-3317								
	FEC ID number of contributing						_				
	•	C			L.					60.0	00
	Name of Employer	Occupation		_							
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	Other (specify)		240.00				. (\$0010			,,	
	Full Name (Last First Middle Initial)		, ,	_							
C.	JANINE M. BOUCHARD				Date of	Rec	eipt				
	Mailing Address 34 L ST					/		/ Y			Y
	City	State	Zip Code		Trans	actio	on ID : I	PR7920	-		
	HULL	MA	02045-1706		Amount	of E	Each Re	eceipt th	nis Pe	riod	
	FEC ID number of contributing	C								20 /	16
	federal political committee.	C			L			7		23.	
	Name of Employer	Occupation									
	SELF	INSURANC	E AGENT								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		270.80		P/R Ded	uctio	n (\$14.	58 Semi-	-Mont	:hly)	
	Other (specify)		270.00								
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	NAME OF COMMITTEE (In Full)			_								
$\Big)$	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitte	ee						
Α.	Full Name (Last, First, Middle Initial) COLIN W. KIMPEL				Date of	Re	ceipt					
	Mailing Address 6201 WALHONDING RD				M M	/	D	D	/ Y	Y	Y	Y
	<u></u>	01-11-	7's Oasta	4	11		3				15	
	City BETHESDA	State MD	Zip Code 20816-2138						R7920			
			20010 2130	- '	Amount	of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С				_	,		7	_	58.	34
	Name of Employer	Occupation		-								
	SELF	INSURANC	E AGENT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		F 44 70	P	/R Ded	uctio	on (\$2	9.1	7 Semi-	Mon	thly)	
	Other (specify)	<u> </u>	541.70									
в.	Full Name (Last, First, Middle Initial) MR. KEVIN B WATERMAN				Date of	Re	ceipt					
	Mailing Address 110 JOSEPH LN				м м 11	/	3		/ Y	_ 20 ⁻	15	Y
	City	State	Zip Code	-		acti			R79206			
	SOUTH WINDSOR	СТ	06074-1464						ceipt th			
	FEC ID number of contributing federal political committee.	С					,		,	<u> </u>	30.	76
	Name of Employer	Occupation		-								
	MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	IDENT & ACTUARY - HLTH PROI									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		P	/R Dedu	uctic	on (\$1	5.38	8 Bi-We	ekly)	
	Other (specify)	L	369.12									
C.	Full Name (Last, First, Middle Initial) JONATHAN HARTMAN				Date of	Re	ceipt					
	Mailing Address 14806 MCCORMICK ST				M M 11	/	3		/ Y	ү 20	15	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R7920	7484	3644	
	SHERMAN OAKS	CA	91411-4032		Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С									41.	67
							,		,	-		
	Name of Employer	Occupation										
	SELF	INSURANC	E BROKER	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		458.37	P	VR Ded	uctio	on (\$4	1.6	7 Montl	ıly)		
s	UBTOTAL of Receipts This Page (optional)						7		,	_	130.7	7
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b		11c	12	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r										
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insura	ance Co	mpany Political Action	Com	mitte	ee					
Full Name (Last, First, Middle Initial) ASHISH M. CHOWDHRY			D	ate of	Re	ceipt				
Mailing Address 20 NEWPORT PKWY		7.0.1		M	/	3	D 30	/ Y	2015	
City JERSEY CITY	State NJ	Zip Code 07310-2301				-			1843644	
FEC ID number of contributing federal political committee.	С		A	mount	OT	Each	n Rec	eipt th	is Period 25	.00
Name of Employer SELF Receipt For: Primary General Other (specify) ▼	Occupation INSURANC Aggregate		 P/I	R Dedu	uctic	on (\$ ⁻	12.50) Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. GEORGE A. SNOOK			D	ate of	Re	ceipt	:			
Mailing Address 502 SARAH CT				™ 11	/		30	/ Y	ү ү 2015	Y
City MECHANICSBURG	State PA	Zip Code 17050-7231							3343644 is Period	
FEC ID number of contributing federal political committee.	С					7		7	50	.00
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/f	R Dedu	uctio	on (\$8	50.00	Month	ly)	
Full Name (Last, First, Middle Initial) C. WENDY L. SPINNER			D	ate of	Re	ceipt	:			
Mailing Address 306 CHURCH ST				™M 11	/		о 30	/ Y	y y 2015	Y
City BOUND BROOK	State NJ	Zip Code 08805-1936							3 354364 4 is Period	
FEC ID number of contributing federal political committee.	С					7		7	46	5.16
Name of Employer	Occupation		_							
SELF	INSURANC	E AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.72	P/	R Dedı	uctio	on (\$	23.08	3 Semi-	Monthly)	
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			erson for the p	ourpose of soliciti	ng contribu	tions
Perioded Jointay Fage 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any polical committee to solid the purpose of soliding contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee to solid the committee (instein) Date of Receipt A. SEAN RHO Maling Address 1717 N VERDUGO RD Transaction ID PR79209043944 City State Zip Code FEC ID number of contributing federal political committee. Cocupation SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Pinnary General Other (speech) ▼ Cocupation SELF INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Pinnary General Other (speech) ▼ Cocupation Receipt For: Aggregate Year-to-Date ▼ Pinnary General Other (speech) ▼ Cocupation Amount of Each Receipt IMIS Period Maskachusetts MUTUAL LIFE INS: Cocupation Amount of Each Receipt IMIS Period<						
	Insurance Co	mpany Political Action	Committe	e		
			Date of	Receipt		
Mailing Address 1717 N VERDUGO RD						Y
City	State	Zip Code				
GLENDALE	CA	91208-2934	Amount	of Each Receipt	this Period	
6	C				23	.04
Name of Employer	Occupation	1				
	INSURANC	E AGENT				
	Aggregate	Year-to-Date ▼	P/R Dedu	ction (\$23.04 Ser	ni-Monthly)	
Other (specify)		223.74			.,	
			Date of	Receipt		
Mailing Address 59 WRENWOOD ST						Y
City	State	Zip Code				
SPRINGFIELD	MA	01119-2213	Amount	of Each Receipt	this Period	
6	C			y y	25	.00
	Aggregate	Year-to-Date ▼				
		300.00	P/R Dedu	ction (\$12.50 Bi-V	√eekly)	
	I		Date of	Receipt		
Mailing Address 824 BENNAVILLE AVE						Y
5		•				
	IVII	48009-3665	Amount	of Each Receipt	this Period	
	C				58	.34
			_			
	Aggregate	Year-to-Date ▼	P/R Dedu	ction (\$29.17 Ser	ni-Monthlv)	
Other (specify)		541.70			· ···,)	
SUBTOTAL of Receipts This Page (option	al)				106.	.38
	u,,	J		7 7		

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

SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Company Political Action	Committee
A. Full Name (Last, First, Middle Initial) MICHAEL DOMINGUE Mailing Address 107 SHELBURNE CIR		Date of Receipt
City	State Zip Code	Transaction ID : PR792102843644
LAFAYETTE	LA 70508-6440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	29.16
Name of Employer SELF	Occupation INSURANCE BROKER	_
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. MR. MICHAEL O'CONNOR		Date of Receipt
Mailing Address 41 BELLECLAIRE AVE		11 30 2015
City	State Zip Code	Transaction ID : PR792107743644
LONGMEADOW	MA 01106-1415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	263.70
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR MANAGING DIRECTOR - MMI	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4736.40	P/R Deduction (\$131.85 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MS. LENORE T MACWADE		Date of Receipt
Mailing Address 20 MOUNTAIN HILL RD		11 30 Y Y Y Y Y 2015
City	State Zip Code	Transaction ID : PR792119043644
N GROSVENORDL	CT 06255-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	23.08
Name of Employer	Occupation	1
MASSMUTUAL INTERNATIONAL	CHANGE AGENT CONSULTANT	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 276.96	P/R Deduction (\$11.54 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	•	315.94

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

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116	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	r information copied from such Reports and St or commercial purposes, other than using the			
\	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insul	rance Co	mpany Political Action	Committee
A.	Full Name (Last, First, Middle Initial) DOLFORD LAYSON Mailing Address 1734 WATER SPRINGS WAY			Date of Receipt
	City	State	Zip Code	11302015 Transaction ID : PR792124343644
-	DACULA	GA	30019-7626	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		29.16
	Name of Employer SELF	Occupation INSURANC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)
	Full Name (Last, First, Middle Initial) MR. THOMAS ALLARD			Date of Receipt
	Mailing Address 44 WOODLAWN ST			11 30 2015
		State	Zip Code	Transaction ID : PR792128343644
-	SOUTH HADLEY	MA	01075-2242	Amount of Each Receipt this Period
1	FEC ID number of contributing rederal political committee.	С		25.00
I	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation FIELD CLA	IM CONSULTANT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$12.50 Bi-Weekly)
C.	Full Name (Last, First, Middle Initial) MS. ELLEN S CONLIN			Date of Receipt
	Mailing Address 20 WELLESLEY DR			M M / D D / Y Y Y Y 11 30 2015
-	City LONGMEADOW	State MA	Zip Code 01106-2833	Transaction ID : PR792129543644 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		53.84
İ	Name of Employer	Occupation	I	1
	MASSACHUSETTS MUTUAL LIFE INS.	VP & ASSI	STANT GENERAL COUNSEL	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 646.08	P/R Deduction (\$26.92 Bi-Weekly)
รเ	JBTOTAL of Receipts This Page (optional)		•	108.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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T	EMIZED RECEIPTS		Use separate schedule(s)	(check on	ly one)			
			for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17
	y information copied from such Reports and St. for commercial purposes, other than using the			erson for the	purpose of	soliciting	contribut	ions
	NAME OF COMMITTEE (In Full)							
\rangle	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Commit	ee			
Α.	Full Name (Last, First, Middle Initial) BRIAN M. ROBERTS			Date o	f Receipt			
	Mailing Address 54 COALTER RIDGE CT			M M	/ D D 30	/ Y	y y 2015	Y
		State MO	Zip Code 63368-7587		saction ID :			
-	DARDENNE PR	IVIO	03300-7307	Amoun	t of Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					38	.84
	Name of Employer	Occupation						
	SELF	INSURANC	E AGENT					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	2/2.2				
	Other (specify)		361.20	P/R Dec	luction (\$19.	42 Semi-	Monthly)	
	Full Name (Last, First, Middle Initial)			Date o	f Receipt			
	Mailing Address 221 TRUMBULL STREET APT	502		1_1		/ Y	2015	Y
	City	State	Zip Code	Trans	action ID :	PR79214		
	HARTFORD	СТ	06103-1511	Amoun	t of Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				7	115.	40
	Name of Employer	Occupation	1					
	MASSACHUSETTS MUTUAL LIFE INS.	VP - DIST 8	STRAT PLNNG					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		1384.80	P/R Ded	luction (\$57.	70 Bi-We	ekly)	
с.	Full Name (Last, First, Middle Initial)			Date o	f Receipt			
	Mailing Address 115 WHITE COLUMNS DR			M M	/ D D 30	/ Y	2015	Y
	City	State GA	Zip Code		saction ID :			
	ALPHARETTA	GA	30004-3057	Amoun	t of Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				7	28	.12
	Name of Employer	Occupation						
	SELF	INSURANC	E AGENT					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		271.85	P/R Dec	duction (\$14.	06 Semi-	Monthly)	
sı	JBTOTAL of Receipts This Page (optional)						182.	36
т	OTAL This Period (last page this line number o	only)	••••••			7		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only	one)	
IILIVIIZED REVEIPIS		for each category of the Detailed Summary Page	X 11a	11b 11c 14 15	12
Any information copied from such Reports or for commercial purposes, other than usi			erson for the p	ourpose of solicitin	g contributions
NAME OF COMMITTEE (In Full)	<u> </u>				
Massachusetts Mutual Life	Insurance Co	mpany Political Action	Committe	e	
Full Name (Last, First, Middle Initial) A. JOHN J. MILLER			Date of	Receipt	
Mailing Address 13 WHIPPANY AVE			M M 1_1	/ D D / Y 30	2015
City WARREN	State NJ	Zip Code 07059-5774		of Each Receipt t	
FEC ID number of contributing federal political committee.	C				97.22
Name of Employer SELF	Occupation INSURANC				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 902.80	P/R Dedu	ction (\$48.61 Sem	i-Monthly)
Full Name (Last, First, Middle Initial) B. PAUL D. FERRANTE			Date of	Receipt	
Mailing Address 648 SHORE ACRES DF			M M 11	/ D D / Y 30	2015
City MAMARONECK	State NY	Zip Code 10543-4011		ction ID : PR7925	
	NI	10543-4011	Amount	of Each Receipt t	his Period
FEC ID number of contributing federal political committee.	C				56.66
Name of Employer SELF	Occupation INSURANC				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		, 543.30	P/R Dedu	ction (\$28.33 Semi	-Monthly)
Full Name (Last, First, Middle Initial) C. BRENDAN J. KENNY			Date of	Receipt	
Mailing Address 500 E 77TH ST APT 52	2		M M 11	/ D D / Y 30	2015
City	State	Zip Code	Transa	action ID : PR7925	549743644
NEW YORK	NY	10162-0025	Amount	of Each Receipt t	his Period
FEC ID number of contributing federal political committee.	С			7 7	44.42
Name of Employer	Occupation	1	_		
SELF	INSURANC	CE AGENT			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 555.60	P/R Dedu	iction (\$22.21 Sem	i-Monthly)
SUBTOTAL of Receipts This Page (option	nal)			3 9	198.30
TOTAL This Period (last page this line nu	mber only)			-	

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ITEMIZED RECEIPTS		for each category of the		11a		111	b	11c	12	
		Detailed Summary Page		13		14		15	16	17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any poundress of any political committee	erson f to so	or the licit cor	purp ntrib	pose outio	e of s ons fro	oliciting	contribu	tions tee.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life II	nsurance Co	ompany Political Action	Con	nmitte	ee					
Full Name (Last, First, Middle Initial) A. RUSSELL J. ROLNICK				Date of	Re	eceip	pt			
Mailing Address 8 TALL PINES CT	State	Zip Code		M M 11	/	L	30		уу 2015	
WEST NYACK	NY	10994-1341				-		-	2 814364 4 is Period	
FEC ID number of contributing federal political committee.	С			anount	. 01	1		,		5.58
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 451.40	P	/R Dedi	uctio	on (\$24.2	9 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) B. BRIAN C. LARGE				Date of	Re	eceip	pt			
Mailing Address 141 WOLFPIT AVE				M _ M 1_1	/	D	30	/ Y	у у 2015	Y
City NORWALK	State CT	Zip Code 06851-3429							2643644 is Period	
FEC ID number of contributing federal political committee.	С					7		7	58	.34
Name of Employer SELF	Occupation INSURANC									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.70	P	/R Dedu	uctic	on (S	\$29.17	7 Semi-	Monthly)	
Full Name (Last, First, Middle Initial) C. PAUL E. KARLITZ				Date of	Re	eceip	pt			
Mailing Address 2717 VIA ELEVADO				м м 11	/	D	30	/ Y	ууу 2015	Y
City PALOS VERDES ESTATES	State CA	Zip Code 90274-1436							7184364 4 is Period	
FEC ID number of contributing federal political committee.	С					7		7	50	0.00
Name of Employer	Occupation	1								
SELF	INSURANC	CE AGENT								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P	/R Ded	uctio	on ((\$50.0	0 Month	nly)	
SUBTOTAL of Receipts This Page (optiona	l)					-			156	.92
TOTAL This Period (last page this line num	,		-			-				

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11			for each category of the Detailed Summary Page		-			ŀ	12	□ ₁.
Ar	y information copied from such Reports and S	Statements ma	ay not be sold or used by any pe	erson	for the	purpose	of sol	liciting	contrib	utions
or	Image: Detailed Summary Page 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) NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)									
		urance Co	mpany Political Action	Cor	mmitte	ee				
<u>—</u>					Date of	Receip	t			
	Mailing Address 712 BROADMOOR DR				M M	/ D	D	/ Y		Y
	City	State	Zip Code					792992		4
	BLUE BELL	PA	19422-4206	_	Amount	of Eac	h Rece	eipt this	s Perio	d
	8	С				- 7		7	6	6.68
	Name of Employer	Occupation								
	-	INSURANC	EAGENT							
		Aggregate	Year-to-Date ▼							
			200.04		P/R Ded	uction (\$	33.34	Semi-N	Vionthly)
в.					Date of	Receip	t			
	Mailing Address 301 MANGELS AVE							/ Y		Y
			•		Trans	action I	D : PR	793022	274364	4
	SAN FRANCISCO	CA	94127-2409	_	Amount	of Eac	h Rece	eipt this	s Period	t
	0	С				,		7	4	7.50
	Receipt For:			_						
				F	P/R Dedu	uction (\$	23.75	Semi-N	/lonthly)	1
<u>с</u> .					Date of	Receip	t			
	Mailing Address 88 MIDDLE RD					/ D		/ Y		Y
	-		•		Trans	action I	D : PR	79306	054364	4
	SANDS POINT	NY	11050-2634	_	Amount	of Eac	h Rece	eipt this	s Perio	d
	8	С				- 7		7	2	9.16
	Name of Employer	Occupation								
		INSURANC	E AGENT							
		Aggregate	Year-to-Date ▼					0		\
	Other (specify)		, 270.80		P/K Ded	uction (\$	514.58	Semi-N	vionthly)
s	UBTOTAL of Receipts This Page (optional)		•	 -		- 7		9	143	3.34

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		Detailed Summary Page	×	(11a		11	b	11c		12	
		Detailed Summary Fage		13		14		15		16	17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements mane and a	ay not be sold or used by any pe address of any political committee	erson to sc	for the plicit co	purp ntrib	pos outic	e of s	oliciting om sucl	j con h cor	ntribut nmitte	ions e.
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Cor	nmitt	ee						
Full Name (Last, First, Middle Initial) A. STEVEN E. KRASNIPOL				Date o	f Re	ecei	pt				
Mailing Address 820 ARBORETUM DR	Chatta	Zin Onda		M M		L	30		20	15	Y
City WILMINGTON	State NC	Zip Code 28405-5220	-			-		R7931	-		
FEC ID number of contributing federal political committee.	С			Amoun	tor	Ea	cn Re	ceipt th		eriod 60.	00
Name of Employer SELF	Occupation INSURANC										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P	9/R Ded	luctio	on ((\$30.0	0 Semi [,]	-Mon	thly)	
Full Name (Last, First, Middle Initial) B. ADAM S. BASS				Date o	f Re	ecei	pt				
Mailing Address 1205 WINCANTON DR				M M	/		30	/ Y	20 [°]	15	Y
City DEERFIELD	State IL	Zip Code 60015-3140	Transaction ID : PR7934155 Amount of Each Receipt this F								
FEC ID number of contributing federal political committee.	С					7		7	_	48.	58
Name of Employer SELF	Occupation INSURANC										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 451.40	P	/R Ded	uctic	on (\$24.2	9 Semi-	Mon	thly)	
Full Name (Last, First, Middle Initial) C. GLEN R. GOLISH				Date o	f Re	ecei	pt				
Mailing Address 22261 HOLLYHOCK TRL				м м 11	/		30	/ Y	20 [°]	15 15	Y
City BOCA RATON	State FL	Zip Code 33433-4865						PR7934 ceipt th			
FEC ID number of contributing federal political committee.	С					,		ŋ	_	48.	61
Name of Employer	Occupation	1	\neg								
SELF	INSURANC	CEAGENT									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 854.19	F	P/R Dec	luctio	on	(\$72.9	5 Semi	-Mon	ithly)	
SUBTOTAL of Receipts This Page (optional)										157.	19
TOTAL This Period (last page this line number of						7		- 7-			Ť

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			Detailed Summary Page	X	11a		11b	1	1c	12			
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	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)		Delities LASS	0									
/	Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Com	mitte	ee							
Α.	Full Name (Last, First, Middle Initial) IAN R. GEORGE				Date of	Re	ceipt						
	Mailing Address 600 CLEMSON DR				м м 11	/	30) /	Y	ү ү 2015	Y		
	City	State	Zip Code		Transaction ID : PR793621443644 Amount of Each Receipt this Period								
	PITTSBURGH	PA	15243-1736	A	mount	of	Each R	Recei	pt this	Period	k		
	FEC ID number of contributing federal political committee.	С					7		,	5	8.34		
	Name of Employer	Occupation											
	SELF	INSURANC	EAGENT										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)	Primary General P/R Deduction (\$29.17 Semi-Mont											
В.	Full Name (Last, First, Middle Initial) MARK J. GERDELMANN				Date of	Re	ceipt						
	Mailing Address 206 COVENTRY RD			11 30 _2015									
	City	State	Zip Code		Trans	acti	on ID :	PR7	93654	743644	1		
	CHALFONT	PA	18914-2970	A	mount	of	Each R	Receij	pt this	Period	k		
	FEC ID number of contributing federal political committee.	С					7		,	54	4.54		
	Name of Employer SELF	Occupation INSURANC											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.43	P/	R Dedu	uctic	on (\$27.	.27 S	emi-N	lonthly)			
с.	Full Name (Last, First, Middle Initial) KEVIN W. PAASCH				Date of	Re	ceipt						
	Mailing Address 103 WINDSOR WAY				м м 11	1	30			ү ү 2015	Y		
	City	State	Zip Code				ion ID :						
	WILLIAMSBURG	VA	23188-1578	A	mount	of	Each R	Recei	pt this	Period	k		
	FEC ID number of contributing federal political committee.	С					7		7	9	7.22		
	Name of Employer	Occupation		-									
	SELF	INSURANC	EAGENT										
	Receipt For:	Aggregate	Year-to-Date ▼		-								
	Other (specify)		902.80	P/	'R Ded	uctio	on (\$48	.61 S	Semi-N	Ionthly)		
s	UBTOTAL of Receipts This Page (optional)		••••••				7		,	210).10		
т	OTAL This Period (last page this line number of	only)	••••••				,		,				

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c		2 6	17					
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	soliciting	g conti	ributi	ons					
<u> </u>	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu															
A.	Full Name (Last, First, Middle Initial) AMIE PALFFY			[Date of	Re	eceipt									
	Mailing Address 20138 ENNIS DR				M M	/	30	/ Y	y 201		Y					
	City STRONGSVILLE	State OH	Zip Code 44149-0992	Transaction ID : PR794427843644 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					,			29.2	16					
	Name of Employer SELF	Occupation INSURANC														
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.80	P/R Deduction (\$14.58 Semi-Monthly)												
B.	Full Name (Last, First, Middle Initial) RYAN P. MCKEAN				Date of	Re	eceipt									
	Mailing Address 1080 NICHOLSON AVE			11 30 2015 Transaction ID : PR794428043644												
	City LAKEWOOD	State OH	Zip Code 44107-1403													
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Perio						0					
	Name of Employer SELF	Occupation														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	P/	R Dedu	uctio	on (\$25.0	00 Month	ıly)							
c.	Full Name (Last, First, Middle Initial) MARK J. DORMAN				Date of	Re	eceipt									
	Mailing Address 3980 FAIRWAY DR				M M	1	30	/ Y	201		Y					
	City MEDINA	State OH	Zip Code 44256-7847					PR7944 eceipt th								
	FEC ID number of contributing federal political committee.	С						58.3	34							
	Name of Employer SELF	Occupation														
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 541.70	P,	/R Ded	ucti	on (\$29.	17 Semi	-Montl	hly)						
s	UBTOTAL of Receipts This Page (optional)									112.5	0					
	OTAL This Period (last page this line number of						,	,								

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurand	ce Company Political Action	Committee
Full Name (Last, First, Middle Initial) CHRISTOPHE A. PERME		Date of Receipt
Mailing Address 8197 GARFIELD DR	tate Zip Code	11 30 2015 Transaction ID : PR794455143644
•	DH 44231-9122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		111.10
SELF	Cupation URANCE AGENT	
Receipt For: Agg Primary General Other (specify) ▼	gregate Year-to-Date ▼ 833.31	P/R Deduction (\$55.55 Semi-Monthly)
Full Name (Last, First, Middle Initial) B. JOHN F. OCWIEJA		Date of Receipt
Mailing Address 300 N CANAL ST STE 3		11 30 Y Y Y Y Y 11 30 2015
City S CHICAGO IL	tate Zip Code - 60606-1312	Transaction ID : PR794655543644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		97.22
	Supation URANCE AGENT	_
Receipt For: Agg Primary General Other (specify) ▼	gregate Year-to-Date ▼ 902.84	P/R Deduction (\$48.61 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. TIMOTHY W. POWERS		Date of Receipt
Mailing Address 1810 CHADSWORTH DR		11 30 / Y Y Y Y 2015
,	tate Zip Code VI 53590-3554	Transaction ID : PR794959143644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		208.35
Name of Employer Occ	cupation	-
	NERAL INSURANCE AGENT	
Receipt For: Agg Primary General Other (specify) ▼	gregate Year-to-Date ▼ 2291.85	P/R Deduction (\$208.35 Monthly)
SUBTOTAL of Receipts This Page (optional)		416.67
TOTAL This Period (last page this line number only).		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

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	0	Detailed Summary Page		X 11a		11b	11c		12		_			
				13		14	15		16		17			
	such Reports and Statements ma other than using the name and a										i			
│ NAME OF COMMITTEE (I	,													
Aassachusetts Mu	utual Life Insurance Co	mpany Political Action	Co	mmitt	ee									
Full Name (Last, First, Mic A. JASON L. PEEPLES	Idle Initial)			Date of	f Re	eceipt								
Mailing Address 3526 SHI	RLWOOD AVE			11 30 2015										
City	State	Zip Code			sact		PR79509							
MEMPHIS	TN	38122-4568		Amoun	t of	Each R	Receipt th	is F	'eriod					
FEC ID number of contribution federal political committee.	ů.					7		_	50	.00				
Name of Employer	Occupation													
SELF	INSURANC	EAGENT												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary Ge	neral		111	P/R Ded	lucti	on (\$50.	.00 Month	ıly)						
Other (specify)		550.00	4											
Full Name (Last, First, Mic B. DAVID R. STEPHEN				Date of	f Re	eceipt								
Mailing Address 209 79TH	ST UNIT B			M M	/	30) 15	Y				
City	State	Zip Code		Trans	acti	ion ID :	PR79533	3874	13644					
VIRGINIA BCH	VA	23451-1973		Amoun	t of	Each R	Receipt th	is F	'eriod					
FEC ID number of contribution federal political committee.	ů.					7		_	58.	.34				
Name of Employer	Occupation													
SELF	INSURANC	E AGENT												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary Ge	neral		u La	P/R Ded	ucti	on (\$29.	.17 Semi-	Mor	nthly)					
Other (specify)		541.70							, ,					
Full Name (Last, First, Mic C. WALTER E. KATZ	Idle Initial)			Date of	f Re	eceipt								
Mailing Address 4414 BRE	EAKWOOD DR			M M	/	30			y 015	Y				
City	State	Zip Code		Trans	sact	ion ID :	PR7953	5964	43644					
HOUSTON	TX	77096-3505		Amoun	t of	Each R	Receipt th	is F	'eriod					
FEC ID number of contribution federal political committee.	ů.					,		_	97	.22				
Name of Employer	Occupation													
SELF	INSURANC													
Receipt For:		Year-to-Date ▼												
Primary Ge	eneral		P/R Deduction (\$48.61 Semi-Monthly)											
Other (specify)		902.80				(ψ i0.)					
SUBTOTAL of Receipts This	Page (optional)					7	7		205.	.56				

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

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12						
· · · · · · · · -			13	X 11a 11b 11c 13 14 15 n for the purpose of solicitis solicit contributions from su pmmittee Date of Receipt 11 30		16	17					
Any information copied from such Reports ar or for commercial purposes, other than using	the name and a	ay not be sold or used by any pe address of any political committee	erson for the e to solicit co	purpose of ntributions 1	soliciting rom such	contribut	ions ee.					
NAME OF COMMITTEE (In Full)												
ight angle Massachusetts Mutual Life Ir	surance Co	mpany Political Action	Committ	ee								
Full Name (Last, First, Middle Initial) A. CARLOS HERNANDEZ			Date o	f Receipt								
Mailing Address 1211 WILDEWOOD CT) / Y	2015	Y					
City	State	Zip Code		Transaction ID : PR795364043644								
SUGAR LAND	ТΧ	77479-6294	Amoun	t of Each F	leceipt th	is Period						
FEC ID number of contributing federal political committee.	С			83.	35							
Name of Employer	Occupation	1										
SELF	INSURANC	E BROKER										
	Aggregate	Year-to-Date ▼										
Other (specify)		916.85	P/R Dec	luction (\$83	.35 Month	nly)						
		/j/ // // // //	·									
Full Name (Last, First, Middle Initial) B. MICHAEL S. ROBERTSON	·		Date o	f Receipt								
Mailing Address 569 SHANES LN					/ Y	у 2015	Y					
City	State TX	Zip Code										
WEATHERFORD		76087-7133	Amoun	t of Each F	leceipt th	is Period	_					
FEC ID number of contributing federal political committee.	C					125.	00					
Name of Employer SELF	Occupation											
Receipt For:	INSURANC		_									
Primary General	Aggregate	Year-to-Date ▼	P/R Ded	luction (\$62.	50 Semi-	Monthly)						
Other (specify)		875.00				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Full Name (Last, First, Middle Initial) C. GREGORY B. THOMAS			Date o	f Receipt								
Mailing Address 6223 PONDEROSA WAY) / Y	2015	Y					
City	State	Zip Code	Trans	saction ID :	PR79576	65543644						
PARKER	CO	80134-5623	Amoun	t of Each F	leceipt th	is Period						
FEC ID number of contributing federal political committee.	С					83.	34					
Name of Employer	Occupation	1										
SELF	INSURANC	CE AGENT										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 516.70	P/R Dec	.67 Semi-	Monthly)							
		7	· L				_					
SUBTOTAL of Receipts This Page (optional)					291.0	69					
TOTAL This Period (last page this line num	ber only)	••••••	· L.									

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee							
Α.	Full Name (Last, First, Middle Initial) CATHY MU			Date of Receipt							
	Mailing Address 3273 WITHERS AVE			11 30 2015							
	City LAFAYETTE	State CA	Zip Code 94549-1942	Transaction ID : PR795843443644 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		18.75							
	Name of Employer SELF Receipt For:	Occupation INSURANC	E AGENT	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$18.75 Semi-Monthly)							
в.	Full Name (Last, First, Middle Initial) EDWARD J. WIRTZ		Date of Receipt								
	Mailing Address 12 BRANDING IRON LN			11 30 Y Y Y Y Y Y Y							
	City ROLLING HILLS ESTATES	State CA	Zip Code 90274-2501	Transaction ID : PR796003943644 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		93.60							
	Name of Employer SELF	Occupation		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 906.37	P/R Deduction (\$46.80 Semi-Monthly)							
<u>с</u> .	Full Name (Last, First, Middle Initial) EDGAR F. WHITMORE			Date of Receipt							
	Mailing Address 25535 CUMBERLAND LN			11 30 / Y Y Y Y Y							
	City CALABASAS	State CA	Zip Code 91302-3158	Transaction ID : PR796010143644 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		90.28							
	Name of Employer	Occupation		_							
	SELF1000 Receipt For:	INSURANC		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 909.77	P/R Deduction (\$45.14 Semi-Monthly)							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			202.63							

FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b		11c		12			
			, , ,		13		14		15		16	17		
or	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insu	irance Co	mpany Political Action	Corr	nmitte	ee								
Α.	Full Name (Last, First, Middle Initial) CRAIG E. STEARNS			Date of Receipt										
	Mailing Address 136 HENRY ST			M M / D D / Y Y Y Y 11 30 2015										
	City FAIRFIELD	State CT	Zip Code 06824-2820						R79604			_		
	FEC ID number of contributing federal political committee.	C			Amount	: of	Each	n Red	ceipt th	IS P	eriod 27.	27		
	Name of Employer SELF	Occupation INSURANC												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 518.23	P/	′R Ded	uctio	on (\$2	27.27	7 Semi-	Mor	thly)			
В.	Full Name (Last, First, Middle Initial) Date of Receipt													
	Mailing Address 22371 CANYON CREST DR			11 30 2015										
	City MISSION VIEJO	State CA	Zip Code 92692-4532						R79605 ceipt th					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Pe						41.	70			
	Name of Employer SELF	Occupation INSURANC												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.50	P/	R Dedi	uctic	on (\$2	20.85	i Semi-	Mon	ıthly)			
с.	Full Name (Last, First, Middle Initial) MAX A. ADAMS				Date of	Re	eceipt							
	Mailing Address 16232 NW 79TH AVE				м м 11	/		о 30	/ Y) 15	Y		
	City MIAMI LAKES	State FL	Zip Code 33016-6132						R79632 ceipt th					
	FEC ID number of contributing federal political committee.	С				. 01	7		,		104.	16		
	Name of Employer	Occupation												
	SELF Receipt For:	INSURANC		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 895.83	P	/R Ded	uctio	on (\$	52.08	3 Semi-	Mor	וthly)			
s	UBTOTAL of Receipts This Page (optional)						7				173. ⁻	13		
т	DTAL This Period (last page this line number	only)	•••••••				7							

FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	/ one)				
11			for each category of the Detailed Summary Page		✓ 11a 13	11k	0 11c		12 16	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	l ay not be sold or used by any pe ddress of any political committee	erson to s	for the	purpose	e of solicit	ing co uch cc	ntributi	ions
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	Massachusetts Mutual Life Ins	surance Co	mpany Political Action	Co	mmitte	ee				
A.	Full Name (Last, First, Middle Initial) MR. PATRICK MCCARRON				Date of	Receip	ot			
	Mailing Address 35 SOVEREIGN DR				M M 11	/ D	30 /		у 015	Y
	City FLANDERS	State NJ	Zip Code 07836-0230				ID : PR796			
			07000 0200	-	Amount	of Eac	h Receipt	this F	'eriod	
	FEC ID number of contributing federal political committee.	С			L			_	23.	08
	Name of Employer	Occupation								
	MASSACHUSETTS MUTUAL LIFE INS.	EXTERNAL	WHOLESALER							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		0.70.00	F	P/R Ded	uction (\$11.54 Bi-\	Weekl	у)	
	Other (specify)		276.96	4						
в.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER SMITH				Date of	Receip	ot			
	Mailing Address 38 BAILEY LN				M M	/ 0	30 /) 015	Y
	City	State	Zip Code		Trans	action	ID : PR796	<u>51724</u>	43644	
	SOMERS	СТ	06071-1686	_	Amount	of Eac	h Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С				,			19.	24
	Name of Employer	Occupation								
	MASSMUTUAL TRUST COMPANY	EXTERNAL	WHOLESALER							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		230.88	F	P/R Dedu	uction (S	\$9.62 Bi-W	eekly)	1	
<u> </u>	Full Name (Last, First, Middle Initial) MR. WILLIAM F TOWILL				Date of	Receip	ot			
	Mailing Address 44 ZENITH LN				M M 11	/ D	D / 30		015	Y
	City	State	Zip Code		Trans	action	ID : PR79	6 5914	43644	
	GLASTONBURY	СТ	06033-2827	_	Amount	of Eac	h Receipt	this F	[•] eriod	
	FEC ID number of contributing federal political committee.	С							23.	08
	Name of Employer	Occupation		\neg						
	CORNERSTONE RE ADVISERS LLC	DIRECTOR	ł							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		270.00		P/R Ded	uction (\$11.54 Bi-	Weekl	y)	
	Other (specify)		276.96							
\vdash	UBTOTAL of Receipts This Page (optional).			• •		- 7	· · · ·		65.4	40
דן	OTAL This Period (last page this line number	er only)	····· •	•						

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only	one)		
II EIVIIZED NEGEIPIS		for each category of the Detailed Summary Page	X 11a		1c 12 5 16	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the p	ourpose of solid	citing contribu	tions
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Co	ompany Political Action	Committe	e		
Full Name (Last, First, Middle Initial) ARKADY MILGRAM			Date of	Receipt		
Mailing Address 1391 OAK TRAIL ST			11	/ D D / 30	2015	Y
City NEWBURY PARK	State CA	Zip Code 91320-5918	Transa	action ID : PR7 of Each Recei	96666643644	
FEC ID number of contributing federal political committee.	С					9.16
Name of Employer SELF Receipt For:	Occupation INSURANC	CEAGENT				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 256.22	P/R Dedu	uction (\$14.58 S	Gemi-Monthly)	
Full Name (Last, First, Middle Initial) B. MR. KEVIN O FINNEGAN			Date of	Receipt		
Mailing Address 37 CHARTER RIDGE DR	-		M M 11	/ D D / 30	2015	Y
City SANDY HOOK	State CT	Zip Code 06482-1573		action ID : PR7 of Each Recei		
FEC ID number of contributing federal political committee.	С			-		.24
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & DEF	PUTY GENERAL COUNS RS LAW	,			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Dedu	iction (\$9.62 Bi-	Weekly)	
Full Name (Last, First, Middle Initial) C. MS. ELAINE A SARSYNSKI			Date of	Receipt		
Mailing Address 75 BARNDOOR HILLS RE)		M M 11	/ D D / 30	2015	Y
City SUFFIELD	State CT	Zip Code 06078-1360		action ID : PR7		
FEC ID number of contributing federal political committee.	С		Amount	of Each Recei		2.32
Name of Employer	Occupation	1	_			
MASSACHUSETTS MUTUAL LIFE INS.	EVP - RET	IREMENT SERVICES	_			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.84	P/R Dedu	uction (\$96.16 E	3i-Weekly)	
SUBTOTAL of Receipts This Page (optional)					240	.72
TOTAL This Period (last page this line numb	per only)					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page		a	11b	11c	12						
Any information partial from such Data to	Otatama anta		13		14	15	16	17					
Any information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Comm	hittee	9								
Full Name (Last, First, Middle Initial)			Date	e of F	eceipt								
Mailing Address 405 COLEBROOK LN			М	М	/ D		YYY	Y					
City	State	Zip Code		1 ansar	30 tion ID	: PR79671	2015						
DICKINSON	ТХ	77539-4043				Receipt th							
FEC ID number of contributing federal political committee.	С				7		31	26					
Name of Employer	Occupation	1	_										
SELF	INSURANC	E AGENT											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		268.80	P/R [P/R Deduction (\$15.63 Semi-Monthly)									
Full Name (Last, First, Middle Initial) B. DAVID R. NELSON			Date	e of F	eceipt								
Mailing Address 4794 BORDAGES RD				M 1	/ 0		2015	Y					
City	State	Zip Code	Tra	ansac	tion ID :	PR79671							
BEAUMONT	ТХ	77705-7675	Amo	ount o	f Each I	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С					- 7	58.	34					
Name of Employer SELF	Occupation												
Receipt For:		-	_										
Primary General	Aggregate	Year-to-Date ▼	P/R I)educ	ion (\$20	.17 Semi-	Monthly)						
Other (specify)		, 541.70		Jouro			(Norking)						
Full Name (Last, First, Middle Initial) C. MR. MICHAEL HIRSCHBERG	I		Dat	e of F	eceipt								
Mailing Address 122 PASADENA PL			_	M	/ D	D / Y	Y Y	Y					
			_ L	1	30		2015						
City HAWTHORNE	State NJ	Zip Code 07506-2806					44943644						
FEC ID number of contributing	_			bunt o	r Each i	Receipt th		_					
federal political committee.	С				7	- 7	38	.50					
Name of Employer	Occupation	1											
MASSACHUSETTS MUTUAL LIFE INS.	EXTERNAL	L WHOLESALER	_										
Receipt For:	Aggregate	Year-to-Date ▼	D/P I	Jeduc	tion (\$10	9.25 Bi-We	ookly)						
Other (specify)		462.00		Jeaue		.25 DFW	JORIY						
		,											
SUBTOTAL of Receipts This Page (optional)					7	- 7	128.	10					
TOTAL This Period (last page this line numbe	r only)	••••••			,								

FOR LINE NUMBER:

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	the purpose of soliciting contributions contributions from such committee.						
or for commercial purposes, other than using the name and address of any political committee to solicit NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Comm Full Name (Last, First, Middle Initial) MR. PAUL JANCO	contributions from such committee.						
Massachusetts Mutual Life Insurance Company Political Action Comm Full Name (Last, First, Middle Initial) MR. PAUL JANCO	e of Receipt 11 30 2015 ansaction ID : PR811451343644						
Full Name (Last, First, Middle Initial) MR. PAUL JANCO Date	e of Receipt 11 30 2015 ansaction ID : PR811451343644						
A. MR. PAUL JANCO Date	M / D D / Y Y Y Y 11 30 2015 ansaction ID : PR811451343644						
Meiling Address 225 CEDADIN	11 30 2015 ansaction ID : PR811451343644						
	ount of Each Receipt this Period						
NEW HARTFORD CT 06057-2911 Amo	I						
FEC ID number of contributing federal political committee.	49.70						
Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. AVP SALES							
Peoplet For:							
Ayyreyale Teal-IO-Dale V	P/R Deduction (\$24.85 Bi-Weekly)						
Other (specify) 596.40							
Full Name (Last, First, Middle Initial) B. MR. MADISON P WHITNEY Date	e of Receipt						
	M / D D / Y Y Y Y 11 30 _2015 _						
	ansaction ID : PR811455143644						
ESSEX CT 06426-1316 Amo	ount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	23.10						
Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. VP - RELATIONSHIP MANAGEMENT							
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 277.20	Deduction (\$11.55 Bi-Weekly)						
Full Name (Last, First, Middle Initial) C. JOSHUA R. PLANK Date	e of Receipt						
	11 30 2015						
	ansaction ID : PR811793643644						
	ount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	333.34						
Name of Employer Occupation							
SELF INSURANCE AGENT							
Receipt For: Aggregate Year-to-Date ▼							
	Deduction (\$166.67 Semi-Monthly)						
Other (specify) V 666.68							
SUBTOTAL of Receipts This Page (optional)	406.14						
TOTAL This Period (last page this line number only)							

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)								
		for each category of the Detailed Summary Page			11b 14	11c 15	12	17				
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any per ddress of any political committee	rson for th to solicit	ne pui contril	pose of	soliciting	contribu	utions				
NAME OF COMMITTEE (In Full)												
Aassachusetts Mutual Life Ins	urance Co	mpany Political Action	Comm	ittee	•							
Full Name (Last, First, Middle Initial) A. SCOTT W. ECKART			Date	of R	eceipt							
Mailing Address 4559 SUNFLOWER CT			1		30	/ Y	2015	Y				
City	State	Zip Code				PR81182		4				
ZIONSVILLE	IN	46077-8118	Amo	unt of	Each R	eceipt th	is Period	t				
FEC ID number of contributing federal political committee.	С				3	7	5	8.34				
Name of Employer	Occupation		-									
SELF	INSURANC	E AGENT										
Receipt For:	Aggregate	Year-to-Date V										
Other (specify) ▼		541.70	P/R Deduction (\$29.17 Semi-Month				-Monthly)				
Full Name (Last, First, Middle Initial) B. MS. JEANNE G YOUNG			Date	of R	eceipt							
Mailing Address 10 PONDVIEW LN			1		30	/ Y	2015	Y				
City	State	Zip Code	Tra	nsact	ion ID :	PR90483		4				
SOUTHWICK	MA	01077-9264	Amo	unt of	Each R	eceipt th	is Period	k				
FEC ID number of contributing federal political committee.	С				7		7	7.00				
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	DENT-CORPORATE ADMINISTR	2									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	P/R D	educti	on (\$38.	50 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. MS. CINDY BELMORE	1		Date	of R	eceipt							
Mailing Address 7 CRYSTAL DR			M 1		30	/ Y	y y 2015	Y				
City	State	Zip Code				PR9326						
SOUTHWICK	MA	01077-9613	Amo	unt of	Each R	eceipt th	is Period	k				
FEC ID number of contributing federal political committee.	С				7		5	3.86				
Name of Employer	Occupation											
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRES	SIDENT - COMPLIANCE										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		646.32	P/R Deduction (\$26.93 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		▶	Ę	_	7	- 7	189	9.20				

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

FOR LINE NUMBER:

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270

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17							
Any information copied from such Reports and St or for commercial purposes, other than using the	atements mand a	L ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
Aassachusetts Mutual Life Insu	rance Co	mpany Political Action	Committee								
Full Name (Last, First, Middle Initial) A. JASON R. GOLDY			Date of Receipt								
Mailing Address 614 OLD HOLLOW CT			11 30 2015								
City	State	Zip Code	Transaction ID : PR934745443644								
CLOVER	SC	29710-6305	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		27.76								
Name of Employer	Occupation	1									
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		222.20	P/R Deduction (\$13.88 Semi-Monthly)								
Other (specify)		7									
Full Name (Last, First, Middle Initial) B. CHRISTOPHE C. COCORES			Date of Receipt								
Mailing Address 9 HUNT PL											
			11 30 _2015 _								
City	State	Zip Code	Transaction ID : PR934761043644								
MECHANICSBURG	PA	17050-2912	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		48.58								
Name of Employer	Occupation		_								
SELF	INSURANC	E AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			P/R Deduction (\$24.29 Semi-Monthly)								
Other (specify)	L	, 451.40									
Full Name (Last, First, Middle Initial) C. JENNIFER C. ROSE			Date of Receipt								
Mailing Address 10290 SHAWNS GROVE PL			11 30 2015								
City	State	Zip Code	Transaction ID : PR934778743644								
MECHANICSVILLE	VA	23116-5839	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		26.66								
Name of Employer	Occupation	1									
SELF	INSURANC	CE AGENT									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			P/R Deduction (\$13.33 Semi-Monthly)								
Other (specify)	L	213.30									
SUBTOTAL of Receipts This Page (optional)			103.00								
TOTAL This Period (last page this line number of	only)	······	60436.01	٦							

FOR LINE NUMBER:

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PAGE 252 OF

		Detailed Summary Page		11a		11b	11c	12	<u> </u>					
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or for commercial purposes, other t		ddress of any political committee	e to sol	icit cor	ntrib	utions	from such	1 commit	ee.					
Massachusetts Mutual		mpany Political Action	Con	nmitte	ee									
Full Name (Last, First, Middle Initial) A. MassMutual Political Action Committee						Date of Receipt								
Mailing Address 1295 State Street						11 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Springfield	State MA	Zip Code 01111				-	: 6883654 Receipt th	-						
FEC ID number of contributing federal political committee.	C			anoun	. 01			149						
Name of Employer	Occupation	1												
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 3688.26	R	efund c	of Ol	peratir	ng Expendi	tures (No	v-15)					
Full Name (Last, First, Middle In B.	itial)			Date of	Re	ceipt								
Mailing Address				M = M	/	D	D / Y	YY	Y					
City	State	Zip Code	<i>F</i>	Amount	of	Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.														
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V												
Full Name (Last, First, Middle In	itial)			Date of	Re	ceipt								
Mailing Address														
City	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C					7	7							
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼												
SUBTOTAL of Receipts This Page	(optional)		•			,	7	149	.08					
TOTAL This Period (last page this	line number only)					,	7	149	.08					
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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270

			Detailed Summary Page		11a		11b	11c	12	
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	ny information copied from such Reports and Sta for commercial purposes, other than using the									
\backslash	NAME OF COMMITTEE (In Full)		moony Dolitical Action	0		• •				
	Massachusetts Mutual Life Insur	ance Co	mpany Political Action	Con	nmitte	ee				
Α.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union			I	Date of	Re	ceipt			
	Mailing Address 1295 State Street				м м 1_1	/	30	/ Y	ү ү 2015	Y
	City	State MA	Zip Code 01111					68835489		
	Springfield		UTTT	_ /	Amount	of	Each R	leceipt thi	s Perio	d
	FEC ID number of contributing federal political committee.	С					7		5	7.78
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		556.58	N	ov-15 E	Bank	Interes	st - Money	Marke	t Account
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address				M M	/	DD	/ Y	Y Y	Y
	City	State	Zip Code	41			<u> </u>			_
	City	State			Amount	of	Each R	leceipt thi	s Perio	d
	FEC ID number of contributing	С				-				
	federal political committee.	U				-	7	Ţ		
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	· · · ·								
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C.	Full Name (Last, First, Middle Initial)			1	Date of	Re	ceipt			
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	City	State	Zip Code		Amoria		Fact D		o Derite	
	FEC ID number of contributing	0		\dashv	-mount	. ot	Each H	leceipt thi	s rerio	u
	federal political committee.	С					7			n
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼	\neg						
	Primary General Other (specify)									
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	LIDTOTAL of Descripto This Dass (antisers)								5	7.78
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S	CHEDULE B (FEC Form 3X)						NII	JMBER				PΔ	GF	254	OF	270
	EMIZED DISBURSEMENTS		arate schedule(s)		-	k onl			•							210
			category of the Summary Page		X	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					/ pers		for the		pose		solicitin		ontribu		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	~						-								
	Massachusetts Mutual Life Insuran	ce Com	pany Politica	al A	ctic	on C	Cor	nmit	tee	!						
<u>د</u>	Full Name (Last, First, Middle Initial)															
Α.	American Express Merchant Service	ces						Date c		sburse		ent		Y	V	
	Mailing Address P.O. Box 53852							11)5	ľ		015		
		State	Zip Code					Trans	sact	ion ID	: (688365	41			
	Phoenix Purpose of Disbursement	AZ	85072				-						••			
	Oct-15 AMEX Processing Fees			C	001			Amour	nt of	Each	Di	isburse	ment	t this	Perio	bd
	Candidate Name				egor ype					,				9	1.97	
	President	nent For: Primary Other (spec	General cify) ▼					Oct-15	AM	EX Pro	oce	essing F	ees			
	State: District:															
В.	Full Name (Last, First, Middle Initial) Chase PaymenTech							Date c	of Di	sburse	em	ent				
	Mailing Address P.O. Box 29534							11	/	D	D 30	/ Y		015	Y	
	City S Phoenix	State AZ	Zip Code 85038					Tran	sact	ion ID):(688365	42			
	Purpose of Disbursement Nov-15 Chase Paymentech Fees				201			A.m.o.um	4 64	Fach		isburse		t thin	Dorio	a d
	Candidate Name			Cat	001 egor ype	ry/		Amour		Each		isbursei	mem		7.11	Ju
		nent For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>		-	Nov-15	5 Cha	ase Pa	ayn	nentech	n Fee	es		
	State: District:		<i>y</i>													
с.	Full Name (Last, First, Middle Initial)							Date c	of Di	sburse	em	ent				
	Mailing Address							M	/	D	D	/ Y	Y	Y	Y	
	City	State	Zip Code													
	Purpose of Disbursement			_		-		A		F	C .				D	1
	Candidate Name			Cat T	egor ype			Amour	it of	Each	וט	isburse	men	t this	Peric	Da
	President	nent For: Primary Other (spec	General cify) ▼		<u>.</u>					7			-			
	State: District:								_				_			
s	UBTOTAL of Disbursements This Page (optional)									3		7		149	9.08	
т	OTAL This Period (last page this line number only)									,				149	9.08	

SC	CHEDULE B (FEC Form 3X)			=	י פר		UMBER:			PAG	GE 255	OF 27	70
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				c only o					00		-
			category of the Summary Page			21b	22	X 23		24	25		26
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	y information copied from such Reports and Statem for commercial purposes, other than using the nam												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
\angle	Massachusetts Mutual Life Insuran	ce Com	pany Politica	al Ac	ctio	on Co	mmitte	ee					
^	Full Name (Last, First, Middle Initial)						Date of	Diahum					
А.	Heidi For Senate												
	Mailing Address PO Box 1577						M M		05	/ Y	2015	Y	
	City S	State	Zip Code				T	4 ¹ 1	D . CO	0700	~		
		ND	58502				irans	action I	D: 68:	38/39	J		
	Purpose of Disbursement Event: November 19, 2015			0	11		Amount	of Eac	h Disb	ursem	nent this	Period	
	Candidate Name			Cate		y/					100	0.00	٦.
	Sen. Heidi Heitkamp			Ty	ype			7		7	100	0.00	1
	X Senate	nent For: Primary Other (spe	General				Event: I	Novemb	er 19,	2015			
	Full Name (Last, First, Middle Initial)												
В.	(, , , , , , , , , , , , , , , , , , ,						Date of	_					
	Mailing Address 600 Pennsylvania Ave., SE - Ste. 2	2					M M	/ D	05	/ Y	2015	Y	
	Washington	State DC	Zip Code 20002				Trans	action I	D : 68	38739	6		
	Purpose of Disbursement Event: November 19, 2015												
	Candidate Name			C)11		Amount	of Eac	h Disb	ursem	nent this	Period	
	Dakota Prairie PAC			Cate		у/	1.				150	0.00	L
	Office Sought: House Disbursen	nent For		IJ	ype			7	-	7			1
	Senate	Primary Other (spe	General cify) ▼				Event:	Novemb	er 19,	2015			
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Making America Prosperous PAC						Date of	Disburs	semen	t			
	Mailing Address P.O. Box 2485						M M 11		03	/ Y	2015	Y	
	City	State	Zip Code										
		VA	22152				Trans	action I	D:68	38739	8		
	Purpose of Disbursement Event: November 4, 2015			0	11		Amount	of Eac	h Dish	ursem	nent this	Period	
	Candidate Name			Cate	eaon	v/		<u>-</u> uo	2.00				1
	Making America Prosperous PAC				ype	,	L			- 7	250	0.00	J.
		nent For: Primary Other (spe	General cify) ▼				Event: N	lovembe	er 4, 20)15			
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т	OTAL This Period (last page this line number only)					•							

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S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 256 OF 270
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check of 21 27	nly one) b 22 X 23 24 25 26
	y information copied from such Reports and Staten for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full)				_
	Massachusetts Mutual Life Insuran	ce Con	npany Politica	al Action	Committee
_	Full Name (Last, First, Middle Initial)				
Α.	Gillibrand For Senate				Date of Disbursement
	Mailing Address 126 C Street Nw 2nd Floor				11 04 2015
	5	State	Zip Code		Transaction ID : 68387399
	Washington Purpose of Disbursement	DC	20001		
	Event: November 4, 2015			011	Amount of Each Disbursement this Period
	Candidate Name				
	Sen. Kirsten E. Gillibrand			Category/ Type	1000.00
	X Senate	nent For: Primary Other (spe	X General		Event: November 4, 2015
В.	Full Name (Last, First, Middle Initial) Empire State PAC				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address P.O. Box 15033				11 04 2015
	Washington	State DC	Zip Code 20003		Transaction ID : 68387400
	Purpose of Disbursement Event: November 4, 2015			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	Empire State PAC			Туре	2000.00
		nent For: Primary Other (spe	General ecify) ▼		Event: November 4, 2015
_	Full Name (Last, First, Middle Initial)				
C.	Yarmuth For Congress				Date of Disbursement
	Mailing Address 1815 Brownsboro Road				11 05 2015
	5	State KY	Zip Code		Transaction ID : 68387423
	Louisville Purpose of Disbursement	N I	40202		_
	Event: November 16, 2015 Candidate Name			011	Amount of Each Disbursement this Period
	Rep. John A. Yarmuth			Category/ Type	2000.00
	Senate X	nent For: Primary Other (spe	General		Event: November 16, 2015
	UBTOTAL of Disbursements This Page (optional)				5000.00
⊢	OTAL This Period (last page this line number only)				

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 257 OF 270
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	-
	y information copied from such Reports and Staten for commercial purposes, other than using the name				
\square	NAME OF COMMITTEE (In Full)				
	Massachusetts Mutual Life Insuran	ice Com	pany Politic	al Action C	Committee
_	Full Name (Last, First, Middle Initial)				
А.	Diane Black For Congress				Date of Disbursement
	Mailing Address PO Box 1437				11 06 2015
	City S Gallatin	State TN	Zip Code 37066		Transaction ID : 68387424
	Purpose of Disbursement				
	Event: November 16, 2015			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	5000.00
	Diane Black			Туре	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Senate X President	nent For: 2 Primary Other (spe	General		Event: November 16, 2015
В.	Full Name (Last, First, Middle Initial) Valadao For Congress				Date of Disbursement
	Mailing Address 5132 N Palm Ave #227				11 06 / Y Y Y Y Y 11 06
	Fresno	State CA	Zip Code 93704		Transaction ID : 68387425
	Purpose of Disbursement Event: November 17, 2015			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	2000.00
	Rep. David G. Valadao	nent For:	2016	Туре	
	Senate X President	Primary Other (spe	General		Event: November 17, 2015
_	State: CA District: 21 Full Name (Last, First, Middle Initial)				
C.	Adrian Smith For Congress				Date of Disbursement
	Mailing Address 3321 Avenue I Suite 6				11 / D6 / Y Y Y Y 2015
		State	Zip Code		
		NE	69361		Transaction ID : 68387426
	Purpose of Disbursement Event: November 17, 2015			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	5000.00
	Rep. Adrian Smith Office Sought: V House Disbursen	nent For:	2010	Туре	
	Senate President	Primary Other (spe	General		Event: November 17, 2015
	State: NE District: 03				
s	UBTOTAL of Disbursements This Page (optional)			•••••	12000.00
т	OTAL This Period (last page this line number only)			••••••	

S	CHEDULE B (FEC Form 3X)			F	DR I		JMBER:			P	AGE	258 (OF 270
IT	EMIZED DISBURSEMENTS	ISBURSEMENTS Use separate for each categories	arate schedule(s) category of the		heck	only o			23	24		25	26
		Detailed	Summary Page			27	22 28a	Ľ	23 28b	24	;	29	30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	0											
	Massachusetts Mutual Life Insuran	ce Com	ipany Politic	al Ad	Ctio	n Co	mmitt	ee					
<u> </u>	Full Name (Last, First, Middle Initial)						Data	(D'-I					
А.	Hudson For Congress						Date o	_	D		V	Y	V
	Mailing Address PO Box 5053						11	Í	09			015	
	5	State	Zip Code				Trans	actio	on ID	: 68387	427		
	Concord Purpose of Disbursement	NC	28027			_							
	Event: November 18, 2015			0	11		Amoun	t of E	Each	Disburs	emen	t this I	Period
	Candidate Name			Cate	egory	/	<u> </u>					5000	00
	Richard Hudson Jr. Office Sought: V House Disbursen	nent For:	2016	Ty	ype		<u> </u>		,	7		0000	.00
	Senate X	Primary	General				Event: I	Nover	nber	18, 201	5		
	State: NC District: 08	Other (spe	city) 🔻										
_	Full Name (Last, First, Middle Initial)												
в.	Frederica S. Wilson For Congress						Date o	t Disk		_			
	Mailing Address 19821 Nw 2nd Avenue Box 354						11	/	D 1(015	Y
	Miami Gardens	State FL	Zip Code 33169				Trans	sactio	on ID	: 68419	615		
	Purpose of Disbursement Event: November 16, 2015			C)11		Amoun	t of E	Each	Disburs	emen	t this I	Period
	Candidate Name			1.1	egory	/	_					-	
	Rep. Frederica S. Wilson	_			ype		<u> </u>		,			1000	0.00
	Senate X	nent For: Primary Other (spe	General				Event:	Nove	ember	16, 201	5		
_	Full Name (Last, First, Middle Initial)												
C.	Kuster For Congress, Inc						Date o	_					
	Mailing Address PO Box 1498						м м 11	/	12			015	Y
	,	State	Zip Code				Trans	sactio	on ID	: 68560	417		
	Concord Purpose of Disbursement	NH	03302			_							
	ACLI Event: October 27, 2015			0	11		Amoun	t of E	Each	Disburs	emen	t this I	Period
	Candidate Name				egory	/			-			2500	.00
	Rep. Ann McLane Kuster Office Sought: V House Disbursen	nent For:	2016	ly	ype		<u> </u>				_		
	Senate X	Primary Other (spe	General				ACLI E	vent:	Octob	oer 27, 2	2015		
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т	OTAL This Period (last page this line number only)						L.		,				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 259 OF 270
	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	s)	(check only 21b 27	-
	y information copied from such Reports and Statem for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Company Politi	ical A	Action C	committee
Α.	Full Name (Last, First, Middle Initial) Nutmeg PAC				Date of Disbursement
	Mailing Address 777 Summer Street Suite 302				11 16 2015
	Stamford	StateZip CodeCT06901-1022			Transaction ID : 68572478
	Purpose of Disbursement Event: Nov. 4, 2015			011	Amount of Each Disbursement this Period
	Candidate Name			ategory/ Type	3000.00
		nent For: Primary General Other (specify)			Event: Nov. 4, 2015
В.	Full Name (Last, First, Middle Initial) Kyrsten Sinema For Congress				Date of Disbursement
	Mailing Address PO Box 25879	7.0.1			11 20 2015
	Tempe	State Zip Code AZ 85285			Transaction ID : 68614948
	Purpose of Disbursement Event: December 10, 2015 Candidate Name Rep. Kyrsten Sinema			011 ategory/ Type	Amount of Each Disbursement this Period 3000.00
	Office Sought: House Disbursen Senate X	nent For: 2016 Primary General Other (specify) ▼			Event: December 10, 2015
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 228 South Washington St. Suite 115				11 23 2015
	Alexandria	State Zip Code VA 22314			Transaction ID : 68615473
	Purpose of Disbursement Event: Dec. 10, 2015 Candidate Name		Ci	011 ategory/	Amount of Each Disbursement this Period
		nent For: Primary General Other (specify) ▼		Туре	3000.00 Event: Dec. 10, 2015
s	UBTOTAL of Disbursements This Page (optional)			····· •	9000.00
Т	OTAL This Period (last page this line number only)			····· ►	

S	CHEDULE B (FEC Form 3X)		F	ו אכ	NE NUMBER:	PAGE 260 OF 270
	EMIZED DISBURSEMENTS	BURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page		heck	only one)	
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	ny information copied from such Reports and Statem for commercial purposes, other than using the nam			any	person for the p	purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)	•				
	Massachusetts Mutual Life Insuran	ce Company Politic	al Ac	ctio	n Committe	ee
~	Full Name (Last, First, Middle Initial)				Data of	Diskurgeneet
А.	People For Patty Murray					Disbursement
	Mailing Address PO Box 3662				11	30 2015
	5	State Zip Code			Transa	action ID : 68779138
	Seattle Purpose of Disbursement	WA 98124				
	ACLI Event: 12/2/15		0	11	Amount	of Each Disbursement this Period
	Candidate Name		Cate	egory		2500.00
	Sen. Patty Murray		Ty	ype		2500.00
	Senate President	nent For: 2016 Primary X General Other (specify) ▼			ACLI Eve	ent: 12/2/15
	State: WA District: Full Name (Last, First, Middle Initial)					
В.	Kenny Marchant For Congress				Date of	Disbursement
	Mailing Address PO Box 110187				11	23 2015
	Carrollton	State Zip Code TX 75011			Transa	action ID : 68779389
	Purpose of Disbursement Event: Dec 2, 2015 Candidate Name		C)11	Amount	of Each Disbursement this Period
	Rep. Kenny Marchant			egory /pe	/	4000.00
	Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify) ▼		<u>, </u>	Event: D	ec 2, 2015
— c.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate				Date of	Disbursement
	Mailing Address 972 W Whitmire Drive				MM	/ D D / Y Y Y Y 02 2015
		State Zip Code				
	Melbourne	FL 32935			Transa	action ID : 68835491
	Purpose of Disbursement Void - Uncleared Dec-14 Disbursement		0	11		
	Candidate Name			egory	- I	of Each Disbursement this Period
	Sen. Bill Nelson			ype		-1000.00
	X Senate	nent For: 2013 Primary X General Other (specify) ▼			Void - Ur	cleared Dec-14 Disbursement
						5500.00
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S	CHEDULE B (FEC Form 3X)			F	DR I	LINE N	IUMBER	:			PA	GE 26	61 O	F 270
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			c only	one)		1.00	_				
			Summary Page			21b 27	22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the		oose		solicitin	g cont	tributi	ons
\backslash	NAME OF COMMITTEE (In Full)	-				-								
	Massachusetts Mutual Life Insuran	ce Com	pany Politica	al Ao	ctic	on Co	ommit	tee						
<u> </u>	Full Name (Last, First, Middle Initial)													
Α.	ROCK CITY PAC						Date c	of Dis	sburse	em	ent			
	Mailing Address 1015 Stonebridge Park Drive						M M	/	2	23	/ Y	201		Y
	City	State	Zip Code				T							
	Franklin	TN	37069				Iran	sacti	on ID):(688365	64		
	Purpose of Disbursement 2015 PAC Contribution			0	11		Amour	it of	Each	Di	isburser	nent t	his P	eriod
	Candidate Name			Cate	eaor	v/								
	ROCK CITY PAC				/pe	<i>.</i>			7	_	7	č	3000.	00
		nent For: Primary Other (spe	General cify) ▼				2015 P	AC (Contril	but	lion			
	Full Name (Last, First, Middle Initial)													
В.	Steve Daines For Montana						Date c	_			ent			
	Mailing Address PO Box 1598						11	/		23	/ Y	201		Ŷ
	Helena	State MT	Zip Code 59624				Tran	sacti	ion ID) : (688365	65		
	Purpose of Disbursement 2015 Candidate Contribution			C)11		Amour	it of	Each	Di	isburser	nent t	his P	eriod
	Candidate Name			Cate	egor	y/							2000.	00
	Steven Daines			Ţ	/pe			-	7	-	7		2000.	00
	X Senate	nent For: ; Primary Other (spe	General				2015 C	andi	date (Coi	ntributic	n		
c.	Full Name (Last, First, Middle Initial) Fund for America's Future						Date c	of Dis	sburse	em	ent			
	Mailing Address P.O. Box 29576						M M	/		23	/ Y	ү 201		Y
	5	State	Zip Code				Tran	sacti	ion ID):(688365	67		
	Purpose of Disbursement	DC	20017	_	_									
	2015 PAC Contribution Candidate Name			Cate		y/	Amour	it of	Each	Di	isburser		his P 5000.	
	Office Sought: House Disbursen	nent For:			pe			-	7	-	7	-		_
	Senate	Primary Other (spe	General cify) ▼				2015 P	AC (Contril	but	tion			
_	State: District:	、 .	· •							_				
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S	HEDULE B (FEC Form 3X)			F	OR	LINE N	NUMBEI	۹:			PA	GE 26	62 O	F 270
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					/ perso	n for th		pose		solicitir	ng cont	tributi	ons
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_				_								
	Massachusetts Mutual Life Insuran	ice Con	npany Politic	al A	ctic	on Co	ommi	ttee	•					
	Full Name (Last, First, Middle Initial)						. .	(D.						
А.	Friends of Sessions Senate Comm	littee							sburse					_
	Mailing Address P.O. Box 4278						11	M /	2	23		201		Ŷ
	City	State	Zip Code				Tros		ion ID	、 .	C002CE	C 0		
	Montgomery	AL	36103				Tran	Isact			688365	00		
	Purpose of Disbursement 2015 Candidate Contribution			C)11		Amou	nt of	Each	D	isburse	ment t	his P	eriod
	Candidate Name			Cate	egoi	ry/							1000	00
	Jeff Sessions				ype				7				1000.	00
	Senate President	nent For: Primary Other (spe	General				2015 (Cand	idate (Co	ontributio	on		
	State: AL District:													
В.	Full Name (Last, First, Middle Initial) Follow the North Star Fund							_	sburse				Y	
	Mailing Address 316 E. Hennepin Avenue Suite 201						M 11			24		201		Y
	Minneapolis	State MN	Zip Code 55414				Trai	nsact	tion ID):	688365	571		
	Purpose of Disbursement 2015 PAC Contribution			(011		Amou	nt of	Each	D	isburse	ment t	his P	eriod
	Candidate Name			Cate	egoi	ry/							3000.	00
	Follow the North Star Fund			T	ype				7	-			5000.	00
	Office Sought: House Disburser Senate President	Primary	General				2015	PAC	Contri	bι	ution			
	State: District:	Other (spe	City) V											
	Full Name (Last, First, Middle Initial)									_				
C.	Markey Committee; The							_	sburse					
	Mailing Address PO Box 120029						M 11	M 7		24		201		Ŷ
	City	State	Zip Code				-							
	Boston	MA	02112				Irai	isact	ion ID):	688365	072		
	Purpose of Disbursement 2015 Candidate Contribution			C)11		Amou	nt of	Each	D)isburse	ment t	his P	eriod
	Candidate Name			Cate	egoi	ry/			-				2000	00
	Sen. Edward Markey				ype				7	_		4	2000.	00
	Senate President	ment For: Primary Other (spe	General				2015 (Cand	idate (Co	ontributio	on		
_	State: MA District: 02													
s	UBTOTAL of Disbursements This Page (optional)								7		7	6	6000.0	00
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S	CHEDULE B (FEC Form 3X)			FC		NUMBER: PAGE 263 OF 270
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		neck only 21b 27	
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Com	pany Politic	al Ac	ction C	Committee
Α.	Full Name (Last, First, Middle Initial) Moving America Forward Mailing Address 972 W. Whitmire Drive					Date of Disbursement
	Melbourne	State FL	Zip Code 32935			Transaction ID : 68836576
	Purpose of Disbursement 2015 PAC Contribution Candidate Name Moving America Forward			Cate	11 egory/ /pe	Amount of Each Disbursement this Period 2000.00
		nent For: Primary Other (spe	General cify) ▼			2015 PAC Contribution
в.	Full Name (Last, First, Middle Initial) Narragansett Bay PAC					Date of Disbursement
	,	State	Zip Code			11 24 2015 Transaction ID : 68836577
	Cranston Purpose of Disbursement 2015 PAC Contribution Candidate Name Narragansett Bay PAC	RI	02920	Cate	11 egory/ /pe	Amount of Each Disbursement this Period 5000.00
	Office Sought: House Disbursen Senate	nent For: Primary Other (spe	General cify) ▼		-	2015 PAC Contribution
C.	Full Name (Last, First, Middle Initial) America's Leadership PAC					Date of Disbursement
	Mailing Address 701 13th Street , NW Suite 600					11 24 2015
	,	State DC	Zip Code 20001			Transaction ID : 68836579
	Candidate Name America's Leadership PAC			Cate	11 egory/ /pe	Amount of Each Disbursement this Period 5000.00
	Office Sought: House Disbursen	nent For: Primary Other (spe	General cify) ▼		<u>.</u>	2015 PAC Contribution
s	UBTOTAL of Disbursements This Page (optional)					12000.00
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SC	HEDULE B (FEC Form 3X)			F		E NUMBER: PAGE 264 OF 270
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Com	npany Politic	al Ac	ction (Committee
Α.	Full Name (Last, First, Middle Initial) Oceans PAC					Date of Disbursement
	Mailing Address 700 13th Street, NW Suite 600					11 24 2015
	Washington	State DC	Zip Code 20005			Transaction ID : 68836652
	Purpose of Disbursement 2015 PAC Contribution			0	11	Amount of Each Disbursement this Period
	Candidate Name Oceans PAC				egory/ /pe	3000.00
		nent For: Primary Other (spe	General cify) ▼			2015 PAC Contribution
в.	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress					Date of Disbursement
	Mailing Address P. O. Box 48928					11 25 2015
	City Sarasota	State FL	Zip Code 34230			Transaction ID : 68836653
	Purpose of Disbursement 2015 Candidate Contribution Candidate Name				11	Amount of Each Disbursement this Period
	Rep. Vern Buchanan	nent For:	2016		egory/ /pe	2000.00
	Senate X	Primary Other (spe	General			2015 Candidate Contribution
	Full Name (Last, First, Middle Initial)					Date of Disbursement
	Mailing Address PO Box 722256					11 / D D / Y Y Y Y 2015
	5	State OK	Zip Code 73070			Transaction ID : 68836654
	Purpose of Disbursement 2015 Candidate Contribution			0	11	Amount of Each Disbursement this Period
	Candidate Name Thomas Cole				egory/ /pe	2000.00
	Senate	nent For: Primary Other (spe	General			2015 Candidate Contribution
s	UBTOTAL of Disbursements This Page (optional)					7000.00
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S	CHEDULE B (FEC Form 3X)			F	י אכ		IUMBER:			PA	GE 265	OF	270				
	EMIZED DISBURSEMENTS		parate schedule(s)			c only (/ 2/0				
			category of the Summary Page			21b [22	$ \mathbf{X} $	23	24	25		26				
			Summary Faye		\square	27	28a		28b	28c	29		30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the name																
\backslash	NAME OF COMMITTEE (In Full)																
	Massachusetts Mutual Life Insuran	ce Con	npany Politica	al Ac	ctio	on Co	ommitt	ee									
•	Full Name (Last, First, Middle Initial)						Data										
А.	Steve Fincher For Congress						Date of Disbursement										
	Mailing Address PO Box 11153																
	City	State	Zip Code				-										
	Jackson	TN	38308				irans	actio	on ID :	688366	00						
	Purpose of Disbursement 2015 Candidate Contribution			0	11		Amount of Each Disbursement this Period										
	Candidate Name			Cate		y/	-				20	00.00					
	Steve Fincher			Ту	ype			,		- 7	20	55.00					
	Senate X President	nent For: Primary Other (spe	General				2015 Ca	andida	ate C	ontributio	n						
	State: TN District: 08																
В.	Full Name (Last, First, Middle Initial) Jaime For Congress						Date of	f Dist		_							
	Mailing Address PO Box 1614								11 24 2015								
	Ridgefield	State Zip Code WA 98642								Transaction ID : 68836683							
	Purpose of Disbursement 2015 Candidate Contribution	0	011		Amount of Each Disbursement this Period												
	Candidate Name Herrera Beutler Jaime			Cate		у/	2500.00										
		nent For:	0010	ly	/pe					7							
	Senate X	Primary Other (spe	General				2015 Ca	andid	ate C	ontributic	n						
_	Full Name (Last, First, Middle Initial)																
C.	Cathy Mcmorris Rodgers For Cong	ress					Date of	f Dist									
	Mailing Address Box 137				11 24 2015												
	Spokane	State WA	Zip Code 99210				Trans	actio	on ID	: 688367	12						
	Purpose of Disbursement 2015 Candidate Contribution	11		Amount of Each Disbursement this Perioc													
	Candidate Name			Cate	egor	у/					30	00.00					
	Rep. Cathy McMorris Rodgers	Ту	ype		_				50								
	Senate X	nent For: Primary Other (spe	General				2015 Ca	andida	ate C	ontributio	n						
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	CHEDULE B (FEC Form 3X)		parate schedule(s)	-		NE NUMBER:	PAGE 266 OF 270							
IT	EMIZED DISBURSEMENTS	for each	a category of the Summary Page	(ch		only one) 1b 22 X 23 7 28a 28b	24 25 26 28c 29 30b							
	y information copied from such Reports and Staten for commercial purposes, other than using the narr													
	NAME OF COMMITTEE (In Full)													
	Massachusetts Mutual Life Insuran	ice Con	npany Politic	al Ac	tior	Committee								
_	Full Name (Last, First, Middle Initial)													
А.	Pat Meehan For Congress					Date of Disbursemen								
	Mailing Address 50 S Providence Road					11 24 2015								
	5	State PA	Zip Code			Transaction ID : 68	836740							
	Media Purpose of Disbursement	PA	19063											
	2015 Candidate Contribution			01	1	Amount of Each Dist	oursement this Period							
	Candidate Name			Cate	gory/		2000.00							
	Rep. Patrick L. Meehan			Ту	ре		2000.00							
	° –	Sought: House Disbursement For: 2016 Senate Primary General												
	President	Other (spe				2015 Candidate Contr	ibution							
	State: PA District: 07		····)/ •											
_	Full Name (Last, First, Middle Initial)													
Β.	Hoosiers For Rokita, Inc.					Date of Disbursemen	t							
	Matter Address and													
	Mailing Address 5802 Oak Avenue	11 24	11 24 2015											
	City S Indianapolis	State IN	Zip Code 46219			Transaction ID : 68	836768							
	Purpose of Disbursement	1												
	2015 Candidate Contribution	011												
	Candidate Name				gory/	2500.00								
	Theodore Rokita Office Sought: Y House Disbursen	nent For:		Ту	pe									
		Primary	2016 General			2015 Condidate Contr	ibution							
		Other (spe				2015 Candidate Contr	IDULION							
	State: IN District: 04		, ,											
	Full Name (Last, First, Middle Initial)													
C.	Ann Wagner For Congress					Date of Disbursemen	t							
	Malling Address DO D						/ Y Y Y Y							
	Mailing Address PO Box 50					11 24	2015							
	City	State	Zip Code			Transaction ID - CO	000774							
	26	MO	63022			Transaction ID : 68	000771							
	Purpose of Disbursement 2015 Candidate Contribution	1	Amount of Each Dish	oursement this Period										
	Candidate Name	gory/												
	Rep. Ann Wagner			Ty			1500.00							
	Office Sought: House Disbursen													
	President	Primary	General			2015 Candidate Contr	ibution							
	State: MO District: 02	Other (spe	ecity) 🔻											
s	UBTOTAL of Disbursements This Page (optional))		6000.00							
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S	CHEDULE B (FEC Form 3X)			FC		NUMBER: PAGE 267 OF 270							
	EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page		heck only 21b 27								
	y information copied from such Reports and Staten for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insuran	ce Com	pany Politica	al Ac	ction C	Committee							
	Full Name (Last, First, Middle Initial)					Data af Dishumamant							
А.	Westmoreland For Congress Mailing Address P.O. Box 458		Date of Disbursement										
	,	State	Zip Code			Transaction ID : 68836772							
	Sharpsburg Purpose of Disbursement	GA	30277	_	_	-							
	2015 Candidate Contribution Candidate Name				11	Amount of Each Disbursement this Period							
	Rep. Lynn A. Westmoreland	eent Fem. o			egory/ /pe	2500.00							
	Office Sought: House Disbursen Senate President State: GA District: 03		2015 Candidate Contribution										
в.	Full Name (Last, First, Middle Initial) Alma Adams For Congress					Date of Disbursement							
	Mailing Address P.O. Box 20622	ailing Address P.O. Box 20622											
	5	State NC	Zip Code 27420			Transaction ID : 68836773							
	Purpose of Disbursement 2015 Candidate Contribution		0	11	Amount of Each Disbursement this Period								
	Candidate Name Rep. Alma S. Adams				egory/ /pe	2500.00							
	Senate X	nent For: 2 Primary Other (spec	General			2015 Candidate Contribution							
c.	Full Name (Last, First, Middle Initial)					Date of Disbursement							
	Mailing Address P.O. Box 440324		11 / D D / Y Y Y Y 11 24 2015										
	Somerville	State MA	Zip Code 02144			Transaction ID : 68836777							
	Purpose of Disbursement 2015 PAC Contribution Candidate Name		11 egory/	Amount of Each Disbursement this Period									
		nent For: Primary Other (spec	General cify) ▼	Ту	/pe	2015 PAC Contribution							
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			category of the Summary Page			21b	22	X 23	24	25		26				
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
$\left \right $	NAME OF COMMITTEE (In Full)															
	Massachusetts Mutual Life Insuran	ice Con	npany Politic	al Ao	ctio	n Co	ommitte	ee								
	Full Name (Last, First, Middle Initial)															
Α.	Cleaver For Congress						Date of Disbursement									
	Mailing Address 4801 Main Street, Suite 1000															
	City	State	Zip Code				_									
	Kansas City	MO	64112				Trans	action II	D : 688367	79						
	Purpose of Disbursement 2015 Candidate Contribution								_		_					
	Candidate Name			0	11		Amount	of Each	Disburse	ment th	is Per	lod				
	Rep. Emanuel Cleaver II				egory	y/	1.			30	00.00)				
	· · · · · · · · · · · · · · · · · · ·	nent For:	2016	1	ype			7		_						
		Primary	General				2015 Ca	andidate	Contributio	on						
	President	Other (spe	ecify) 🔻				20.000		0011110011							
_	State: MO District: 05															
_	Full Name (Last, First, Middle Initial)															
В.	Loebsack For Congress						Date of Disbursement									
	Mailing Address DO D. 2010						M M		D /	0045		1				
	Mailing Address PO Box 3013						11 24 2015									
	City	State	Zip Code				Trono	antion II	D : 688367	0E						
	Iowa City	IA	52244				Trans	action	J:000307	00						
	Purpose of Disbursement 2015 Candidate Contribution		011													
	Candidate Name					_	Amount of Each Disbursement this Period 5000.00									
	Rep. David Wayne Loebsack				egory ype	y/										
		nent For:	2016		700)								
		Primary	General				2015 Candidate Contribution									
	President	Other (spe	ecify) 🔻													
	State: IA District: 02															
~	Full Name (Last, First, Middle Initial)						.									
C.	Friends Of Patrick Murphy							Disburs								
	Mailing Address 4521 Pga Blvd #412	lailing Addross 4504 Dee Dive #440							24	2015		1				
							11			2010	-					
	City	State	Zip Code				Trans	action II	D : 688367	'86						
	Palm Beach Gardens Purpose of Disbursement	FL	33418													
	2015 Add'l Candidate Contribution	011			Amount of Each Disbursement this Period											
	Candidate Name				egory	y/				1(00.00)				
	Rep. Patrick E. Murphy	ype			- 7											
		nent For: Primary	2016 General						idate O	rib						
	President	Other (spe					2015 Ad	id i Cand	idate Cont	noution						
	State: FL District: 18	- (- -	<i>,</i> , , ,													
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	y information copied from such Reports and Statem for commercial purposes, other than using the nam				any	person	for the	purpo	se of	solicitir		ntributi	ons				
\setminus	NAME OF COMMITTEE (In Full)																
	Massachusetts Mutual Life Insuran	ce Com	pany Politic	al A	ctio	on Co	mmitt	ee									
Δ	Full Name (Last, First, Middle Initial) Pioneer PAC						Date of	Dich	ircon	nont							
	Ploneer PAC						M M / D D / Y Y Y Y										
	Mailing Address 701 8th Street, NW Suite 500						11 17 2015										
	,	State	Zip Code				Transaction ID : 68913436										
	Washington Purpose of Disbursement	DC	20001														
	Event: November 17, 2015			C	011		Amount	of Ea	ach E	Disburse	ment	this P	eriod				
	Candidate Name			Cate	egor	v/											
	Pioneer PAC				ype	<i>y</i> ,						3000.	00				
	President	nent For: Primary Other (spec	General cify) ▼				Event: N	lovem	ber 1	7, 2015							
	State: District:																
в.	Full Name (Last, First, Middle Initial) Road to Freedom PAC						Date of										
	Mailing Address 228 South Washington Street Suite 115								11 17 2015								
	City S Alexandria		Transaction ID : 68988220														
	Purpose of Disbursement NYC Event: December 4-6, 2015 011							Amount of Each Disbursement this Period									
	Candidate Name					N/	3000.00										
	Road to Freedom PAC				egor ype	y/											
	President	nent For: Primary Other (spec	General cify) ▼				NYC Ev	vent: D	ecen	nber 4-6	, 2015	5					
	State: District:																
C.	Full Name (Last, First, Middle Initial)						Date of										
	Mailing Address						M M / D D / Y Y Y Y										
	City S	State	Zip Code														
Purpose of Disbursement							_										
	Candidate Name				egor ype	y/	Amount	t of Ea	ach E	Disburse	ment	this P	eriod				
	President	nent For: Primary Other (spec	General Gify) ▼														
_	State: District:																
s	UBTOTAL of Disbursements This Page (optional)					►				7		6000.	00				
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SCHEDULE B (FEC Form 3)	()	FOR LINE	NUMBER PAGE 270 OF 270										
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	s) (check only											
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) Massachusetts Mutual Life In	surance Company Polit	ical Action C	Committee										
Full Name (Last, First, Middle Initial) A. CHARLES T. CIRAVOLO Mailing Address 12 DARBY DR	Date of Disbursement												
City HUNTINGTON STATION	State Zip Code NY 11746-4707		Transaction ID : 68835490										
Purpose of Disbursement Void - Uncleared Disbursement		010	Amount of Each Disbursement this Period										
Candidate Name CHARLES T. CIRAVOLO		Category/ Type	-20.95										
Office Sought: House E Senate President State: District:	Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼												
Full Name (Last, First, Middle Initial) B.			Date of Disbursement										
Mailing Address													
City													
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House E Senate President State: District:	isbursement For: Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial)			Date of Disbursement										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House E Senate President State: District:	isbursement For: Primary General Other (specify) ▼	туре											
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