

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="137248.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="137248.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53126.48"/>	<input type="text" value="53126.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="190374.73"/>	<input type="text" value="190374.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60402.23"/>	<input type="text" value="60402.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129972.50"/>	<input type="text" value="129972.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14404.83	14404.83
(ii) Unitemized	35686.99	35686.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50091.82	50091.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50091.82	50091.82
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	34.66	34.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	53126.48	53126.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53126.48	53126.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	109.88	109.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	109.88	109.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	292.35	292.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	292.35	292.35
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60402.23	60402.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60402.23	60402.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50091.82	50091.82
34. Total Contribution Refunds (from Line 28(d))	292.35	292.35
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49799.47	49799.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	109.88	109.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	109.88	109.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. CALE P. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1956 LONGWOOD DR
 City BATON ROUGE State LA Zip Code 70808-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 15009466
 Amount of Each Receipt this Period
 500.00

B. MICHAEL J. LEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3015 W EUCLID AVE
 City TAMPA State FL Zip Code 33629-8954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 69500106
 Amount of Each Receipt this Period
 2500.00

C. WILLIAM E. THOMPSON II
 Full Name (Last, First, Middle Initial)
 Mailing Address 2124 HIGHLAND RIDGE DR
 City PHOENIX State MD Zip Code 21131-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : 69685812
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. LAWRENCE M. ASUNCION
 Mailing Address 1156 BARCELONA DR
 City State Zip Code
 PACIFICA CA 94044-3509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INSURANCE BROKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : 69962101
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$-10.00

Full Name (Last, First, Middle Initial)
B. STEPHEN G. DEBACKER
 Mailing Address PO BOX 226
 City State Zip Code
 PREEMPTION IL 61276-0226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INSURANCE AGENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 69962102
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$83.15 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
C. PHILIP D. ROGERO
 Mailing Address 1480 SAINT MARKS POND BLVD
 City State Zip Code
 ST AUGUSTINE FL 32095-8444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INSURANCE AGENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -57.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 69962103
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$70.00 This changes the YTD Total to \$-57.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. TANIA HERBERT

Mailing Address 2621 THOMAS ST

City State Zip Code
LOS ANGELES CA 90031-2449

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

Name of Employer Occupation
SELF INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-150.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 69962104

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$175.00 This changes the YTD Total to \$-150.00

Full Name (Last, First, Middle Initial)
B. MR. MARK ROELLIG

Mailing Address 11 COBTAIL WAY

City State Zip Code
SIMSBURY CT 06070-2530

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

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. EVP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : PR1120475445884

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
C. MR. ANTHONY SCIACCA

Mailing Address 5619 CHALLISFORD LN

City State Zip Code
CHARLOTTE NC 28226-2627

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

Name of Employer Occupation
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : PR1264218145884

Amount of Each Receipt this Period
425.50

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

SUBTOTAL of Receipts This Page (optional).....▶	810.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A. MR. MICHAEL R FANNING
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 COLONIAL AVE
 City NORTH ANDOVER State MA Zip Code 01845-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - U.S. INSURANCE GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2016
Transaction ID : PR1360837745884
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. MR. DOUGLAS RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CRAIGIE ST
 City CAMBRIDGE State MA Zip Code 02138-3470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - STRATEGY AND CORP DEVELOPMEN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.08

Date of Receipt 01 / 31 / 2016
Transaction ID : PR1500908545884
 Amount of Each Receipt this Period 424.08
 P/R Deduction (\$212.04 Bi-Weekly)

C. MR. MELVIN TI CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 MOUNTAIN SPRING RD
 City FARMINGTON State CT Zip Code 06032-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2016
Transaction ID : PR1929995845884
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1193.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. SCOTT DA BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 479 CHESTNUT ST
 City WABAN State MA Zip Code 02468-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.78

Date of Receipt 01 / 31 / 2016
Transaction ID : PR2166460245884
 Amount of Each Receipt this Period 277.78
 P/R Deduction (\$138.89 Bi-Weekly)

B. ALAN L. MELTZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 S OCEAN BLVD
 City BOCA RATON State FL Zip Code 33432-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 01 / 31 / 2016
Transaction ID : PR789845145884
 Amount of Each Receipt this Period 208.35
 P/R Deduction (\$208.35 Semi-Monthly)

C. ROBERT T. SINKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3428 HAMPTON AVE
 City NASHVILLE State TN Zip Code 37215-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 01 / 31 / 2016
Transaction ID : PR790086645884
 Amount of Each Receipt this Period 208.35
 P/R Deduction (\$208.35 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 694.48
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. JOHN E DEITELBAUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 MIDDLE RD
 City State Zip Code
 ELLINGTON CT 06029-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SVP & DEPUTY GEN COUNS USIG LAW
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790248245884
 Amount of Each Receipt this Period
 269.24
 P/R Deduction (\$134.62 Bi-Weekly)

B. MR. MATTHEW P NATCHARIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 RIDGEBURY RD
 City State Zip Code
 AVON CT 06001-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790301445884
 Amount of Each Receipt this Period
 264.44
 P/R Deduction (\$132.22 Bi-Weekly)

C. MR. ROBERT CASALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 THISTLE LN
 City State Zip Code
 BRISTOL CT 06010-8057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. EVP & CHIEF INFORMATION OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790342245884
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 918.28
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. MR. ROGER W CRANDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 CONVERSE ST APT 13
 City State Zip Code
 LONGMEADOW MA 01106-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. CHAIRMAN PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790355945884
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. MS. SUSAN A MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 BROOKS RD
 City State Zip Code
 LONGMEADOW MA 01106-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790370145884
 Amount of Each Receipt this Period
 269.24
 P/R Deduction (\$134.62 Bi-Weekly)

C. TIMOTHY C. FLANAGAN Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 BELLE MEADE CT
 City State Zip Code
 WAXHAW NC 28173-7159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF GENERAL INSURANCE AGENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : PR790380345884
 Amount of Each Receipt this Period
 208.35
 P/R Deduction (\$208.35 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	862.19
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. JEFFREY C. DOLLARHIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9646 E LAUREL LN
 City SCOTTSDALE State AZ Zip Code 85260-5956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 01 / 31 / 2016
Transaction ID : PR790394945884
 Amount of Each Receipt this Period 416.65
 P/R Deduction (\$416.65 Monthly)

B. STEPHEN K. COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 STANFORD DR
 City SAN ANTONIO State TX Zip Code 78212-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.15

Date of Receipt 01 / 31 / 2016
Transaction ID : PR791191545884
 Amount of Each Receipt this Period 208.15
 P/R Deduction (\$208.15 Monthly)

C. MR. MICHAEL T ROLLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DURHAM RD
 City LONGMEADOW State MA Zip Code 01106-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2016
Transaction ID : PR791365845884
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1009.40
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. MR. THOMAS M FINKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4920 HARDISON RD
 City CHARLOTTE State NC Zip Code 28226-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2016
Transaction ID : PR791511945884
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. MR. MICHAEL O'CONNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 BELLECLAIRE AVE
 City LONGMEADOW State MA Zip Code 01106-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR MANAGING DIRECTOR - MMI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.15

Date of Receipt 01 / 31 / 2016
Transaction ID : PR792107745884
 Amount of Each Receipt this Period 324.15
 P/R Deduction (\$192.30 Bi-Weekly)

C. TIMOTHY W. POWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 CHADSWORTH DR
 City SUN PRAIRIE State WI Zip Code 53590-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 01 / 31 / 2016
Transaction ID : PR794959145884
 Amount of Each Receipt this Period 208.35
 P/R Deduction (\$208.35 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	917.10
TOTAL This Period (last page this line number only).....▶	14404.83

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

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

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MassMutual Federal Credit Union

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
34.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	6

Transaction ID : 69956286

Amount of Each Receipt this Period
34.66

Jan-16 Interest - Money Market Account

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	34.66
TOTAL This Period (last page this line number only).....▶	34.66

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

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

FOR LINE NUMBER: PAGE 16 OF 23
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A. Road to Freedom PAC
Full Name (Last, First, Middle Initial)
Mailing Address 228 South Washington Street
Suite 115
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00486043
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016
Transaction ID : 69960639
Amount of Each Receipt this Period
3000.00
2015 refund of contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
AMEX Processing Fees (Dec-15)

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2016

Transaction ID : 69957009

Amount of Each Disbursement this Period

109.88

AMEX Processing Fees (Dec-15)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

109.88

109.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 National Committee Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2016

Transaction ID : 69299701

Amount of Each Disbursement this Period

15000.00

2016 National Committee Contribution

Full Name (Last, First, Middle Initial)

B. Prosperity PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Event: Feb, 12-13, 2016

Candidate Name

Prosperity PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 69299703

Amount of Each Disbursement this Period

5000.00

PAC Event: Feb, 12-13, 2016

Full Name (Last, First, Middle Initial)

C. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Event: February 12-13, 2016

Candidate Name

Rep. Paul D. Ryan

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 69299704

Amount of Each Disbursement this Period

5000.00

Event: February 12-13, 2016

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

25000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Committee Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : 69687097

Amount of Each Disbursement this Period

15000.00

2015 Committee Support

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
ACLI Event: Feb 2, 2015

Candidate Name

Rep. Peter Roskam

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : 69687098

Amount of Each Disbursement this Period

500.00

ACLI Event: Feb 2, 2015

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
ACLI Event: Feb 2, 2016

Candidate Name

Rep. Peter Roskam

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : 69687099

Amount of Each Disbursement this Period

2000.00

ACLI Event: Feb 2, 2016

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

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

17500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC (Mc PAC)

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Event: Feb. 3, 2015

011

Candidate Name

Majority Committee PAC (Mc PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : 69687100

Amount of Each Disbursement this Period

5000.00

Event: Feb. 3, 2015

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
ACLI Event: Feb. 11, 2015

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : 69687101

Amount of Each Disbursement this Period

5000.00

ACLI Event: Feb. 11, 2015

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement
ACLI Event: Feb. 9, 2016

011

Candidate Name

Rep. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : 69687102

Amount of Each Disbursement this Period

2500.00

ACLI Event: Feb. 9, 2016

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

12500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. VIEW PAC

Mailing Address 701 8th Street, NW - #500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2016 Committee Support

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 69687103

Amount of Each Disbursement this Period

2016 Committee Support

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. PHILIP D. ROGERO

Mailing Address 1480 SAINT MARKS POND BLVD

City ST AUGUSTINE State FL Zip Code 32095-8444

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : 69167421

Amount of Each Disbursement this Period

7	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TANIA HERBERT

Mailing Address 2621 THOMAS ST

City LOS ANGELES State CA Zip Code 90031-2449

Purpose of Disbursement
Partial Refund (2015 Contribution)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	6

Transaction ID : 69167427

Amount of Each Disbursement this Period

1	7	.	5	0
---	---	---	---	---

Partial Refund (2015 Contribution)

Full Name (Last, First, Middle Initial)

C. LAWRENCE M. ASUNCION

Mailing Address 1156 BARCELONA DR

City PACIFICA State CA Zip Code 94044-3509

Purpose of Disbursement
Dec-15 ACH Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	6

Transaction ID : 69961572

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

Dec-15 ACH Refund

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

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

2	5	.	5	0
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		.		
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEPHEN G. DEBACKER

Mailing Address PO BOX 226

City State Zip Code
PREEMPTION IL 61276-0226

Purpose of Disbursement
Dec-15 ACHRefund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 69962066

Amount of Each Disbursement this Period

Dec-15 ACHRefund

Full Name (Last, First, Middle Initial)

B. CHARLES T. CIRAVOLO

Mailing Address 12 DARBY DR

City State Zip Code
HUNTINGTON STATION NY 11746-4707

Purpose of Disbursement
Void - Uncleared Disbursement

Candidate Name

CHARLES T. CIRAVOLO

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 69962067

Amount of Each Disbursement this Period

Void - Uncleared Disbursement

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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